Interior Health

TIA / MINOR STROKE RAPID ASSESSMENT CLINIC REFERRAL – KELOWNA

General Outpatient Services – Level 2
Dr. Walter Anderson Building - KGH
2251 Pandosy St., Kelowna, V1Y 1T1
Phone: 250-980-1392
Fax: 250-862-4463

KGH Virtual TIA Clinic DIRECT
Phone: 250-980-1402

Any patient requiring immediate assessment, contact Neurologist on-call through switchboard 250-862-4000

PATIENT INFORMATION

Name	Date of Birth (dd / mm / yyyy)
Street Address	PHN
	Phone
City / Town	Cell Phone

SYMPTOM ONSET DETAILS

Date (dd / mm / yyyy)	Time: 24 hour clock (hh : mm)

PRESENTING SYMPTOMS *(Check all that apply)* *If your patient has reoccurring symptoms, refer directly to Emergency*

- ☐ Speech disturbance
- ☐ Motor weakness: ☐ Face ☐ Arm ☐ Leg
- ☐ Visual disturbance
- ☐ Sensory disturbance
- ☐ Balance problems
- ☐ Other: _____

Have symptoms resolved? ☐ Y ☐ N

Comments:

Type of Appointment: ☐ Onsite at KGH ☐ Virtual Appointment via Tele Health

REFERRING PROVIDER

Print Name	Signature	Date of Referral (dd / mm / yyyy)
Referring Provider Location (City / Town)	☐ Family Physician ☐ Specialist ☐ ER Physician ☐ NP ☐ Other: _____	

ABCD² Risk Screen for TIA Patients *(to be completed at the time of the referral)*

		Points
Age	☐ Equal to or greater than 60 years	1
Blood Pressure	☐ Systolic BP equal to or greater than 140 mmHg ***OR*** ☐ Diastolic BP equal to or greater than 90 mmHg	1
Clincial Features *(choose one)*	☐ Unilateral Weakness (with or without speech disturbance)	2
	☐ Speech deficit without weakness	1
	☐ Other	0
Diabetes	☐	1
Duration	☐ 60 minutes or more	2
	☐ 10 – 59 minutes	1

Risk of Stroke within 2 days of TIA according to ABCD² is:

Score
6 – 7 then risk is 8.1%
4 – 5 then risk is 4.1%
0 – 3 then risk is 1%

(Rothwell, P. et al. Lancet 2007; 369:283-92)

Score equal to or greater than 4 = High Risk /7

ACKNOWLEDGEMENT OF REFERRAL (WILL BE COMPLETED BY TIA CLINIC STAFF)

- ☐ Your patient is booked for their TIA clinic appointment on _____
- ☐ We require additional information _____ ☐ before we see your patient
- ☐ Your patient will not be seen at the TIA clinic. Reason _____

***Please fax all supporting documentation including:**

- ☐ ***Completed Referral***
- ☐ ***Current Medication and Allergy list***
- ☐ ***ER Assess & Tx Record (EATR)***

Clear Form Print Form Save Form

INFORMATION FOR REFERRING PHYSICIANS

The TIA / Minor Stroke Rapid Assessment Clinics are out-patient clinics that offer rapid access to screening, diagnostics, and assessment by the Neurologist.

- The clinic RN and Neurologist work together to screen and assess patients within 72 hours of referral, for the purpose of identifying the risk of a complete stroke outside of the Emergency Dept.
- Patients will receive diagnostic screening for their cerebrovascular symptoms.

Clinic Hours are from 08:00 – 16:00, Monday to Friday.

- Closed on weekends and holidays.
- Referrals received outside of these hours are processed the next business day.

PATIENT DIRECTIONS

- Please give your patient the IH TIA & Stroke Patient Information sheet Royal Printers **#801145**.
- Patients are to bring their current medications to the clinic.
- Patients are responsible for their own meals and regular medications while at the clinic.
- Patients should expect to be at the clinic for at least 2 – 4 hours.
- Patients will be contacted directly if a Tele Health appointment has been indicated.

PLEASE NOTE

- Patients must be independent, ambulatory and appropriate for an outpatient clinic visit.
- **Patients are not to drive themselves** – do not send patients by ambulance.

Any patient requiring immediate assessment, contact the Neurologist on-call through switchboard 250-862-4000.

Clinical Decision Support Tool: MINOR STROKE / TIA RISK ASSESSMENT	

High Risk
(consider sending patient to emergency department or contacting internist / neurologist on call and refer to TIA clinic)
	• Symptoms within the previous 48 hours with any one of the following:
	  • Motor deficit lasting more than 5 minutes
	  • Speech deficit lasting more than 5 minutes
	  • $ABCD^2$ score of 4 or more
	• Acute persistent or fluctuating stroke symptoms
	• One positive investigation (acute infarct on CT/MRI; carotid artery stenosis)
	• Atrial fibrillation with TIA
	• Other factors based on presentation and clinical judgment

Medium Risk
(refer to TIA clinic)
	• Symptom onset between 48 hours and 7 days with any one of the following:
	  • Motor deficit lasting more than 5 minutes
	  • Speech deficit lasting more than 5 minutes
	  • $ABCD^2$ score of 4 or more

Low Risk (refer to TIA clinic)	• Symptom onset more than 7 days ago • Symptom onset 7 or more days without the presence of high risk symptoms (speech deficit or motor deficit or $ABCD^2$ score of 4 or more or atrial fibrillation with TIA)

Test	TIA Urgency Classification			Comments
	High Risk	Medium Risk	Low Risk	
Laboratory work	24 hrs.	3 days	14 days	CBC, Na+, K+, creatinine, INR & aPTT, fasting lipid profile (CHO, LDL, HDL, TRIG), urinalysis, ECG, fasting glucose
CT head scan	24 hrs.	3 days	14 days	Investigation of choice for acute stroke and TIA
Carotid imaging (Ultrasound, CTA or MRA)	24 hrs.	3 days	14 days	Optimally within 24 hrs. in a carotid territory TIA if the patient is a potential surgical candidate

Additional investigations may be considered depending on case specifics:

- **MRI**: If recommended by consultant
- **Holter monitor**: Consider to detect paroxysmal AF
- **Echocardiogram**: If a cardiac source of embolism is suspected, e.g. dysrhythmia, heart failure, LV dysfunction, post MI