

Practice Service Briefing

New Transient Ischaemic Attack (TIA) Referral Form

Introduction

In line with NICE guideline (NG128) there will be changes to the referral pathways for people who are referred with a suspected TIA.

What has changed?

MAIN NICE RECOMMENDATIONS:

- *Refer immediately people who have had a suspected TIA for specialist assessment and investigation, to be seen within 24 hours of onset of symptoms*
- *Do not use scoring systems, such as ABCD2, to assess risk of subsequent stroke or to inform urgency of referral for people who have had a suspected or confirmed TIA*

In line with the guidelines, we are **no longer using the ABCD2 scoring system.**

Please refer immediately all suspected TIA/minor stroke referrals and we will endeavour to see patients within 24 hours of symptoms or the next available slot.

The new referral form is attached. There are no changes to the mode of referral to current practice.

Referrals will only be accepted if patients with suspected TIA have the following symptoms:

- Unilateral weakness in face, arm or leg
- Unilateral Sensory loss
- Ataxia
- Dysarthria
- Dysphasia
- Bilateral visual field deficits
- Diplopia
- Unilateral visual loss

Referrals will not be accepted if the following symptoms (in isolation) are present as they are unlikely to be due to a TIA:

- Confusion
- Dizziness in isolation
- Headache
- Amnesia
- Pins and Needles
- Syncope, loss of consciousness or collapse

There may be a group of patients when the clinician may be unsure regarding the diagnosis as the presentations may be non-specific. We are happy to accept these referrals on a non-urgent basis or discuss a case over the telephone. Call via switchboard on 01473 712233 ask to speak to the stroke Consultant (working hours only).

In order to assist us in directing our resources to ensure the right patients receive urgent intervention, we request your cooperation to take into consideration the diagnostic likelihood of TIA.

Please note the following and consider referral to relevant specialties as below:

- Collapse with or without loss of consciousness (Syncope) (FAB clinic)
- Epileptic fits (Neurology clinic)
- Long standing or slowly progressive neurological deficit (Neurology clinic)
- Progressive acute neurological symptoms (A&E - urgent review)
- Sudden intense headache with neurological deficit (SAH) (A&E - urgent review)
- Acute neuro-deficit as probable acute stroke (FAST positive) (A&E via 999)

Start date

The referral form will be available on practice clinical systems and CCG website in September 2019.

Contact details

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