**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**](mailto:swbh.tiaclinic@nhs.net)

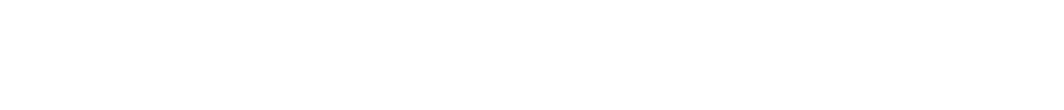
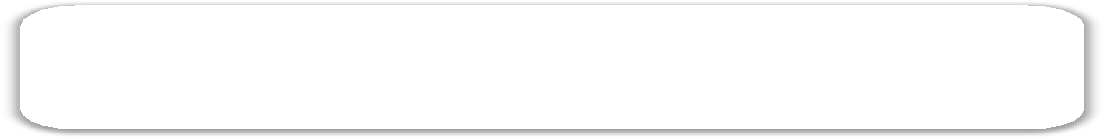
* **CORRECT CONTACT NUMBER**
* **INTERPRETER?**

**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)

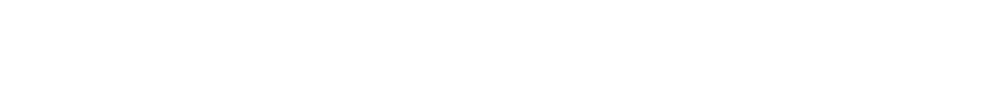
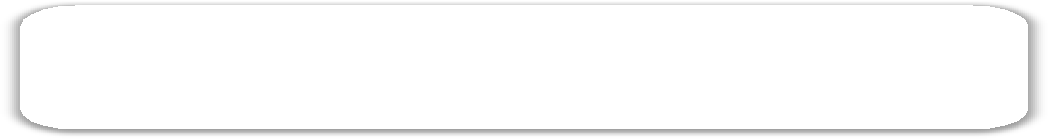
**Stroke Consultant:** via SWBH switchboard



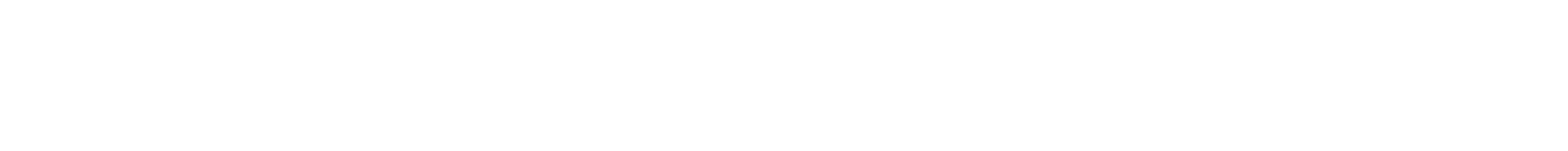
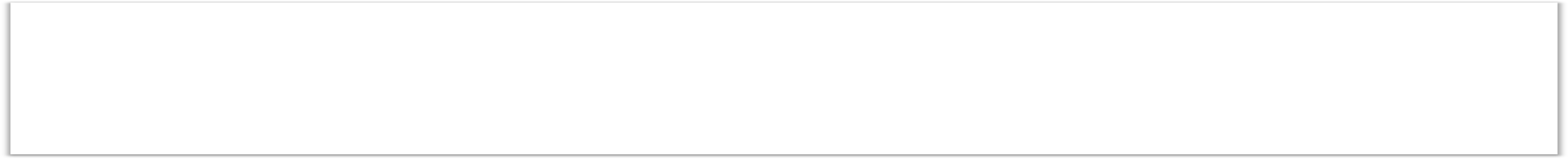
If **ABCD2 score 4 and above**

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**](mailto: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 |  | | | |