

North Bay General Hospital

Stroke Prevention Clinic (SPC) Referral Form

Name: _____
 Address: _____
 City: _____
 Postal Code: _____
 Home Phone Number: _____
 Family Physician: _____
 Health Card #: _____
 Date of Birth: _____

(Note: Addressograph or Complete Section)

Referred from: NBGH Emergency Physician's Office Inpatient Unit Other Hospital Other: _____

Reason for Referral: Transient Ischemic Attack (TIA) Risk Factor Management Post-Stroke Follow-up

Date of Most Recent TIA / Stroke Event: _____

ABCD ² (to be used for suspected TIA or minor stroke)		Score
Indicators		
A	Age: _____ years* (1 point for age greater than or equal to 60)	/ 1
B	Blood Pressure at time of event: _____ mmHg (1 point for BP greater than or equal to 140/90 mmHg)	/ 1
C	Clinical Features: <input type="checkbox"/> Focal weakness (face, arm, leg)* (= 2) <input type="checkbox"/> Speech disturbance* without weakness (= 1) <input type="checkbox"/> Amaurosis fugax (= 0) <input type="checkbox"/> Blurred vision & unsteadiness (= 0) <input type="checkbox"/> Other: _____ (= 0)	/ 2
D	Duration of Symptoms: <input type="checkbox"/> More than 60 minutes* (= 2) <input type="checkbox"/> 10 – 59 minutes* (= 1) <input type="checkbox"/> Less than 10 minutes (= 0) <input type="checkbox"/> Intermittent (= 0) <input type="checkbox"/> Unknown (= 0)	/ 2
D	Diabetes* (1 point for presence of Diabetes)	/ 1
ABCD² Note: High-risk features are indicated above with an asterisk (*). Two or more of these features would classify the patient as emergent. Consider admission for emergent work up. Suggested timelines for assessment and investigation of minor stroke or TIA on reverse.		/ 7

Please complete for all patients

Treatment initiated:

- Acetylsalicylic acid (ASA)
- Angiotensin Receptor Blockers (ARB)
- Antiplatelet Therapy
- Anticoagulant
- Angiotensin-converting Enzyme Inhibitor (ACE)
- Statin
- Other _____

Risk Factors:

- Hypertension
- Hyperlipidemia
- Current Smoker
- Carotid Stenosis
- History of Atrial Fibrillation:
- Other _____
- Previous Stroke or TIA
- Diabetes
- Ischemic Heart Disease

Tests Ordered or Results Attached for:

- CT
- MRI
- Holter Monitor
- Electrolytes
- INR/PTT
- Carotid Doppler
- CT Angio Head & Neck
- ECG
- CBC
- Serum Glucose
- Lipid Profile
- Echo

Other _____

Patient Instructions:

- Do not drive until medically cleared by physician
- Other _____

Fax following information to SPC @ 705-495-7577

- Referral Form (NB-307)
- Copy of Emergency Record (with medication list) if applicable
- Copy of test results (do not fax if done at NBGH)

Date: _____ Time: _____ Physician Signature: _____

Print Name: _____

North Bay General Hospital

Stroke Prevention Clinic Referral Form Transient Ischemic Attack (TIA) Triage and Management Algorithm – NB 307 (I)

ABCD² Score

The ABCD² Score was developed and validated in patients who presented on the day of their sentinel TIA. Patients who present more than 48 hours after the index event, are at lower short term risk for stroke, and should generally be risk stratified to one group lower.

ABCD ² Score Risk Stratification (Adapted from Dr. S. LaHaye 2005)		
High Risk (6-7)	Intermediate Risk (4-5)	Low Risk (0-3)

Canadian Best Practice Recommendations for Stroke Care (Updated 2008)

Classification of patient urgency

Urgency	Characteristics
Emergent	<ul style="list-style-type: none"> – Symptoms within the previous 24 hours with 2 or more high-risk features (features include age greater than 60 years, focal weakness, speech difficulties, symptoms lasted greater than 10 minutes, presence of diabetes) – Acute persistent or fluctuating stroke symptoms – One positive investigation (evidence of acute infarct on CT/MRI; evidence of carotid artery stenosis greater than 50%) – Other factors based on individual presentation and clinical judgment
Urgent	– TIA within previous 72 hours
Semi-urgent	– Does not fit emergent or urgent definition

Recommended timing of diagnostic tests of TIA and minor stroke

Diagnostic test	Timing of Tests		
	Emergent	Urgent	Semi-urgent
Assessment by Neurologist or other medical specialist trained in stroke, from time of medical first contact	24 hours	7 days	30 days
Brain CT or MRI	24 hours	7 days	30 days
Carotid imaging*	24 hours	7 days	30 days
Electrocardiography	24 hours	7 days	30 days

* Carotid Doppler, CT angiography or magnetic resonance angiography.

References

- Johnston, SC, Rothwell, PM, Nguyen-Huynh, MN, Giles, MF, Elkins, Js, Bernstein, AL, et al. Validation and refinement of scores to predict very early stroke risk after transient ischemic attack. *Lancet* 2007; 369: 283-92.
- Rothwell, PM, Giles, MF, Flossman E, et al. A simple score (ABCD) to identify individuals at high early risk of stroke after transient ischemic attack. *Lancet* 2005; 366: 29-36.
- Rothwell, PM, Buchan A, Johnston, SC. Recent advances in management of transient ischemic attacks and minor ischemic strokes. *Lancet Neurol* 2006; 5: 323-31.
- Tsivgoulis G, Konstantinos S, Panagiota M, et al. Validation of the ABCD score in identifying individuals at high early risk of stroke after a transient ischemic attack. *Stroke* 2006; 27: 2892-2897.
- Rothwell, PM, Johnston, SC. Transient Ischemic Attacks: Stratifying risk. *Stroke* 2006; 37: 320-322