

TIA/MINOR STROKE RAPID ASSESSMENT CLINIC REFERRAL – NELSON

Kootenay Lake Hospital
3 View St. Nelson BC V1L 2V1
Fourth Floor, Room 423

Phone: 250-354-2397
Fax: 250-352-6273

***Any patient requiring immediate assessment, contact ER: Internist/Neurologist on-call through switchboard 250-352-3111**

| PATIENT INFORMATION | | |
|--|--|-------------------------------|
| Name | Date of Birth (dd/mm/yyyy) | |
| Street Address | PHN | |
| | Phone | |
| City/Town | Cell Phone | |
| SYMPTOM ONSET DETAILS | | |
| Date (dd/mm/yyyy) | Time: 24 hour clock (hh:mm) | |
| PRESENTING SYMPTOMS (Check all that apply) *If your patient has reoccurring symptoms, refer directly to Emergency* | | |
| <input type="checkbox"/> Speech disturbance <input type="checkbox"/> Motor weakness: <input type="checkbox"/> Face <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Visual disturbance <input type="checkbox"/> Sensory disturbance <input type="checkbox"/> Balance problems <input type="checkbox"/> Other: _____ Have symptoms resolved? <input type="checkbox"/> Y <input type="checkbox"/> N | Comments: | |
| REFERRING PROVIDER | | |
| Print Name | Signature | Date of Referral (dd/mm/yyyy) |
| Referring Provider Location (City/Town) | <input type="checkbox"/> Family Physician <input type="checkbox"/> Specialist <input type="checkbox"/> ER Physician <input type="checkbox"/> NP <input type="checkbox"/> Other: _____ | |

| ABCD ² Risk Screen for TIA Patients (to be completed at the time of the referral) | | Points | |
|--|--|-----------|---|
| Age | <input type="checkbox"/> Equal to or greater than 60 years | 1 | Risk of Stroke within 2 days of TIA according to ABCD² is: Score 6–7 then risk is 8.1% 4–5 then risk is 4.1% 0–3 then risk is 1% <i>(Rothwell, P. et al. Lancet 2007; 369:283-92)</i> |
| Blood Pressure | <input type="checkbox"/> Systolic BP equal to or greater than 140 mmHg OR <input type="checkbox"/> Diastolic BP equal to or greater than 90 mmHg | 1 | |
| Clinical Features <i>(choose one)</i> | <input type="checkbox"/> Unilateral Weakness (with or without speech disturbance) | 2 | |
| | <input type="checkbox"/> Speech deficit without weakness | 1 | |
| | <input type="checkbox"/> Other | 0 | |
| Diabetes | <input type="checkbox"/> | 1 | |
| Duration | <input type="checkbox"/> 60 minutes or more | 2 | |
| | <input type="checkbox"/> 10–59 minutes | 1 | |
| Score equal to or greater than 4 = High Risk | | /7 | |

| ACKNOWLEDGEMENT OF REFERRAL (WILL BE COMPLETED BY TIA CLINIC STAFF) | |
|---|---|
| <input type="checkbox"/> Your patient is booked for their TIA clinic appointment on _____ | <input type="checkbox"/> before we see your patient |
| <input type="checkbox"/> We require additional information _____ | |
| <input type="checkbox"/> Your patient will not be seen at the TIA clinic. Reason _____ | |

****Please fax all supporting documentation including:**

- Completed Referral
- Current Medication and Allergy list
- ER Assess & Tx Record (EATR)

INFORMATION FOR REFERRING PHYSICIANS

The TIA/Minor Stroke Rapid Assessment Clinics are out-patient clinics that offer rapid access to screening, diagnostics, and assessment by an Internist/Neurologist.

- The clinic RN and Internist / Neurologist work together to screen and assess patients within 72 hours of referral, for the purpose of identifying the risk of a complete stroke outside of the Emergency Dept.
- Patients will receive diagnostic screening for their cerebrovascular symptoms.
- If your patient is not seen in the clinic, you may be contacted by the Internist/Neurologist to review the case.

Clinic Hours are from 08:00 – 16:00, Monday to Friday.

- Closed on weekends and holidays.
- Referrals received outside of these hours are processed the next business day.

Any patient requiring immediate assessment, contact the Neurologist on-call through switchboard 250-862-4000.

PATIENT DIRECTIONS

- Please give your patient the IH Stroke & TIA Patient Information sheet Royal Printers #815561.
- Patients are to bring their current medications to the clinic.
- Patients are responsible for their own meals and regular medications while at the clinic.
- Patients should expect to be at the clinic for at least 4 to 8 hours.

PLEASE NOTE

- Patients must be independent, ambulatory and appropriate for an outpatient clinic visit.
- **Patients are not to drive themselves** – do not send patients by ambulance.

Clinical Decision Support Tool: MINOR STROKE / TIA RISK ASSESSMENT

| | |
|--|---|
| High Risk (consider sending patient to emergency department or contacting internist/neurologist on call and refer to TIA clinic) | <ul style="list-style-type: none"> • Symptoms within the previous 48 hours with any one of the following: <ul style="list-style-type: none"> • Motor deficit lasting more than 5 minutes • Speech deficit lasting more than 5 minutes • ABCD² score of 4 or more • Acute persistent or fluctuating stroke symptoms • One positive investigation (acute infarct on CT/MRI; carotid artery stenosis) • Atrial fibrillation with TIA • Other factors based on presentation and clinical judgment |
| Medium Risk (refer to TIA clinic) | <ul style="list-style-type: none"> • Symptom onset between 48 hours and 7 days with any one of the following: <ul style="list-style-type: none"> • Motor deficit lasting more than 5 minutes • Speech deficit lasting more than 5 minutes • ABCD² score of 4 or more |
| Low Risk (refer to TIA clinic) | <ul style="list-style-type: none"> • Symptom onset more than 7 days ago • Symptom onset 7 or more days without the presence of high risk symptoms (speech deficit or motor deficit or ABCD² score of 4 or more or atrial fibrillation with TIA) |

| Test | TIA Urgency Classification | | | Comments |
|--|----------------------------|-------------|----------|---|
| | High Risk | Medium Risk | Low Risk | |
| Laboratory work | 24 hrs. | 3 days | 14 days | CBC, Na+, K+, creatinine, INR & aPTT, fasting lipid profile (CHO, LDL, HDL, TRIG), urinalysis, ECG, fasting glucose |
| CT head scan | 24 hrs. | 3 days | 14 days | Investigation of choice for acute stroke and TIA |
| Carotid imaging (Ultrasound, CTA or MRA) | 24 hrs. | 3 days | 14 days | Optimally within 24 hrs. in a carotid territory TIA if the patient is a potential surgical candidate |

Additional investigations may be considered depending on case specifics:

- **MRI:** If recommended by consultant
- **Holter monitor:** Consider to detect paroxysmal AF
- **Echocardiogram:** If a cardiac source of embolism is suspected, e.g. dysrhythmia, heart failure, LV dysfunction, post MI