A&I	CXH Referra E	l for⊨ ' I□	m for Ra Wi	•	d Access ׄ □	TIA	clinic		
Potiont data	ails (or use sticky label)				GP details (or use	a atiala. Ia	hal/atama)		
Name:	alis (of use sticky label)	Sex:			Name:	sucky ia	bei/stamp)		
DOB:		NHS N	Jo:						
Address:		INITIO	NO.		Practice:				
Address.					Telephone No:				
					Email:				
]]			Carer details (if a	appropria	ate)		
Postcode:		_			Name:				
Telephone:		-			Telephone:				
Mobile:		1			Date of A&E asse	essment:			
Date(s) of ev	• •				Time:				
Time(s) of e	vent(s):				Duration of symp	toms:		_	
	FAST Test		(Y/N)		ABCD2 Clinical features		of TIA	Score	
Face	New unilateral weakne	ess		Age	_ 1				
				≥ 60 < 60	-				
Arm	New unilateral weakne	ess	38		BP			†	
Speech	New speech disturban	ice			olic > 140 and/or Dias	stolic ≥ 90) = 1		
	•		s above are	Othe	ical Features			+	
					v unilateral weakness (face/hand/arm/leg) = 2				
	NOTE: Not all TIAs/strokes are FAST positive. (eg Speech disturbance without weakness = 1 Other = 0								
	esenting with ataxia, sen			Dura				+	
	is fugax). If you think the				minutes = 2				
gradual onset or spread of symptoms; seizure or loss					10 – 59 minutes = 1 < 10 minutes = 0				
					(Known) Diabetes = 1				
referral route. If in doubt, contact your local stroke					Total Score (range 0 – 7)				
team for advice.					ABCD ≤ 3 = low risk of early stroke ABCD ≥ 4 = high risk of early stroke				
Abob 2 4 - High risk of early stroke									
	cription of event(s). i de any <mark>relevant clinical i</mark>								
BP:	Pulse:	actors (*Tell pt tick all that ap		ng all medication w	ith them	to their appoi	ntment	
Hypertension	Previous		Ischaemi heart disea	С	AF/PAF	□ aı	Oral nticoagulant	$\neg \neg$	
Transport Preferred language				Interpreter required		<u> </u>			
CHECKLIST									
Administered aspirin (300 mg) if necessary Told patient not to drive until assessed at TIA clinic									
Told patient to bring witness to event to the TIA clinic if possible				Told patient to call 999 if there are any further symptoms					

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

TIA REFERRAL PATHWAY

Are symptoms still present? \rightarrow YES \rightarrow ACTION: NO 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					
Charing Cross FAX: 0203 311 7679	TIA Clinic administrator 020 3311 1255	Stroke SpR 020 3311 1234 Bleep 0383					
EMAIL: imperial.tia.clinic@nhs.net	Clinical nurse specialist in stroke Bleep 3643/7837						
Chelsea and Westminster FAX: 020 3315 6528	Stroke Coordinator 07816 445 068 or 020 8746 8000 Bleep 0385	Stroke SpR 07816 445 068 or 020 8746 8000 Bleep 0385					
Hillingdon FAX: 01895 279464	Stroke Specialist Nurse 077 0423 5209 or 01895 238282 Bleep 5447	Medical SpR 01895 238282 Bleep 5808					
Northwick Park FAX: 020 8869 2241	Stroke Coordinator 07789 500 156 or 020 8864 3232 Bleep 634	Stroke Specialist Nurse 07825 014 789 or 020 8864 3232 Bleep 640					
West Middlesex FAX: 020 8321 5270	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.					