

TIA/MINOR STROKE RAPID ASSESSMENT CLINIC REFERRAL – KELOWNA

General Outpatient Services – Level 2

Dr. Walter Anderson Building - KGH

2251 Pandosy St., Kelowna, V1Y 1T1

Phone: 250-980-1392

Fax: 250-862-4463

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

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 <input type="checkbox"/> Other	1 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 the Neurologist.

- The clinic RN and 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.

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 TIA & Stroke Patient Information sheet Royal Printers #801145.
- 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 2–4 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