

## SUSPECTED TIA: SWBH TIA clinic referral pathway

**FAX** completed referral form (page 2) to **0121 507 3299**

**GIVE** aspirin 300mg stat, if no contraindication (to continue with 75mg OD)

**CALL** dedicated TIA line **0121 507 3766** to obtain appointment details **whilst patient still at surgery.**

**COMPLETE** appointment details into **patient information sheet** (page 3) and **GIVE** to patient.

**0121 507 3299** is a 24/7 dedicated line but answered by non-clinical staff.

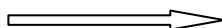
If you refer a **High Risk** patient ensure this is clear to them, **so a same or next day appointment is given.**

If you **want to speak to a doctor** prior to referring please see info at bottom of page.

If ABCD2 score 4 and above

OR

High risk clinical features (\*)



Refer as **HIGH RISK**

to be seen within 24 hours

**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
- 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.

### STROKE TEAM CONTACT DETAILS

**Stroke Alert Nurse Specialist** (24/7): 077 9224 8506

**Stroke SpR:** bleep 6020 (note out-of-hours bleep held by Sandwell Medical SpR on call)

**Stroke Consultant:** via SWBH switchboard

**PLEASE NOTE THAT THE STROKE TEAM ARE BASED ON SANDWELL SITE**

**SWBH TIA clinic Referral Form (to be faxed to 0121 507 3299)**

<b>Patient details</b>	Name:	DOB:	Age:
Address:			
Telephone:	RXK number:	NHS Number:	
MOBILE:			

<b>Referral made by A&amp;E doctor:</b>	
Contact number (direct if possible)	GP details

<b>Timings (please complete in full)</b>	
Date and time of index event	
Date and time of GP assessment	
Date and time of receipt of referral (leave blank)	

<b>Clinical Features (tick as appropriate):</b>	right	left	
Hemiparesis - arm and / or leg weakness			Dysphasia
Hemisensory loss			Dysarthria
Loss of vision one eye			True Vertigo
Loss of visual field			Diplopia
Incoordination / ataxia			

<b>Brief History</b>	<b>BP:</b> /      mmHg	<b>Blood sugar:</b>

<b>Past Medical History -Tick all that apply</b>				<b>Recent investigations ( if applicable )</b>			
Atrial Fibrillation	<input type="checkbox"/>	Smoker	<input type="checkbox"/>	Ex	<input type="checkbox"/>	FBC	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	PVD				UE	<input type="checkbox"/>
Angina	<input type="checkbox"/>	DM				Cholesterol	<input type="checkbox"/>
Previous MI	<input type="checkbox"/>	Hyperlipidaemia				ECG	<input type="checkbox"/>
CABG	<input type="checkbox"/>	Heart failure					<input type="checkbox"/>

<b>Usual Medications:</b>	<b>Medications Started :</b>

<b>ABCD2 Score : TOTAL</b>		<b>HIGH RISK CLINICAL FEATURES</b>	
Age > 60 years	1		
Systolic BP > 140 and/or diastolic BP > 90	1		
<b>Clinical Features</b>		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	
<b>Duration of Symptoms:</b>		Patients with prosthetic valves	
> 60 minutes	2	Fluctuating symptoms	
10 – 59 minutes	1	Current or known paroxysmal atrial fibrillation	
< 10 minutes	0		
<b>Diabetes</b>	1		

**SWBH TIA CLINIC Patient Information Sheet – SWBH ED VERSION**  
**(complete appointment details and give to patient before they leave the department)**

Following your visit to the casualty you have been referred for an appointment to see the Stroke Specialist for further assessment and investigations of your symptoms.

**Your appointment to see the Stroke Specialist is:**

<b>VENUE:</b>	<b>TIME:</b>	<b>DATE:</b>
TIA clinic Ward P4 <b>Sandwell Hospital</b>		
TIA clinic Out-patient department <b>Sandwell Hospital</b>		

Every effort will be made to see you at the specified time but please be aware you may need to have some further tests and there may be a delay in you being seen. Please note that in the TIA clinic we usually perform a number of investigations, such as blood tests, brain scans and ECG and therefore you must expect to be in clinic for some time.

Please be advised that as part of this specialist assessment it may be **necessary** for you to have a scan of your neck (carotid doppler).

This test will be done in the main **X-RAY Department** at Sandwell General Hospital (ground floor main corridor).

It is possible that you **may be called for your scan BEFORE your appointment** with the stroke specialist and so please ensure that the telephone contact details that you have provided to us are correct.

**Please bring someone with you to the clinic.** Ideally this will be someone who was with you when you had the TIA symptoms.

It is important that you also remember to bring with you a list of your tablets and other medications.

Although your symptoms may have resolved and you may be feeling better it is still **very important** that you attend your appointment.

**IMPORTANT**

**If you have any further symptoms before your hospital appointment, please call 999 IMMEDIATELY.**

**Please do not drive until you have been seen by TIA / Stroke doctor. They will advise you when you are safe to resume driving.**

**If you are unsure about details of your appointment or, if you are unable to attend for any reason please telephone 0121-507-3766.**