



Thunder Bay Regional  
Health Sciences  
Centre

**STROKE PREVENTION CLINIC**  
**PATIENT REFERRAL**

Fax 807 684 - 5883  
Phone 807 684 - 6700

Place Patient Label with Barcode Here  
If no Patient Label, complete the following:  
**Patient Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone-Home:** \_\_\_\_\_ **Cell/Work:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**HCN:** \_\_\_\_\_  
**Family MD/NP:** \_\_\_\_\_

Referral Guidelines:

1. To appropriately triage this referral, follow the TIA (Transient Ischemic Attack)/Non Disabling Stroke TRIAGE ALGORITHM (on reverse of this form).
2. If CT head completed and no evidence of intracranial hemorrhage: Initiate loading dose of 160 mg ASA and 300 - 600 mg Clopidogrel, then maintenance therapy of daily antiplatelet therapy. (ASA 81 mg and clopidogrel 75mg daily x 21-30 days then mono antiplatelet therapy).
3. Assess for Atrial Fibrillation or Atrial Flutter. If present, consider oral anti-coagulation therapy if no evidence of intracranial hemorrhage on CT head .

**PATIENT/CAREGIVER BEST contact number:** \_\_\_\_\_

**BP at time of event:** \_\_\_\_\_

**Reason for referral:**  TIA  Stroke  Carotid Stenosis

Other: \_\_\_\_\_

**Date of most recent TIA / Stroke Event:** \_\_\_\_\_

**Clinical Features:** (Check (✓) all that apply)

- Unilateral Weakness:  face  arm  leg  (  L  R )  
 Unilateral sensory loss:  face  arm  leg  (  L  R )  
 Speech disturbance (slurred or expressive/word finding difficulty)  
 Acute Vision change  Monocular  Hemifield  Diplopia  
 Acute Ataxia  
 Other: \_\_\_\_\_

**Duration of Symptoms:**

- \_\_\_ Seconds  
 \_\_\_ Minutes  
 \_\_\_ Hours  
 \_\_\_ Days

**Frequency of Symptoms:**

- Single episode  
 Recurring/Fluctuating  
 Persistent

**Risk Factors:** (Check (✓) all that apply)

- Hypertension  Previous stroke or TIA  
 History of atrial fibrillation  Previous known carotid disease  
 Diabetes  Current or past smoker  
 Dyslipidemia  History of sleep apnea  
 Ischemic Heart Disease  Drug / Alcohol excess

**Medications:**

Referring MD/NP: \_\_\_\_\_  
Date: \_\_\_\_\_

**Key Best Practices**

**Antiplatelet Therapy:**

- \* acute antiplatelet therapy helps to prevent stroke
- \* all patients with ischemic stroke or TIA should be prescribed antiplatelet therapy unless there is an indication for anticoagulation

**Anticoagulation:**

- \* patients with ischemic stroke or TIA and atrial fibrillation should receive oral anticoagulation as soon as it is thought to be safe for the patient.

**Carotid Stenosis:**

- \* identification of a moderate to high-grade (50-99%) symptomatic stenosis on carotid ultrasound typically warrants urgent referral to the Stroke Prevention Clinic or the Acute Stroke Physician at 807 684 – 6001, for assessment of possible carotid intervention

**Tests ordered or results attached for: \***

- CT head (or MRI) Which Hospital \_\_\_\_\_  
 Carotid imaging in ER or within 24 hours (for patients with possible carotid territory event, e.g. unilateral weakness or speech symptoms)  
 ECG  
 Bloodwork: including lipid panel and HA1C  
 \* The above tests should be performed in the ER since abnormalities may lead to admission.  
 \* For referrals from **primary care providers**, defer ordering tests and refer directly to the Stroke Prevention Clinic.

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

- Antiplatelet therapy \_\_\_\_\_  
 Anticoagulant: \_\_\_\_\_  
 Other: \_\_\_\_\_

TBRHSC Guidelines:

1. The Referral form is to be completed by the referring provider.
2. The form is to be faxed to the Stroke Prevention Clinic at 807-684-5883.
3. The original form is filed in the patient's health record.

# Northwestern Ontario TIA and Mild Non-Disabling Stroke TRIAGE Algorithm

