

URGENT TIA CLINIC FAST TRACK REFERRAL FORM

Royal United Hospital Bath 

NHS Trust

ALL PATIENTS: PLEASE TELL PATIENT NOT TO DRIVE

PRACTICE DETAILS		Referred from (please circle):	GP	ED	OOH	MAU	Other
GP Name:			Practice:				
Address:							
Telephone Number:				Today's Date:			
PATIENT DETAILS							
Forename:				Surname:			
Date of Birth:				Sex:			
Hospital Number:				NHS Number:			
Address:							
Post Code:							
IMPORTANT - Contact phone number(s) for patient in next 72 hours (verified) including mobile:							
Diagnosis of TIA: Focal neurological symptoms <u>completely resolved</u> in < 24 hours. If patient has symptoms or signs when seen: ACUTE STROKE – ADMIT via ED							
Clinical Features:				Date Onset:		Time:	
The patient <u>must</u> have experienced at least one of the following symptoms: <ul style="list-style-type: none"> • Speech disturbance • Amaurosis fugax or Hemianopia • Loss of power OR sensation OR both, in face OR arm OR leg. • MORE THAN ONE of Dysarthria, Vertigo, Double Vision, Ataxia or Dysphagia 				Drugs:-			
Further information/relevant PMH and risk factors:							
NB: One or more of: Loss of consciousness, Light headedness/Faintness/Dizziness, Total Body Weakness or Fatigue, Drop Attacks or Amnesia are <u>NOT LIKELY</u> to be TIA. Consider referral to OPU/Neurology							
TIA ABCD2 Score							Score
A	Age	Score 1 if over 60					
B	BP	Score 1 if systolic BP >140 or diastolic >90 at presentation					
C	Clinical Features	Score 2 for unilateral weakness, score 1 for speech disturbance without weakness					
D	Duration	Score 1 for 10-59 minutes, score 2 for >60 minutes					
D2	Diabetes	Score 1 if known Diabetes					
High Risk Score = 4 or more Low Risk < 4							Total
ABCD2 Score 4 or more or >1 TIA in 7 days or TIA and on Warfarin and *weekends*				Weekdays fax TIA referrals as below			
Send patient to ED immediately with letter				Fax Referral to Alison Jones - Stroke Team on 01225 821287 For Mendip -Low risk TIA's please fax to Central Booking Office 01749 836530 If possible please could GP arrange bloods: FBC/U&Es/Gluc /total chol/LFTs/others if indicated			
ALL PATIENTS: GIVE ASPIRIN 300MG UNLESS CONTRAINDICATED OR ON WARFARIN							