

# Rapid Access Stroke Prevention Service / TIA Referral Proforma May 2010



Complete for Patients with **Acute Focal Neurological Symptoms** lasting < 24 hours  
with **NO Residual Neurological Symptoms or Signs**, who **do not** meet admission criteria

- **NB: Refer High Risk Patients for Admission – Discuss with Stroke Team on-call**
- **FAX form** to Neurovascular Service: **01 4143244 (Mon–Fri am)**; Fax accompanying referral letter

Referral Date:            /            /            Date of Symptoms:    /            /            Referring Dr/Contact No.:

**Patient Details:**  
Hospital Number  
Surname:  
First Name:  
DOB:  
Gender:  
Address:  
  
Tel. No.: / Mobile No.:

<b>High Risk Patients for Urgent Same Day Admission:</b> (NOT FOR REFERRAL TO OPD if any criteria positive):	Yes	No
- Any Residual Neurological Symptoms or Signs		
- Recurrent TIAs (> 1 in past month)		
- TIA with Atrial Fibrillation		
- TIA with recent MI		
- Known Ipsilateral Severe Carotid Stenosis		
- Definite Monocular Amaurosis Fugax		
- Suspected Carotid or Vertebral dissection		
- Suspected "TIA" on Anticoagulant therapy		

**TIA Risk Stratification Score (ABCD<sup>2</sup> Score) –**  
(Only score if definite TIA + urgent admission criteria not already met – i.e. some patients will need urgent admission regardless of score)

<b>Age</b>	≥ 60 yrs	1	<input type="text"/>
	< 60 yrs	0	<input type="text"/>
<b>BP</b>	≥ 140/ ≥ 90	1	<input type="text"/>
	< 140/ < 90	0	<input type="text"/> BP...../.....
<b>Clinical Symptoms / Signs</b>			
	Hemiparesis	2	<input type="text"/>
	Speech Disturbance only	1	<input type="text"/>
	Other symptoms	0	<input type="text"/>
<b>Duration</b>			
	≥ 60 minutes	2	<input type="text"/>
	10 - 59 minutes	1	<input type="text"/>
	< 10 minutes	0	<input type="text"/>
<b>Diabetes</b>			
	Yes	1	<input type="text"/>
	No	0	<input type="text"/>
<b>TOTAL SCORE:</b>			<input type="text"/>

- **ABCD<sup>2</sup> Score 0–3:** Fax Referral for RASP Clinic Assessment Mon-Fri
- **ABCD<sup>2</sup> Score ≥ 4:** Refer for admission to ED with RASP Proforma
- **GPs to refer all TIAs from Fri pm- Mon 9am to ED for assessment**
- Advise patient not to drive, operate heavy machinery or fly until reviewed
- Advise smoking cessation and provide RASP Clinic information leaflet
- **If further TIA symptoms – Present immediately for admission to A&E**

Appointment made:    Y / N    Appointment date:    /    /  
Patient notified:        Y / N    GP notified:        Y / N

**Note: Isolated Vertigo, Dizziness, Blackouts are very rarely due to TIA**

Tick as appropriate

Symptoms	Yes	No
- Transient Monocular Blindness / Visual Field Defect		
- Diplopia		
- Vertigo+ other brain stem syms		
- Transient Dysphasia / Dysarthria		
- Transient R or L Weakness		
- Transient R or L Sensory loss		
- Sudden Ataxia		

Risk Factors	Yes	No
- Previous TIA / Stroke		
- Hypertension		
- Smoker		
- Diabetes Mellitus		
- Ischaemic Heart Disease		
- Valvular Heart Disease		
- Atrial Fibrillation (ADMIT)		
- Carotid Stenosis (ADMIT)		
- Peripheral Vascular Disease		
- Hyperlipidaemia		
- Migraine		

**Investigations:**  
If done – circle and attach results:  
  
FBC / ESR / U&E / LFTs / CRP / Fasting Glu / fasting Lipids / TFTs / ECG

**Medications BEFORE presenting event: (ADMIT if on Warfarin / Heparin)**  
Aspirin (Y/N [Dose]):  
Dipyridamole (Y/N [Dose]):  
Clopidogrel (Y/N [Dose]):  
Others: