

# CXH Referral form for Rapid Access TIA clinic

A&E

GP

WEH

**Patient details** (or use sticky label)

Name:  Sex:   
 DOB:  NHS No:   
 Address:   
  
  
 Postcode:   
 Telephone:   
 Mobile:   
 Date(s) of event(s):   
 Time(s) of event(s):

**GP details** (or use sticky label/stamp)

Name:   
 Practice:   
 Telephone No:   
 Email:

**Carer details** (if appropriate)

Name:   
 Telephone:   
 Date of A&E assessment:   
 Time:   
 Duration of symptoms:

FAST Test		(Y/N)	ABCD2 Test Clinical features at time of TIA	Score
Face	New unilateral weakness	<input type="text"/>	<b>Age</b> ≥ 60 = 1 < 60 = 0	<input type="text"/>
Arm	New unilateral weakness	<input type="text"/>	<b>BP</b> Systolic > 140 and/or Diastolic ≥ 90 = 1 Other = 0	<input type="text"/>
Speech	New speech disturbance	<input type="text"/>	<b>Clinical Features</b> Any unilateral weakness (face/hand/arm/leg) = 2 Speech disturbance without weakness = 1 Other = 0	<input type="text"/>
Test is FAST positive when any of the features above are present  <b>NOTE: Not all TIAs/strokes are FAST positive. (eg patients presenting with ataxia, sensory disturbance, or amaurosis fugax). If you think the diagnosis remains TIA or stroke, carry on with the protocol. If the following are present at onset, TIA is unlikely: gradual onset or spread of symptoms; seizure or loss of consciousness; transient amnesia; isolated vertigo. If any of these are present, consider an alternative referral route. If in doubt, contact your local stroke team for advice.</b>			<b>Duration</b> ≥ 60 minutes = 2 10 – 59 minutes = 1 < 10 minutes = 0  (Known) Diabetes = 1	<input type="text"/>
			<b>Total Score (range 0 – 7)</b> ABCD ≤ 3 = low risk of early stroke ABCD ≥ 4 = high risk of early stroke	<input type="text"/>

**Brief description of event(s).** *This is mandatory; without this an appointment cannot be made.*

Please include any **relevant clinical information** not covered elsewhere on the form and **current medication**\*.

BP:  Pulse:  \*Tell pt to bring all medication with them to their appointment

**Risk factors (tick all that apply)**

Hypertension	<input type="checkbox"/>	Previous stroke/TIA	<input type="checkbox"/>	Ischaemic heart disease	<input type="checkbox"/>	AF/PAF	<input type="checkbox"/>	Oral anticoagulant	<input type="checkbox"/>
Transport needed	<input type="checkbox"/>	Preferred language	<input type="text"/>	Interpreter required	<input type="checkbox"/>				

**CHECKLIST**

Administered aspirin (300 mg) if necessary	<input type="checkbox"/>	Told patient not to drive until assessed at TIA clinic	<input type="checkbox"/>
Told patient to bring witness to event to the TIA clinic if possible	<input type="checkbox"/>	Told patient to call 999 if there are any further symptoms	<input type="checkbox"/>

*Please refer to page 2 for information on the TIA referral pathway.*

## TIA REFERRAL PATHWAY

Are symptoms still present? → YES →

↓  
**NO**  
↓

**ACTION:**

TREAT AS ACUTE STROKE

Contact Charing Cross stroke team immediately on Bleep 0383

**ACTION: URGENT SPECIALIST ASSESSMENT AT TIA CLINIC**

1. Complete **clinical description**
2. **Prescribe aspirin 300 mg (unless on anticoagulants) and give first dose**
3. **Mon 9 am to Fri 4 pm, including after 5 pm Mon to Thurs:**

FAX form and phone local stroke team (details in box below).

**Fri 4 pm – Mon 9 am and Bank Holidays: Charing Cross: Stroke SpR Bleep 0383**

Contact details of TIA clinics in NW London		
Hospital	Weekdays/ Enquiries	Weekday evenings
<b>Charing Cross</b> <b>FAX: 0203 311 7679</b>  <b>EMAIL: imperial.tia.clinic@nhs.net</b>	TIA Clinic administrator 020 3311 1255  Clinical nurse specialist in stroke Bleep 3643	Stroke SpR 020 3311 1234 Bleep 0383
<b>Chelsea and Westminster</b> <b>FAX: 020 3315 6528</b>	Stroke Coordinator 07816 445 068 or 020 8746 8000 Bleep 0385	Stroke SpR 07816 445 068 or 020 8746 8000 Bleep 0385
<b>Hillingdon</b> <b>FAX: 01895 279464</b>	Stroke Specialist Nurse 077 0423 5209 or 01895 238282 Bleep 5447	Medical SpR 01895 238282 Bleep 5808
<b>Northwick Park</b> <b>Email: tr.stroketia@nhs.net</b>	Stroke Specialist Nurse 07825 014 789 or 020 8864 3232 Bleep 640	Stroke Specialist Nurse 07825 014 789 or 020 8864 3232 Bleep 640
<b>West Middlesex</b> <b>FAX: 020 8321 5270</b>	Stroke Specialist Nurse 020 8560 2121 Bleep 413 or stroke SpR Bleep 188 Please ring for an appointment before patient leaves A&E, and fax referral	Fax referral and inform patient we will contact them next weekday morning.