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 |  | | Blood  Pressure | 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**](mailto: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** |  |