**SUSPECTED TIA PATHWAY**

**REMEMBER TO GIVE aspirin 300mg** stat, if no contraindication AND **ADVISE NOT TO DRIVE SWBH TIA clinic Referral Form – email to** **swbh.tiaclinic@nhs.net**

* **CORRECT CONTACT NUMBER**
* **INTERPRETER?**

**TO SPEAK TO TIA CLINIC NURSE - 0121 507 3766 STROKE TEAM CONTACT DETAILS**

**Stroke Alert Nurse Specialist** (24/7): 0779 224 8506

**Stroke SpR:** bleep 6020 (note out-of-hours bleep held by Sandwell SpR on call)

**Stroke Consultant:** via SWBH switchboard

If **ABCD2 score 4 and above**

OR

**High risk clinical features** (\*)

**HIGH RISK**

**HIGH RISK FEATURES (\*):** patient to be referred as high risk whatever the ABCD2.

* Fluctuating symptoms
* Current or known paroxysmal atrial fibrillation
* BP > 180/100
* Crescendo TIAs (>2 events in a week)
* Patient on warfarin/rivaroxaban/dabigatran/apixaban/edoxaban
* Young patients with TIA and neck pain (<50)
* Patients with prosthetic valves

**If in doubt OR if patient has ongoing symptoms or signs** please discuss with stroke SpR or Consultant via SWBH switchboard

If you suspect that the patient **had a stroke, follow the stroke pathway**

Please REFER stroke patients **directly to the Stroke Team** for admission

SWBH TIA clinic Referral Form **– email to** **swbh.tiaclinic@nhs.net**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Details** | Name:      | DOB:      | Age:      |
| Address:      |
| **Telephone:****MOBILE:** | RXK Number:      | NHS Number:      |

|  |  |
| --- | --- |
| **Referral made by:** | GP details:      |
|  | GP: [ ]  | AE: [ ]  | BMEC: [ ]  | Others: [ ]  |  |
| Contact number of referring doctor (direct if possible):      |

|  |  |
| --- | --- |
| **Timings (please complete in full)** |  |
| Date and time of index event |       |
| Date and time of assessment |       |
| Date and time of receipt of referral (leave blank) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Clinical Features (tick as appropriate):** | Right | Left |  |  |
| Hemiparesis – arm and / or leg weakness | [ ]  | [ ]  | Dysphasia | [ ]  |
| Hemisensory loss | [ ]  | [ ]  | Dysarthria | [ ]  |
| Loss of vision one eye | [ ]  | [ ]  | True Vertigo | [ ]  |
| Loss of visual field | [ ]  | [ ]  | Diplopia | [ ]  |
| Inco-ordination / ataxia | [ ]  | [ ]  |  |

|  |
| --- |
| **Brief History BP:****BM:** |
| **Past Medical History – Tick all that apply** | **Recent investigations (if applicable)** |
| Atrial Fibrillation | [ ]  | Smoker [ ]  | Ex | [ ]  | FBC |       |
| Hypertension | [ ]  | PVD | [ ]  | UE |       |
| Angina | [ ]  | DM | [ ]  | Cholesterol |       |
| Previous MI | [ ]  | Hyperlipidaemia | [ ]  | ECG |       |
| CABG | [ ]  | Heart failure | [ ]  |  |  |
| **Usual Medications:** | **Medications Started:** |
|       |       |
| **ABCD2 Score : TOTAL**  | **HIGH RISK CLINICAL FEATURES** |
| **Age** > 60 years | 1 |  |
| **Systolic BP** > 140 and /or **diastolic BP** > 90 | 1 |  |
| **Clinical Features** |  | BP > 180/100 |
| Unilateral weakness | 2 | Crescendo TIAs (>2 events in a week) |
| Speech disturbance without weakness | 1 | Patient on warfarin or newer anticoagulants |
| Other | 0 | Young patients (<50) with TIA symptoms and neck pain |
| **Duration of Symptoms:** |  | Patients with prosthetic valves |
| >60 minutes | 2 | Fluctuating symptoms |
| 10-59 minutes | 1 | Current or known paroxysmal atrial fibrillation |
| <10 minutes | 0 |  |