Thunder Bay Regional Health Sciences Centre

STROKE PREVENTION CLINIC REFERRAL

FOR PRIMARY CARE USE

Place Patient Label with Barcode Here. If no Patient Label, complete the following:

Chart #: ______________ Account #: ____________
Patient Name: ________________________________
D.O.B. (YYYY-MM-DD): _______________________
Address: ____________________________________
City/Town, Prov:_____________________________
Postal Code: ____________Tel: ______________
Health Card #: _______________Version: ____
Family MN/NP:____________________________

Primary Care Referral Guidelines:

1. Referring provider to complete referral.
2. **Fax Stroke Prevention Clinic: 807-684-5883**. If required, phone 807-684-6700.
3. Incomplete or illegible referrals will be sent back to the referring provider.
4. Original form to be filed on patient's health record.

Patients presenting within 48 hours of symptoms consistent with new stroke or TIA especially transient focal motor or speech symptoms, or persistent stroke symptoms are at the highest risk for recurrent stroke and should be immediately sent to an emergency department.

Patient Information:

Patient/Caregiver contact number:_____________________
Reason for referral: ☐ TIA ☐ Stroke ☐ Carotid Stenosis
☐ Other: ____

Date of Transient Ischemic Attack (TIA) / Stroke Event:
____

Duration of Symptoms:
- ☐ ____ Seconds
- ☐ ____ Minutes
- ☐ ____ Hours
- ☐ ____ Days

Frequency of Symptoms:
- ☐ Recurring/transient
- ☐ Persistent
- ☐ Single episode

Blood pressure at office visit: ____________

Clinical Features: (Check (✓) all that apply)
- ☐ Left sided weakness: ☐ Face ☐ Arm ☐ Leg
- ☐ Right sided weakness: ☐ Face ☐ Arm ☐ Leg
- ☐ Left sided sensory loss: ☐ Face ☐ Arm ☐ Leg
- ☐ Right sided sensory loss: ☐ Face ☐ Arm ☐ Leg
- ☐ Acute ataxia
- ☐ Speech disturbance (ie. slurred or jumbled or word finding difficulty)
- ☐ Acute vision change:
  - ☐ Monocular ☐ Right ☐ Left
  - ☐ Hemifield vision loss ☐ Right ☐ Left
  - ☐ Diplopia
- ☐ Other:____

Risk Factors: (Check (✓) all that apply)
- ☐ Hypertension
- ☐ Previous stroke or TIA
- ☐ History of atrial fibrillation
- ☐ Ischemic heart disease
- ☐ Previous known carotid disease
- ☐ Peripheral vascular disease
- ☐ Diabetes
- ☐ History of sleep apnea
- ☐ Current or past smoker
- ☐ Current or past vaping
- ☐ Dyslipidemia
- ☐ Drug Misuse __________ ____________________
- ☐ Alcohol Misuse_________
- ☐ Clotting disorder

Other: ____
____

Medications (or attach most accurate medication list):
____
____
____
____
____
____
____
____

TIA Management: see reverse

Treatment Initiated: (Check (✓) all that apply)

☐ Antiplatelet therapy: ________________________________
____
____

☐ Anticoagulant: ______________________________________
____

☐ Other: ____

Tests ordered or results attached: (Check (✓) all that apply)
(do not delay referral if investigations not completed)

- ☐ CT head
- ☐ CTA head/neck
- ☐ MRI head
- ☐ MRA head/neck
- ☐ Carotid Doppler (if CTA not ordered)
- ☐ ECG
- ☐ Bloodwork: see reverse
- ☐ Other: ____

Comments:

Stroke Prevention Clinic Office use only
Triage Level:

Referring providers name: ________________________________
Clinic/Organization:____________________________________
Signature: ____
Date: ____

TIA Management

If Patient Presents Within 48 Hours Of Symptom Onset, Send Patient To Nearest Emergency Department

Has the patient had a TIA?

LIKELY Carotid Territory/Anterior Circulation TIA

- Unilateral Motor Weakness
- Unilateral Sensory Disturbance
- Speech Difficulty
- Amaurosis Fugax

LIKELY Vertebrobasilar Territory/Posterior Circulation TIA

- Bilateral Simultaneous Sensorimotor Symptoms
- Homonymous Visual Field Loss
- Acute Ataxia

UNLIKELY TIA

- Transient symptoms lasting only seconds
- Convulsion/seizure
- Loss of consciousness/syncope
- Transient global amnesia/memory loss
- Isolated vertigo

Consider further diagnostics or specialist referral if uncertain diagnosis & clinical concern

Patients may require specific tests, evaluations and medications to be ordered or completed prior to being seen in the Stroke Prevention Clinic

Tests/Evaluations Considerations

Do not delay referral if investigations not completed

IMAGING

If available

- CT head (non contrast)
- CTA head/neck (arch to vertex)

OR

- Carotid Doppler

BLOOD WORK

If not completed in past 6 months

- CBC
- INR/PTT
- Electrolytes
- Random Glucose
- Creatinine & eGFR
- Liver enzymes
- Lipid Profile
- HbA1C

12 LEAD ECG

If irregular heart beat present

If known history of Afib ensure adequate dosing and adherence of anticoagulant

Medication Considerations

ANTI-PLATELET

Outpatient Prescription recommended for the first 21 days post symptom onset

Dual antiplatelet therapy is recommended:

- ECASA 81mg PO daily & Clopidogrel (Plavix®) 75mg PO daily up to 21 days post symptom onset

Followed by MONOTHERAPY with agent **after**

Outpatient Prescription for monotherapy if symptom onset occurred beyond 21 days

- ASA 81 mg PO daily

OR

- Clopidogrel (Plavix®) 75mg PO daily

ANTICOAGULANT

If Atrial Fibrillation (past or present),
AND no evidence of bleed on CT,
AND resolved symptoms;
Consider:

- Dabigatran (Pradaxa®) 110mg or 150mg PO BID
- Rivaroxaban (Xarelto®) 15mg or 20mg PO daily
- Apixaban (Eliquis®) 2.5mg or 5mg PO BID
- Edoxaban (Lixiana®) 30mg or 60mg PO daily
- Warfarin (Coumadin®)

Assess patients for driving safety	Review FAST warning signs of stroke

Source: strokebestpractices.ca thrombosiscanada.ca

www.nwostroke.ca | nwostroke@tbh.net

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