

TIA Clinic URGENT REFERRAL PROFORMA

Patients presenting with lasting neurological deficit, atrial fibrillation, on an anticoagulant and/or had more than one TIA in a week (crescendo TIA) should be admitted unless discussed with the stroke team prior to referral

Patient Details: <i>NHS No:</i> <i>Surname:</i> <i>Forename:</i> <i>DOB:</i> <i>Address:</i> <i>Contact Number:</i>	Practice Stamp <i>G.P Signature:</i>
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Date/Time of Referral:

Reason for Referral: Suspected TIA

Brain: Right Face Left Face Right Arm Left Arm Right Leg Left Leg
Impaired Language Impaired Vision Aphasia Expressive Aphasia

Brain Stem: Vertigo Dysphagia Both Arms Both Legs Visual Field

Other Symptoms:

Date of TIA:

Blood Pressure:

- Prescribe Aspirin 300mg STAT & Clopidogrel 300mg STAT
- Then Aspirin 75mg & Clopidogrel 75mg for 21 days then Clopidogrel thereafter
- CONSIDER**
- Lansoprazole 15mg daily to protect gastric lining
- Optimise Statin Treatment i.e. Prescribe Atorvastatin 40mg-80mg od for secondary prevention
Preferably commence 40mg Atorvasatin
- ECG & Bloods
- Provide patient with information leaflet & advise not to drive

Risk Factors: Previous Stroke/TIA
Diabetes
Hyperlipidaemia
Hypertension
IHD
Other Cardiac Disease
Atrial Fibrillation
PVD

List of Medication:

Lifestyle: Smoker
Alcohol

Definition of a TIA:

- Transient focal neurological symptoms now resolved
- Unilateral face/arm/leg weakness or sensory loss
- Speech disturbance
- Visual field loss or monocular blindness
- Diplopia, dysphagia, vertigo and other focal neurological symptoms

Also consider symptoms which may mimic TIA (6S's), e.g.

- Syncope/loss of consciousness
- Somatisation (functional)
- Seizure – with Todd's paresis or other transient neurology
- Syncope/loss of consciousness
- Sugar – hypoglycaemia
- Sepsis with acute confusional state
- Space occupying lesion e.g. SDH/tumour
- Dizziness without focal neurological deficit
- Migraine
- Bell Palsy

DO NOT REFER THESE PATIENTS TO TIA CLINIC
ADMIT OR REFER APPROPRIATELY

Provide patient with TIA leaflet AND advise the patient;

- They must not drive for one month (if all symptoms have resolved), inform their insurers and to see GP for further advice before returning to driving
- Risk factor management
- Smoking cessation
- Alcohol reduction
- Lifestyle changes

If signs and symptoms have not resolved, the diagnosis is cerebrovascular event

- Admit as a stroke
- Move on to the Stroke Pathway