Suspected TIA?

Are the symptoms still present (esp. FAST positive)?

Yes

ACTION: TREAT AS ACUTE STROKE
1. Complete form to send with patient
2. Call ambulance
3. Contact Stroke team at St George’s Hospital Tooting
   0208 672 1255 Bleep 7317

No

Refer to TIA clinic using referral form based on ABCD²

TIA Clinic Referral

Local protocols will differ depending on availability of open access clinics or appointment systems (see list on next page)

- Complete clinical information on referral form
- Start aspirin 300mg and give first dose unless Cl
- Give Lifestyle management advice
- Advise patient not to drive until assessed at TIA Clinic
- Advise patient to call 999 if they have a further event

If ABCD² score >3 – High risk TIA

If ABCD² score <4 – Low risk TIA (or symptoms > 1 wk ago)

NB Treat as High Risk TIA:
- If patient has had 2 or more events in the last 7 days
- or
- are on Warfarin
- or
- <= 40 yrs with likely TIA/stroke and neck pain
- or
- TIA symptoms and have prosthetic valve and are under anti-coagulated

Assess the risk of Stroke

ABCD² score

Age<60 years 0
60 or above 1

Blood pressure
SBP >140mm Hg or DBP >90mm Hg 1
BP below these levels 0

Clinical features
Any unilateral weakness (face/ hand/arm/leg) 2
Speech disturbance (without motor weakness) 1
Other weakness 0

Duration of symptoms
>60 minutes 2
10-59 minutes 1
<10 minutes 0

Diabetic
Yes 1
No 0
# Kingston TIA CLINIC REFERRAL FORM

**Kingston Hospital NHS Trust**  
**TIA CLINIC**  
**REFERRAL FORM**

**FAX NUMBER:** 02089343884  
(Please fax referral urgently)  
Stroke team bleep 463 (Stroke registrar)

**Source of referral (please ring):**  
- GP  
- A&E  
- AAU  
- Paramedic  
- Other

**Date and time of First Contact with 1st HCP**  
Date__/__/__: time __ : ___ (24h clock)

**Name of referrer and contact phone number:**

**Date and time of referral:**  
Date__/__/__: time __ : ___ (24h clock)

**CLINIC DATE:** Date__/__/__: time __ : ___ (24h clock)

---

### Patient details

**Name:**

**Sex:**

**D.O.B.:**

**Address:**

**Tel. No.:**

**Carer’s name**

**Handed** Left / Right

**Preferred language**

**Interpreter needed** Yes / No

**Driver** Yes / No

**Is Hospital transport required?** Yes / No

**Type required** Car  
Ambulance

---

### ABCD2 SCORE

<table>
<thead>
<tr>
<th>If presenting within 7 days</th>
<th>POTENTIAL POINTS</th>
<th>POINTS</th>
<th>Past Medical History:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &gt;/=60</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 60</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP Systolic &gt;140 or Diastolic ≥ 90</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systolic &lt;140 &amp; Diastolic &lt; 90</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical features</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unilateral weakness</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech disturbance (without weakness)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensory Loss/ other symptoms</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration &gt;/= 60 minutes</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 – 59 minutes</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 10 minutes</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Present</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absent</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL SCORE**

If score 4 or above, or more than 1 TIA in a week, or on anticoagulant follow high risk pathway  
If symptoms > 1 week ago follow low risk pathway  
IF PERSISTING NEUROLOGICAL DEFICIT, THIS IS NOT A TIA AND PATIENT MUST BE REFERRED TO THE NEAREST HYPERACUTE STROKE UNIT

### Current Drug Therapy:

*Please start aspirin 300mg of immediately. If aspirin intolerant consider alternative anti-platelet*

Please specify:
- If on Aspirin at time of event and/or other anti-platelet drug(s)
- If on Warfarin and why?

**Please circle any known additional risk factors:**

- Previous TIA / CVA, IHD  
- Hypertension, Diabetes  
- Hyper-lipidaemia, Smoking Current /Ex  
- Known carotid disease  
- Impaired LV function  
- Peripheral vascular disease  
- Atrial Fibrillation  
- Alcohol  
- Impaired LV function  
- Obesity

- Most recent INR with date (if known):