

1. CHECKLIST FOR REFERRAL:

- Acute onset of focal neurological symptoms/signs
- No residual neurological symptoms/signs present (please see page 2 for High Risk Pathway)
- No high risk features (please see page 2 for High Risk Pathway)
- Patient from Mater Hospital catchment area
- Proforma FULLY completed
- Proforma emailed to tia@mater.ie using secure email account (i.e. Healthmail or Hospital Email)

PLEASE NOTE:

Referrals will only be reviewed Mon-Fri 9am -3pm

Referrals are not considered accepted until email confirmation is issued to the referrer

2. REFERRER DETAILS:

Referral Date:

Referrer Name:

Referrer Mobile No:

PLEASE NOTE:

Please provide contact details of a doctor available to discuss this referral on the next working day

Referrer Position:

Referrer Email:

3. PATIENT DETAILS:

Patient Name:

MMUH MRN (if known):

Address:

Date of Birth:

Patient Contact No:

Next of Kin Contact No:

4. CURRENT SYMPTOMS:

Date of Onset and Description:

7. RISK FACTORS:

- Current smoker
- Ex-smoker
- Previous TIA/Stroke
- Atrial Fibrillation
- Hypertension
- Dyslipidaemia
- Diabetes Mellitus
- Coronary Artery Disease
- Carotid Artery Disease
- Peripheral Artery Disease

6. ABCD² SCORING:

Age

60 or above 1

<60 years 0

Blood Pressure

Systolic \geq 140 or diastolic \geq 90 1

Systolic <140 and diastolic <90 0

Clinical Features

Unilateral weakness 2

Speech disturbance (without weakness) 1

Other symptoms 0

Duration

>60 minutes 2

10-59 minutes 1

<10 minutes 0

Diabetes

Yes 1

No 0

TOTAL ABCD² SCORE =

5. MEDICAL HISTORY:

Past Medical History:

Medications:

Consultant accepted Y N

Patient booked in

Referrer informed not accepted

Referrer informed unable to contact patient

HIGH RISK

(for immediate referral to the Emergency Department)

- Sudden onset, recent (<4 weeks) focal symptoms

AND

≥ 1 of the following high-risk features:

- ABCD2 score > 3
- Multiple vascular risk factors
- Motor weakness
- Speech disturbance
- History of stroke or TIA
- Recurrent events suggestive of TIA
- Large artery vascular disease (eg >50% atheroma, dissection, web, etc)
- New infarct on brain imaging
- New persistent neurological deficit
- Red flags for giant cell arteritis
- Known or suspected cerebral amyloid angiopathy or other high risk bleeding source
- Atrial fibrillation

INTERMEDIATE RISK

(consider urgent referral to TIA clinic)

- Sudden onset, recent (< 4 weeks) focal symptoms such as:

- Transient focal sensory symptoms alone
- Transient focal visual symptoms alone
- Transient isolated vertigo
- Transient isolated diplopia

AND

- NO high-risk features

OR

- Sudden onset, recent (< 4 weeks) focal symptoms

AND

- Already assessed in Emergency Department with normal CT Brain and CT Angiogram arch carotids intracranial

AND

- Discussed with Stroke Registrar #3001

LOWER LIKELIHOOD/ LOWER RISK TIA

(consider alternative pathways)

- No symptoms for > 4 weeks
- Altered consciousness alone
- Non-rotatory dizziness or presyncope alone
- High likelihood migraine
- Bilateral symmetric sensory symptoms alone
- Bilateral symmetric visual symptoms alone
- Bilateral symmetric subjective weakness without objective loss of power
- Disorientation alone

Emergency department management of suspected TIA typically includes:

- Urgent clinical assessment
- Urgent CT Brain
- Urgent CT Angiogram arch carotids intracranial and/or carotid duplex
- ECG
- Chest X-ray
- FBC, U+Es, LFTs, ESR, CRP, HbA1C, lipids, hsTNI, BNP
- Consider starting anti-thrombotic (after CT), statin, anti-hypertensive medications
- Discuss with the Stroke Registrar #3001 (available Mon-Fri 8am-6pm and Sat&Sun&BH 8am-12 midday) RE: suitability for admission under stroke team or referral to the TIA clinic

Further management of suspected TIA via inpatient admission or TIA clinic may include:

- Echocardiography
- Cardiac rhythm monitoring
- MRI ± MRA
- 24hr Ambulatory Blood Pressure Monitor
- Interval repeat blood tests
- StrokeLINK nurse referral (by Stroke Team only)
- Stroke OPD follow-up (stroke@mater.ie)
- Further individualised investigation and treatment plan

Other pathways to consider include:

- Emergency Department or AMAU
- Charter Medical Rapid Access Clinic medical@chartermedical.ie
- Neurology/Headache OPD neurology@mater.ie
- Stroke OPD stroke@mater.ie
- Medicine For The Elderly OPD medelderly@mater.ie
- Ophthalmology OPD eyeopd@mater.ie
- Eye Emergency Department EED@mater.ie