**Referral to Rapid Access TIA / ONLY**

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| **Suspected**  **Transient Ischaemic Attack** | * ED/ EAU to bleep 7557 prior to online referral * GPs bleep 7557 if urgent advice or appointment required * Referrals will be accepted by email alone: [dgft.tia@nhs.net](mailto:dgft.tia@nhs.net) |

|  |  |
| --- | --- |
| **Patient Name:** | **Registered GP:** |
| **NHS no:** | **GP Contact number:** |
| **Date of Birth:** |
| **Patient Contact number:** | **Address:** |
| **Address:** |
| **Referral Source: GP / A&E / EAU / Stroke nurse / Other** |  |
| **Reviewed by: Name (Print**) | **Date of review** |
| **Event: Date:** | **Time:** |

**Any patient referred to this clinic that has not had unilateral neurological signs consistent with a diagnosis of TIA will be returned to the referrer to organise appropriate** **referral.** This compliance will ensure patients’ with consistent neurological signs of TIA will be seen promptly and managed in accordance with the National Clinical guidelines for TIA (2016).

**ALL PATIENTS WHO ARE ON ANTICOAGULANTS (WARFARIN/DOAC) WITH NEUROLOGICAL SYMPTOMS/ SIGNS MUST HAVE A CT HEAD SCAN WITHIN 1 HOUR OF PRESENTATION IN ED/ OTHER WARDS BEFORE REFERRING TO THE STROKE TEAM**

**Please advise patients not to drive until reviewed in a TIA Clinic and ensure aspirin 300mg stat then 75mg daily (unless contraindicated)**

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| **Presenting Complaint(s)** | **Past medical history** | **Medication(s)** |
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**ABCD2 Score**

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| --- | --- | --- |
| **A** | Age > 60 | 1 |
| **B** | BP > 140 systolic and / or diastolic > 90 | 1 |
| **C** | Clinical features Unilateral weakness (face, limb)  Speech disturbance without weakness  Visual | 2  1  0 |
| **D** | Duration of symptoms > 60 minutes  10 – 59 minutes  0 – 9 minutes | 2  1  0 |
| **D2** | **Diabetic** | 1 |
| **Total** | | |