

Start a referral Conversation with another Team	
Testing, Vitals	Born 03-May-1974 (46) Hospital Number 2001091M
Referral Conversation Current ED	
Referral Conversation from TIA High Risk Clinic	
Start a referral conversation with an internal team	
Copy handover contents from a profile. Doctor	
Situation – Full Clinic history and duration	
Background – Full Medical history and family history	
Assessment - Has the patient had a transient neurological episode of sudden onset, corresponding to a vascular territory? Strokes are vascular episodes: recurrent stereotyped events, fluctuating or global events not corresponding to a vascular territory are not likely to be vascular in origin and you should consider other diagnoses. - Syncope and seizures are common and cause transient neurology: if the patient is describing syncope or seizure activity it is appropriate to refer to those services as the first port of call. - Isolated vertigo without other neurology is almost always non-vascular in nature - consider other causes. - The purpose of TIA clinic is to help reduce the risk of imminent further stroke in cohorts where intervention such as endarterectomy (for carotid disease) or detecting and treating atrial fibrillation may make a critical difference: if a patient has a Clinical Frailty Score of 8 or 9 then TIA clinic attendance is unlikely to be of benefit to the patient's current needs.	
Recommendations Ensure date and time of aspirin is entered on referral -Please ensure correct contact detail are entered on referral	

- If you are uncertain, please seek advice from the duty stroke nurse. If your patient has already been seen by the stroke nurse or a stroke consultant, they do not require a TIA clinic follow-up unless specifically requested by the team. Bleep 7337.