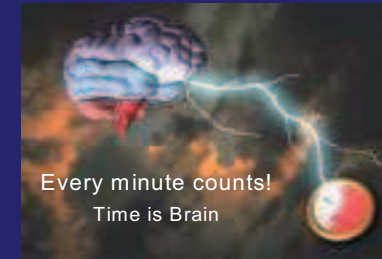


Management of TIA and Minor Stroke



HIGH RISK TIA'S
ABCD² SCORE SHOULD BE BASED ON SYMPTOMS WHEN THEY WERE PRESENT

- Patients with symptoms lasting more than 60 minutes are more likely to have had stroke than TIA and need admission to the hospital
- If your patient has a symptomatic Carotid Artery Stenosis > 70% they have a 25% chance of having a disabling stroke in the next 18 months

	ABCD ² SCORE	Score
A = Age	>60	1
B ? BP	?140 systolic and/or ?90 diastolic	1
C = Clinical Features	Unilateral weakness Speech disturbance w/o weakness Other	2 1 0
D = Duration of symptoms	>60 minutes 10-59 minutes <10 minutes	2 1 0
D = Diabetic	Diabetic	1

Score of 4 or more = High Risk
(8-20% chance of stroke)
Highest risk of stroke within next 48 hours

For further advice
after 5pm and during weekends
contact **ED middle grade** or
Medical registrar on call

USE FAST TEST
EXCLUDE
HYPOGLYCAEMIA

SUSPECTED TIA/MINOR STROKE
LIMB/FACIAL WEAKNESS/ SENSORY DISTURBANCE
LOSS OF SPEECH OR
MONOCULAR VISUAL LOSS

ONSET WITHIN LAST 24 HOURS

CALCULATE ABCD² score
(AFTER SYMPTOMS HAVE DISAPPEARED COMPLETELY)

LOW RISK TIA
ABCD²<4
Symptoms less than 60 minutes

HIGH RISK TIA OR STROKE
ABCD² SCORE ?4
or ABCD² <4 plus any of the following
?2 TIA'S IN 1 WEEK
ON WARFARIN
NEW ATRIAL FIBRILLATION
PROMINENT HEADACHE OR NECK PAIN
RECENT MI
KNOWN SEVERE CAROTID STENOSIS
SYMPTOMS > 60 minutes

REFER TO RAPID
ACCESS TIA CLINIC USING PROFORMA ONLY
DO NOT USE CHOOSE AND BOOK SLOTS

NEEDS SPECIALIST INPATIENT ASSESSMENT
SEND THE PATIENT TO EMERGENCY DEPARTMENT(ED)
PATIENT MAY BE SUITABLE FOR THROMBOLYSIS
(Arrival at hospital within 3 hours of onset essential)
ESTABLISH DIAGNOSIS USING ROSIER
CT BRAIN ON ARRIVAL (discretionary for high risk TIA)

FAX TIA CLINIC REFERRAL PROFORMA TO DR PUNNOOSE'S SECRETARY ON 01246 512670
PATIENT WILL BE SEEN WITHIN 7 DAYS BY A STROKE PHYSICIAN

START ASPIRIN 300MG
START SIMVASTATIN 40 MG
TREAT HYPERTENSION
ADDRESS LIFESTYLE ISSUES (SMOKING, DIET, EXERCISE)
ADVISE NOT TO DRIVE FOR ONE MONTH

DIRECT ADMISSION TO STROKE UNIT
for review by stroke physician
and for further imaging (MRI/ ECHO/Dopplers)

For further advice during **9-5 Mon to Fri** contact
Dr S Punnoose, Consultant Stroke Physician bleep 757
Sue Potter, Stroke Specialist Nurse bleep 760
Katerina Fidler, Secretary 01246 51 2899

All patients attending ED with persisting neurological symptoms should be admitted to the stroke unit

TIA IS A MEDICAL EMERGENCY

- A TIA is an acute loss of focal cerebral function resulting in sudden onset limb weakness, sensory disturbance or speech disturbance. It can also present as a transient monocular blindness (Amaurosis Fugax)
- If your patient has had a TIA please refer now using the TIA clinic referral form
- Transient dizziness, confusion, vertigo, double vision, syncope and drop attacks should not be referred as TIA in the absence of other neurological findings. If you would like these symptoms to be investigated please refer to General Medical Clinic
- Have you informed your TIA patient not to drive? The DVLA advise that TIA patients do not drive for a least one month following their event

TIA referral form

Patient's name: _____ Date of birth: _____

Exclusion criteria:

- Isolated dizziness
- Isolated headache
- Isolated vertigo
- Epilepsy
- Isolated sensory symptoms
- Isolated memory loss
- Acute confusional state
- Isolated ataxia
- Loss of consciousness
- Generalised weakness

Source of referral (please tick relevant box)

GP A&E ED Other: _____

Symptoms (please tick relevant boxes)

Side of onset	Face	Right	Left	Other
Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk factor profile (please tick relevant boxes)

Previous Stroke/TIA Previous MI/Angina

Current Medication: _____

Diabetes Family history of Stroke

Hypertension Alcohol excess

Smoking Dyslipidaemia

ADCP Score (check for clinic acceptance)

Age	BP	Duration	Diabetes	Other
<60 = 1	>140/90 = 1	>60 minutes = 2	Yes = 1	>40/90 = 0
60-69 = 2	>160/95 = 2	>10-60 mins = 1	No = 0	>40/90 = 0
70-79 = 3	>180/105 = 3	>10-60 mins = 1	No = 0	>40/90 = 0
80-89 = 4	>200/110 = 4	>10-60 mins = 1	No = 0	>40/90 = 0
90-99 = 5	>220/120 = 5	>10-60 mins = 1	No = 0	>40/90 = 0

Low risk: ABCD² score < 4
Fax this form to 01246 512670 as soon as possible

High risk: ABCD² score > 4 plus symptoms lasted more than an hour
Refer the patient to ED

For patients referred from ED, keep this form, copies of ED card, blood results and ECG in the TIA collection box.
Do not refer TIA via Choose and Book.
For further advice Mon-Fri 9-5 bleep on call stroke physician. Out of hours bleep Medical Registrar or ED middle grade.
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