

GRAND RIVER HOSPITAL Advancing Exceptional Care Stroke Prevention Clinic Contact Info: (519) 749-4300 ext 2611 FAX (519) 749-4351 Hours of Operation: Mon-Fri 08:00-4:00 Triage of Referrals: Patient ID Label-Include

DOB: Contact Info: Best Phone Number to Reach Patient

# IF PATIENT PRESENTS WITHIN 48 HOURS OF STROKE SYMPTOM ONSET, SEND PATIENT TO EMERGENCY DEPARTMENT.

## THE FOLLOWING INFORMATION MUST BE COMPLETED

New Referral	□ Follow Up	Diagnostic Investigations ordered or results attache	∌d		
Reason for Referral: TIA Stroke Query TIA/Stroke Carotid Stenosis Other: Date & Time of Most F Duration & Frequency <pre> </pre> Line of Most F   Duration & Frequency     10 mins   10-59 mins   60 mins or more	Recent Event:	(do not delay referral if investigations not done):         Investigations       Loc         CT (head)       CTA (head & neck)         Carotid Ultrasound       ECG         Echocardiogram       Holter Monitor         Bloodwork – Lipids, HbA1c       Other:         **Please indicate SPC Referral on requisitions*         Consults ordered or consult reports attached:         Vascular Surgery or Neurosurgery for Carotid Stenosi			
<ul> <li>Clinical Features Check (√) all that applies:</li> <li>Unilateral weakness (□ face □arm □leg) □L □R</li> <li>Unilateral sensory loss (□ face □arm □leg) □L □R</li> <li>Speech/language disturbance (e.g., slurred or expressive/word finding difficulty)</li> <li>Acute Vision Change: □ Monocular</li> <li>□ Hemifield</li> <li>□ Binocular Diplopia</li> <li>Ataxia</li> <li>Other:</li> <li>Vascular Risk Factors (Check (√) all that appl):</li> <li>□ Hypertension</li> <li>□ Dyslipidemia</li> <li>□ Diabetes</li> <li>□ Ischemic Heart Disease</li> <li>□ History of atrial fibrillation</li> <li>□ Previous Stroke or TIA</li> <li>□ Previous known Carotid disease</li> <li>□ Peripheral Vascular Disease</li> <li>□ Current smoker □ Past smoker</li> <li>□ Alcohol Abuse □ Drug Abuse</li> <li>□ Other:</li> </ul>		<ul> <li>Vascular ourgery of Neurosurgery for Carolid Otenosis</li> <li>Other:</li> <li>Medications (Attach List) Medication initiated post event:         <ul> <li>Antiplatelet therapy:</li> <li>Anticoagulant:</li> <li>Other:</li> </ul> </li> </ul>			
		Key Best Practices:Antithrombotic therapy prevents stroke.Patients with confirmed TIA or ischemic stroke should startantiplatelet therapy unless anticoagulation is indicated.Identification of moderate to high grade (50-99%) stenosis on CTAor carotid ultrasound typically warrants urgent referral forassessment of possible carotid procedure.Visit:www.strokebestpractices.ca/recommendations/secondary-prevention-of-strokeKey Health Teaching:Review Signs of Stroke & when to call 911.Recommend refrain from driving until seen in SPC.TIA/Stroke Education package provided (if applicable).			
Additional Information	n:				
Referral Source:       □ Primary Care Family Physician or Nurse Practitioner       □ ED Physician       □ Specialist         □ Inpatient Unit:       □ Inpatient Unit:       □ Specialist					
Printed Name:		OHIP Billing #			

Referral Date: Send Referral Form Including All Investigations, Medication List & Documentation: Stroke Prevention Clinic: FAX (519) 749-4351 Upon Receipt Referrals will be Triaged Accordingly.



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### GUIDE

**Referral Criteria:** All patients with a TIA or non-disabling minor stroke who present to a primary care provider, an ED and are discharged, or hospitalized should be referred to a Stroke Prevention Clinic (SPC). The SPC is an outpatient clinic for individuals who have signs and symptoms of a recent stroke or TIA. The goal of the clinic is to reduce incidence of future stroke.

#### **Triage Pathway:**

Very High Risk: Patients who present within 48 hours of suspected TIA or Stroke should be assessed immediately in the Emergency Department (ED). If discharged from ED, refer to the Stroke Prevention Clinic.

(Persistent, or fluctuating or transient sudden onset symptoms include unilateral motor weakness, speech/language disturbance, or unilateral profound sensory loss in two contiguous body segments [face/arm or arm/leg], visual disturbance [monocular or hemi-visual loss or binocular diplopia] or ataxia).

HIGH RISK	MODERATE (INCREASED) RISK		LOW RISK
Symptom Onset Between 48 Hours and 2 V	Veeks	Symptom Onset	
Symptoms are sudden in onset [ persistent fluctuating]	or transient or	greater than 2 weeks	
<ul> <li>Unilateral motor weakness</li> <li>AND/OR</li> <li>Speech/Language Disturbance [such as slurred speech or difficulty with expressing/word finding or comprehension]</li> </ul>	<ul> <li>but sudden stroke sy</li> <li>Unilateral profound s</li> <li>involve at least 2 cor</li> <li>segments (face/arm</li> <li>Visual disturbance (n</li> </ul>		Any typical or atypical TIA or stroke symptoms
ED or Stroke Prevention Clinic, if can be seen within 24 hours. If discharged from ED refer to Stroke Prevention Clinic	Stroke Prevention Clinic as soon as possible, ideally seen within 2 weeks from referral date		Stroke Prevention Clinic ideally within 1 month from referral date

Adapted from the Canadian Stroke Best Practice Recommendations: Click here for more information.

**Carotid Stenosis Consultation Recommendations:** <u>Urgent consultation</u> for Stroke or TIA with 50-99% carotid stenosis <u>OR</u> <u>elective referral</u> for remotely symptomatic (e.g., greater than 6 months) or asymptomatic stenosis. Include reason for consultation including date of event, clinical presentation, and history.

- CTA or MRA is completed to confirm candidacy for carotid intervention
- Refer also to the Stroke Prevention Clinic

### STROKE PREVENTION CLINIC USE ONLY

□ Accepted Date:

□ Re-directed to:

Date: