

GP Referral form for TIA

Patient Details (or use sticky label) Name: _____ Sex: _____ DOB: _____ NHS No: _____ Address: _____ Postcode: _____ Telephone: _____ Mobile: _____ Date(s) of event(s): _____ Time(s) of event(s): _____	GP Details (or use sticky label/stamp) Name: _____ Practice: _____ Telephone No: _____ Email: _____ Carer Details (if appropriate) Name: _____ Telephone: _____ Date of Assessment: _____ Time: _____ Duration of symptoms: _____
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FAST Test	(Y/N)	ABCD2 Test Clinical features at time of TIA	Score
Face New unilateral weakness		Age ≥ 60 = 1 < 60 = 0	
Arm New unilateral weakness		BP Systolic > 140 and/or Diastolic ≥ 90 = 1 Other = 0	
Speech New Speech Disturbance		Clinical Features Any unilateral weakness (face/hand/arm/leg) = 2 Speech Disturbance = 1 Other = 0	
Test is FAST positive when any of the features above are present		Duration ≥ 60 minutes = 2 10 – 59 minutes = 1 < 10 minutes = 0	
NOTE: Not all TIAs/strokes are FAST positive. (eg Patients presenting with ataxia, sensory disturbance or amaurosis fugax), so if you think the diagnosis remains TIA or stroke, then still carry on with the protocol.		(Known) Diabetes = 1	
		Total Score ABCD ≤ 3 = low risk of early stroke ABCD ≥ 4 = high risk of early stroke	

Are symptoms still present?	→ Yes →	ACTION: TREAT AS ACUTE STROKE 1. Complete form to send with patient 2. Call ambulance to send to HASU A&E immediately 3. Contact Stroke team at: <u>Charing Cross</u> : weekdays 9 am – 5 pm : 020 3311 1234 bleep 0383; out of hours : ask switchboard to bleep on-call neurology/stroke SpR <u>Northwick Park</u> : 020 8864 3232 bleep 640 at all times
↓ No ↓		

Was the event within the last 7 days or is patient on Warfarin?	→ Yes →	Have they had 2 or more events in the last 7 days or are they on Warfarin?
↓ No ↓		↓ No ↓
	↓ No ↓	↓ Yes ↓
	↓ No ↓	↓ Yes ↓

ABCD2 ≥ 4 (high risk group)?

ACTION: TIA Clinic Referral 1. Complete clinical description 2. Prescribe Aspirin 300 mg (unless on Warfarin) and give first dose 3. Refer to TIA clinic of preference – FAX form to number on page 2	ACTION: URGENT SPECIALIST ASSESSMENT AT TIA CLINIC 1. Complete clinical description 2. Prescribe Aspirin 300 mg (unless on Warfarin) and give first dose 3. Mon 9 am to Fri 4 pm, including after 5 pm Mon to Thurs , fax form and phone local stroke team on number on page 2 4. Fri 4 pm – Mon 9 am and Bank Holidays : Charing Cross : 020 3311 1234 ask to bleep on-call neurology/stroke SpR or Northwick Park : 020 8864 3232 Bleep 640
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CLINICAL DESCRIPTION			
BP		Pulse	
RISK FACTORS			
Hypertension Y/N	Previous Stroke/TIA Y/N	Ischaemic Heart Disease Y/N	AF Y/N
Please include any relevant clinical information not covered elsewhere on this form including current medication and other risk factors not stated above, and social circumstances			
Transport needed: Y/N	Preferred language:	Interpreter required: Y/N	
CHECKLIST			
Administer Aspirin if necessary	<input type="checkbox"/>	Told patient not to drive until assessed at TIA Clinic	<input type="checkbox"/>
Told patient to bring witness to event to the TIA Clinic if possible	<input type="checkbox"/>	Told patient to return immediately to A&E if there are any further symptoms	<input type="checkbox"/>
Contact details TIA clinics			
Hospital	Weekdays/ Enquiries	Weekday evenings	
Charing Cross Fax: 020 331 33848	020 3311 1234 1.Stroke SpR Bleep 0383 2.CNS Bleep 0384	020 3311 1234 and ask for on-call neurology/stroke SpR	
Chelsea and Westminster Fax: 020 8846 6528	Stroke Coordinator 07816 445 068 020 8746 8000 Bleep 0385	Stroke SpR 07816 445 068 020 8746 8000 Bleep 0385	
Hillingdon Fax: 01895 279482/279454	Stroke Specialist Nurse 01895 238282 Bleep 5447	Medical SpR 01895 238282 Bleep 5808	
Northwick Park Fax: 020 8869 2241	Stroke Coordinator 020 8864 3232 Bleep 634 07789 500156	Stroke Specialist Nurse 020 8864 3232 Bleep 640	
St Mary's Fax: 020 331 21698	020 3312 6666 Stroke SpR Bleep 1696	Call CXH switch 020 3311 1234 and ask for on-call neurology/stroke SpR	
West Middlesex Fax: 020 8321 5270	Stroke Specialist Nurse 020 8560 2121 Bleep 413	Stroke SpR 020 8560 2121 Bleep 188	