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 ticagrelor 180mg stat loading dose then 90mg twice daily thereafter *(off-label)***
  - **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**