

TIA Referral Pathway Guide

- IS THE PATIENT HAVING AN ACUTE STROKE? – USE **FAST**. TIME IS BRAIN! – DIAL 999
- **F** ACE – Can they smile? Does one side droop?
- **A** RM – Can they lift both arms? Is one weak?
- **S** PEECH – Is their speech slurred or muddled?
- **T** IME – Check time when symptoms appeared (OR use **ROSIER**)

Pathway for Stroke or TIA patients presenting in primary care or ED
The following should be considered for admission.

**New onset / persisting
FAST symptoms suggesting
acute stroke**

TIA patients on anti-coagulant
Patients presenting to ED on anticoagulants and symptoms fully resolved, have had a CT brain scan, and if normal/ no bleed can be discharged and referred to TIA clinic

**Crescendo/recurring
TIA symptoms**

ADMIT

Through Combined Assessment Unit for admission to the Acute Stroke Unit in University Hospital Crosshouse

Refer the following to the Rapid Access TIA CLINIC

- Patients with transient focal neurological symptoms suggesting TIA and fully resolved
- Amaurosis Fugax / sudden onset visual field scotomas
- ❖ If TIA symptoms last less than 1 hour, prescribe aspirin 300mg a day until assessment at TIA clinic
- ❖ If aspirin is contraindicated prescribe clopidogrel 300mg stat loading dose then 75mg once daily thereafter
- ❖ Continue with pre-existing anti-hypertensive therapy
- ❖ If patient's systolic blood pressure persistently >130mmHg consider introduction of anti-hypertensives
- ❖ Please check bloods (full blood count, U&Es, liver function tests, cholesterol and glucose)
- ❖ Patients aged over 60 years with visual symptoms, if possible, please arrange bloods for ESR and CRP
- ❖ All patients with visual symptoms should be assessed by an optometrist as the TIA clinic has no facilities/expertise to carry out eye examinations
- ❖ Advise patient NOT to drive until seen at TIA clinic