TIA Risk Assessment and Referral Form

Patient name ____________________________
and time ____________________________
Date of birth ________________
ED Other ____________________________
Telephone No. ____________________________
Referral date ________________
Referral source GP
Name of referring doctor

Clinical event

► Symptom onset:
  Date ___________ Time ___________
  Duration _____________

► First contact with a healthcare professional:
  Date ___________ Time ___________

► Blood pressure ________________mmHg

CALCULATE THE ABCD2 SCORE

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60yrs or over</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Blood pressure</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>140 systolic or over OR 90 diastolic or over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical features</td>
<td>2</td>
<td>Max 2</td>
</tr>
<tr>
<td>Weak face, arm or leg OR aphasia or dysarthria</td>
<td></td>
<td></td>
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<tr>
<td>Duration</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>60 minutes or over OR 10-59 minutes</td>
<td></td>
<td>Max 2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Known diabetes</td>
<td></td>
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</tbody>
</table>

TOTAL SCORE (4 or more is high risk) Max 7

STROKE (i.e. symptoms/signs still present when seen)

Admit to hospital
For stroke in the community via 999 ambulance

For High Risk patients call the Stroke Team at Wycombe Hospital
07795 591295 or 01494 526161 and bleep 3730
• This is a 24 hour service. • Patients will be booked into the next day’s clinic in Wycombe Hospital.

For Lower Risk patients call the Stroke Team at Wexham Park Hospital
01753 633000 and bleep 448
• This is a 24 hour service. • Patients will be booked into a clinic over the next few days.

TIA

On anticoagulants or Severe hypertension or Uncontrolled diabetes

ABC2 score 4 or more or >1 TIA in the last week or Atrial fibrillation or Known carotid stenosis

None of the above (Or High Risk but the event occurred over a week ago)

VERY HIGH RISK
Admit to hospital

HIGH RISK
Review and scan within 24 hrs

LOWER RISK
Review within 7 days

Event description and relevant past medical history.

Medication

• For TIA patients, i.e. where the symptoms/signs have fully resolved, give Aspirin 300mg stat (unless contraindicated or anticoagulated) and then 300mg daily, reducing to 75mg daily after 2 weeks.
• If the patient is Aspirin intolerant consider the use of unlicensed Clopidogrel 75mg od.
• Tell the patient the DVLA demands they do not drive for a month after a suspected TIA.