

# TIA & STROKE PREVENTION RAPID ACCESS REFERRAL

Fax this completed form and related records to desired location below

|   |  |
|---|--|
| <input type="checkbox"/> Vancouver General Hospital and St. Paul's Hospital | Fax: 604-875-4374<br>Phone: 604-875-5295 |
| <input type="checkbox"/> Lions Gate Hospital                                | Fax: 604-984-3748<br>Phone: 604-984-5981 |

See reverse for emergency contact numbers

|   |   |
|---|---|
| <b>DATE OF REFERRAL:</b><br><br><input type="checkbox"/> New patient <input type="checkbox"/> Follow-up   | <b>REFERRED FROM:</b> <input type="checkbox"/> Emergency Dept – Neurology consult in ED: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Inpatient <input type="checkbox"/> Physician Office <input type="checkbox"/> Specialist |
| <b>REASON FOR REFERRAL:</b><br><input type="checkbox"/> TIA <input type="checkbox"/> Stroke<br><input type="checkbox"/> Carotid disease<br><input type="checkbox"/> Stroke prevention assessment<br><input type="checkbox"/> Other: _____ | <b>Name of Referring Physician:</b> _____<br>Phone: _____ MSP number _____ or office stamp<br><br>Family physician: _____<br>Results copied to: _____   |

|   |            |  |   |
|---|------------|--|---|
| <b>PATIENT INFORMATION:</b>                       |            |  |   |
| Last name   | First name | Middle initial   | Personal health number:   |
| Address   | City/town  | Postal code  | DOB: mmm/dd/yyyy  |
| Phone number(s): (include area code)              |            | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Pregnant:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alternate contact person: (name and phone number) |            | <input type="checkbox"/> Interpreter required<br>Language:               |   |

|   |   |
|---|---|
| <b>DATE OF EVENT OR ONSET OF SYMPTOMS:</b><br>mmm/dd/yyyy: _____<br><b>Duration of symptoms:</b> _____ Hours _____ Minutes<br><b>Have symptoms resolved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>PRESENTING SYMPTOMS:</b> (check all that apply)<br><input type="checkbox"/> Speech disturbance <input type="checkbox"/> Motor weakness:<br><input type="checkbox"/> Visual disturbance <input type="checkbox"/> Face <input type="checkbox"/> Arm <input type="checkbox"/> Leg<br><input type="checkbox"/> Balance problems <input type="checkbox"/> Sensory Disturbance:<br><input type="checkbox"/> Headache <input type="checkbox"/> Face <input type="checkbox"/> Arm <input type="checkbox"/> Leg |
|---|---|

|  |   |
|--|---|
| <b>ANTITHROMBOTIC / ANTIPLATELET THERAPY:</b><br>(current or newly prescribed)<br><input type="checkbox"/> ASA <input type="checkbox"/> dipyridamole-ASA (AGGRENOX)<br><input type="checkbox"/> clopidogrel (PLAVIX) <input type="checkbox"/> warfarin (COUMADIN)<br><input type="checkbox"/> Other: _____ | <b>RELEVANT HEALTH HISTORY:</b><br><input type="checkbox"/> Previous stroke or TIA <input type="checkbox"/> Carotid disease<br><input type="checkbox"/> Hypertension <input type="checkbox"/> Smoking<br><input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> History of alcohol dependence<br><input type="checkbox"/> Diabetes <input type="checkbox"/> Coronary artery disease<br><input type="checkbox"/> Hyperlipidemia |
|--|---|

