Seven-Day Rapid Access TIA Clinic Referral

**https://eformsnhs.rbch.nhs.uk/StrokeTIA/**

**Username: StrokeTIA Password: StrokeTIA**

You will be asked for the following information. Then you can select the next available clinic appointment

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name** |  | **Date of Birth** |  |
| **Address** |  | **Hospital Number** |  |
| **GP Details** |  |
| **Referring Clinician** | [ ]  GP [ ] Paramedic/Tech [ ]  ED [ ]  Nurse Prac/ECP [ ]  Eye Infirmary |
| **Postcode** |  | **Referrers Name** |  |
| **Telephone No.** |  | **Date of Referral** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Military Service Person | [ ]  | Military Veteran | [ ]  | Member of Military Family |
| **Seen by referring clinician**  | **Date** | 13 Jan 2023 | **Time** |  11:42 hrs |
| **Date of Event** |  | **Time of Event** |  hrs |
| **Brief description of****the event** |  |
| **TIA rarely causes loss of consciousness****Admit patient if crescendo (2 or more TIA’s within 7/7) irrespective of ABCD2 score****If signs persist consider admission to stroke unit and discuss with stroke SpR** | **ABCD2 Score**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Criteria** | **Points** | **Patient** |
| Age | Aged over 60 years | 1 | [ ]  |
| BloodPressure | Hypertension(Systolic >140 and/or diastolic >90mmHg) | 1 | [ ]  |
| Clinical | Speech disturbance without weakness | 1 | [ ]  |
| Features | Unilateral weakness | 2 | [ ]  |
| Duration of | 10-59 minutes (<10 mins = 0) | 1 | [ ]  |
| Symptoms | Over 60 minutes | 2 | [ ]  |
| Diabetes | Patient has diabetes | 1 | [ ]  |
|  |  | **Total** |  |

 |
| **What to do Next****Confirm patient is able to make own transport arrangements for clinic** | **Go to website** [**https://eformsnhs.rbch.nhs.uk/StrokeTIA/**](https://eformsnhs.rbch.nhs.uk/StrokeTIA/) **while patient is still with you to obtain urgent clinic appointment****Give Patient**

|  |  |  |  |
| --- | --- | --- | --- |
| Aspirin 300mg stat | [ ]  | Clinic appointment date & time | [ ]  |
| State which Hospital to attend | [ ]  |  |  |

**Advise**

|  |  |  |  |
| --- | --- | --- | --- |
| Do Not Drive | [ ]  | Dial 999 if further events | [ ]  |
| Bring Medications to clinic | [ ]  | Bring witness if possible | [ ]  |

**Appointment date:** **Time:** **Appointment Site:**  |

For further advice/ guidance, contact Stroke SpR **01722 336262 bleep 1490** (Monday to Friday 9am to 5pm) or, if out of hours, contact **Medical SpR** on call (**bleep 1361**)

To send additional information in preparation for clinic appointment; If symptoms > 7days ago or if unable to accept available clinic appointment slots send referral directly to stroke team for triage.

**email:** **shc-tr.tiasalisbury@nhs.net**

**ADDITIONAL INFORMATION**

|  |
| --- |
| **Medical Problems:** |
| **Medication:**  |  |
|  |  |
| **Allergies:**  |

**Additional Dataset:** (recordings in last 6months)

|  |  |
| --- | --- |
| **Blood Pressure** |  |
| **Heart rate** |  |
| **Height**  |  | **Smoking Status**  |  |
| **Weight** |  | **Alcohol Intake** | ,  |
| **BMI** |  | **Exercise tolerance:**  |  |

**Blood Results** (Last 12m):

|  |  |  |
| --- | --- | --- |
| **FBC** |  | Hb , WCC , Plts , MCV , Neut  |
| **UE** |  | Na , K , Urea , Creat , eGFR  |
| **LFT** |  | ALT , Alk Phos , Bili , Alb , GGT , Serum globulin , Total Protein  |
| **CRP** |  |  | **ESR** |  |
| **TFTs** |  | TSH , Free T4  | **INR** |  |
| **Bone** |  | Ca , Ca cor , Ca adj , Phos  |
| **Iron** |  | Ferritin , Iron Saturation , TIBC  |
| **Vitamins** |  | B12 , Folate  |
| **Lipids** |  | Chol , LDL , HDL ,Chol:HDL ratio , Tri  |
| **Random Glucose** |  | **Fasting Chol.** |  |
| **Fasting Glucose** |  | **HbA1c** |  |