TIA referral pathway for primary care or ED v2.1 amended 2.7.13

Suspected TIA

Does the patient have AF?
OR
Is the patient taking anti-coagulants?
OR
Has the patient had more than one TIA in last month?
OR
Does the attending clinician consider the patient is high risk, despite a low ABCD2 score?

No

Yes

Do ABCD2 score
AND
use BPAC TIA decision support tool (where available)

Admit; (arrange with on-call medical team)
Refer to nearest ED for assessment and transfer to Rotorua stroke unit

ABCD2 ≥4

ABCD2 <4

Admit; (arrange with on-call medical team)
Refer to nearest ED for assessment and transfer to Rotorua stroke unit

Secondary prevention:
Commence aspirin
(BP not based on single elevated recording alone)

After hours- ED only refer using internal "TIA Clinic" email (when no physician)

Refer to TIA clinic: *(Usual working hours)*

1. Phone Rotorua Stroke Physician or Taupo Physician

2. Refer, noting **URGENT TIA** in subject line: refer by one of following methods:

E-referral

OR
Email to:
outpatients@lakesdhb.govt.nz

OR
Fax to: 07 343 7739

Immediate clinics arranged according to need 5 days a week.

ABCD2- Prediction of stroke risk after TIA

ABCD2 items (Score 0-7)	**Points**
A Age: ≥ 60 years	1
B Blood pressure: ≥ 140/90 mmHg	1
C Clinical features: unilateral weakness or	2
speech impairment without weakness	1
D Duration of symptoms:	
≥ 60 minutes	2
10-59 minutes	1
E Diabetes: on medication/ insulin	1

Risk of stroke according to ABCD2 scores

ABCD2 Score	**0-3**	**4-5**	**6-7**
Proportion of all TIAS	34%	45%	21%
Stroke risk (%) at			
2 days	1.0	4.1	8.1
7 days	1.2	5.9	11.7
90 days	3.1	9.8	17.8

***Note: Late presenting patients**, i.e. more than 2 weeks since last symptoms- manage risk factors, secondary prevention, provide patient education, consider call stroke physician for advice on long term management*