**PRELIMINARY DIAGNOSIS / PHYSICIAN NOTES: (Attach ED notes)**

|  |  |  |              |
|--|--|--|--------------|
| <b>KEY INVESTIGATIONS:</b> (attach results if available)<br>Completed<br><input type="checkbox"/> CT scan of head<br><input type="checkbox"/> Carotid ultrasound or<br><input type="checkbox"/> CT angiogram<br><input type="checkbox"/> ECG<br><input type="checkbox"/> Echocardiogram: if suspicion of cardiac cause<br><input type="checkbox"/> Holter monitor: if suspect atrial fibrillation<br><input type="checkbox"/> Bloodwork (including renal function) | <b>ABCD<sup>2</sup> SCORING CHART</b>                      |  | <b>Score</b> |
|  | <b>A</b> ge 60 years or over                               |  | <b>1</b>     |
|  | <b>B</b> P history of hypertension                         |  | <b>1</b>     |
|  | <b>C</b> linical Features:                                 |  |              |
|  | • Unilateral weakness (with or without speech disturbance) |  | <b>2</b>     |
|  | • Speech deficit without weakness                          |  | <b>1</b>     |
|  | <b>D</b> uration:  |  |              |
|  | • more than 10 minutes and less than 60 minutes            |  | <b>1</b>     |
|  | • 60 minutes or more                                       |  | <b>2</b>     |
|  | <b>D</b> iabetes   |  | <b>1</b>     |
| <b>Score: (4 or more = High Risk)</b>  |  |  |              |

## INFORMATION FOR REFERRING PHYSICIANS

The following classifications and timing of diagnostic tests for TIA are recommended. Consider strokes and high risk TIAs as medical emergencies and perform investigations and treatment as soon as possible. These are suggestions that may not apply to all patients. Clinical judgment is required to determine urgency of referral and assessment.

- Key steps for investigating TIA:**
- Identify high risk patients based on clinical criteria
  - When possible, conduct key investigations within the recommended timelines
  - Contact the neurologist on call to discuss high risk or complex cases (see contact numbers below)
  - Refer medium/low risk patients to a TIA clinic

|                                   |                                 |              |
|-----------------------------------|---------------------------------|--------------|
| <b>Emergency Contact numbers:</b> | BC Bedline                      | 604-215-5911 |
|                                   | VGH Hot Stroke Pager            | 604-707-3030 |
|                                   | Lions Gate Hospital Switchboard | 604-988-3131 |
|                                   | St. Paul's Hospital Call Centre | 604-682-2344 |
|                                   | Richmond Hospital Switchboard   | 604-278-9711 |

| <b>MINOR STROKE / TIA RISK ASSESSMENT</b>   |   |
|---|---|
| <b>High Risk*</b><br>(consider sending patient to emergency department or contacting neurologist on call) | <ul style="list-style-type: none"> <li>• Symptoms within the previous 48 hours with any one of the following:                             <ul style="list-style-type: none"> <li>• Motor deficit lasting more than 5 minutes</li> <li>• Speech deficit lasting more than 5 minutes</li> <li>• ABCD<sup>2</sup> score of 4 or more</li> </ul> </li> <li>• Acute persistent or fluctuating stroke symptoms</li> <li>• One positive investigation (acute infarct on CT/MRI; carotid artery stenosis)</li> <li>• Atrial fibrillation with TIA</li> <li>• Other factors based on presentation and clinical judgment</li> </ul> |
| <b>Medium Risk</b><br>(refer to TIA clinic)   | <ul style="list-style-type: none"> <li>• Symptom onset between 48 hours and 7 days with any one of the following:                             <ul style="list-style-type: none"> <li>• Motor deficit lasting more than 5 minutes</li> <li>• Speech deficit lasting more than 5 minutes</li> <li>• ABCD<sup>2</sup> score of 4 or more</li> </ul> </li> </ul>  |
| <b>Low Risk</b><br>(refer to TIA clinic)  | <ul style="list-style-type: none"> <li>• Symptom onset more than 7 days ago</li> <li>• Symptom onset 7 or more days without the presence of high risk symptoms (speech deficit or motor deficit or ABCD<sup>2</sup> score of 4 or more or atrial fibrillation with TIA)</li> </ul>  |

| Test   | TIA Urgency Classification |             |          | Comments  |
|--|----------------------------|-------------|----------|---|
|  | High Risk                  | Medium Risk | Low Risk |   |
| <b>Laboratory work</b>                             | 24 hours                   | 3 days      | 14 days  | CBC, Na <sup>+</sup> , K <sup>+</sup> , creatinine, INR & aPTT, fasting lipid profile (CHO, LDL, HDL, TRIG), urinalysis, ECG, fasting glucose |
| <b>CT head scan</b>                                | 24 hours                   | 3 days      | 14 days  | Investigation of choice for acute stroke and TIA  |
| <b>Carotid imaging</b><br>(Ultrasound, CTA or MRA) | 24 hours                   | 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

**\*If there are specific concerns or for high risk patients, consider sending to the emergency department or contacting the neurologist on-call at your local hospital.**