

Dear Colleagues,

An enhanced, 'one stop' RASP service for patients, operating Monday to Friday, in our catchment area with suspected TIAs will be operational from May 3rd 2010 at AMNCH under the co-direction of Dr Dominick McCabe and Dr Ronán Collins, in collaboration with our RASP service colleagues.

The revised service plan has been devised following discussions between the Age-Related Health Care / Stroke Service (Dr Ronán Collins, Dr Tara Coughlan and Prof Desmond O'Neill); Neurology (Dr Dominick McCabe and Dr Raymond Murphy); Vascular Surgery (Ms Bridget Egan, Mr Martin Feeley and Prof Sean Tierney); Radiology (Dr Sam Hamilton), and Cardiology (Dr Deirdre Ward and Dr David Mulcahy).

The service is supported by our medical administration staff (Ms Aoife Downey, Ms Dorothy Hughes, Ms Lorraine Keenan, Mr Brendan Carr, Ms Daire Farrelly); nursing administration (Ms Ann Donovan, Ms Hilary Daly and Ms Charlotte McMenamin); the CEO's office (Dr John Barragry, Mr John O'Connell, Prof Kevin Conlon); and the Vascular Lab (Ms Lorraine Byrne, Ms Vanessa McDonald and Ms Jane Lowry).

Dr McCabe's Neurology team will run the clinic service one week, and Dr Collins/Prof O'Neill/Dr Coughlan and the ARHC/Stroke Service team will run the service the following week.

It is essential that only suspected TIA patients are referred to this Rapid-Access service that is being run without any additional manpower or resources.

All TIA patients with high-risk clinical features should be referred for urgent admission with the revised AMNCH web-based RASP referral proforma, regardless of their ABCD2 score, as should all suspected TIA patients with an ABCD2 Score of  $\geq 4$  (see revised proforma below).

Lower risk TIA patients who do not fulfil any of the high-risk admission criteria, and who have an ABCD2 score of 0-3, should be referred by faxing the revised AMNCH web-based RASP referral proforma to the Stroke Service Nurse Specialist each day from Monday 9am to Friday am (01 4143244). We aim to allocate an appointment within 24 hours to urgently assess these patients.

Lower risk TIA patients in the catchment area seen by their GP, or the Emergency Department (ED) staff at the weekend from Friday pm to Monday 9am, who have an ABCD2 score of 0-3, will need to be referred to the ED for assessment and possible admission under the medical team on call if a TIA is confirmed (a low threshold for referral to the medical team is recommended). The medical team staff will subsequently refer patients to the RASP/Stroke Service, as appropriate, on Monday am.

Following assessment by the RASP service, an urgent decision regarding management and secondary prevention therapy, including anti-thrombotic therapy, will be made and communicated to the referring doctor, in turn. The service will be prospectively audited to assess the accuracy of diagnosis and risk stratification of suspected TIA patients by the referring physicians to plan future service delivery.

With kind regards,

Dr Dominick McCabe and Dr Ronán Collins

Co-Directors of the Rapid Access Stroke Prevention Service

## Summary Checklist for GPs, Emergency Department Staff and other Referring Doctors

TIA's are medical emergencies that warrant urgent assessment.

Dear Colleagues,

1. Refer the following high-risk patients to ED for urgent admission with the revised AMNCH web-based RASP referral proforma:

- TIA patients with high-risk clinical features, regardless of the ABCD2 score
- TIA patients with an ABCD2 score of  $\geq 4$

2. Refer the following lower risk TIA patients for urgent outpatient assessment by the RASP service, if seen between Monday 9am – Friday am:

- TIA patients who do not fulfil any high-risk admission criteria, and have an ABCD2 score of 0-3

3. All TIA patients seen by the ED staff or by their GP at the weekend from Friday pm to Monday 9am, regardless of the ABCD2 score, should be referred for assessment and possible medical admission if a TIA is confirmed.

If admitted over the weekend, the medical team on-call should refer to the RASP team on duty on the Monday, as appropriate.

Following assessment of any of the above categories of TIA patient referrals by the RASP service staff, an urgent decision regarding management and secondary prevention therapy, including anti-thrombotic therapy, will be made and communicated to the referring doctor, in turn.

Yours faithfully,

Dr Dominick McCabe and Dr Ronán Collins

Co-Directors of the Rapid Access Stroke Prevention Service