STROKE PREVENTION CLINIC
REFERRAL CRITERIA

Patient ID Label-Include
DOB:
Contact Info:
Best Phone Number to Reach Patient:
Email Address:

Stroke Prevention Clinic Contact Info:

Hours of Operation:
Triage of Referrals:

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

THE FOLLOWING INFORMATION MUST BE COMPLETED

□ **New Referral** □ **Post Discharge Follow-Up**

Reason for Referral:
□ TIA □ Stroke
□ Query TIA/Stroke
□ Carotid Stenosis
□ Other:

Date & Time of Most Recent Event:

Duration & Frequency of the Symptoms:
□ < 10 mins
□ 10-59 mins
□ 60 mins or more
□ Single episode
□ Recurrent or fluctuating
□ Persistent

Clinical Features Check (√) all that applies:
□ Unilateral weakness (□ face □arm □leg) □L □R
□ Unilateral sensory loss (□ face □arm □leg) □L □R
□ Speech/language disturbance (e.g., slurred or expressive/word finding difficulty)
□ Acute Vision Change: □ Monocular
□ Hemifield
□ Binocular Diplopia
□ Ataxia
□ Other:

Vascular Risk Factors *(Check (√) all that applies):*
■ Hypertension
□ Dyslipidemia
□ Diabetes
□ Ischemic Heart Disease
□ History of atrial fibrillation
□ Previous Stroke or TIA
□ Previous known Carotid disease
□ Peripheral Vascular Disease
□ Current smoking/vaping □ Past smoking/vaping
□ Alcohol Abuse □ Drug Abuse
□ Other:

Diagnostic Investigations ordered or results attached
(*do not delay referral if investigations not done*):

Investigations	Location
□ CT (head) □ CTA (head & neck)	
□ MRI (head) □ MRA (head & neck)	
□ Carotid Doppler/Ultrasound	
□ ECG	
□ Echocardiogram	
□ Holter/Event Monitor	
□ Bloodwork	
□ Other:	

Consults ordered or consult reports attached:
□ Vascular Surgery or Neurosurgery for Carotid Stenosis
□ Other:

Medications (Attach List)
Medication initiated post event:
□ Antiplatelet therapy:
□ Anticoagulant:
□ Other:

Key Best Practices:
Antithrombotic therapy prevents stroke.
Patients with confirmed TIA or ischemic stroke should start antiplatelet therapy unless anticoagulation is indicated.
Identification of moderate to high grade (50-99%) stenosis on CTA or carotid ultrasound typically warrants urgent referral to the specialist for assessment of possible carotid procedure. Visit:**www.strokebestpractices.ca/recommendations/secondar y-prevention-of-stroke**

Key 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:

Referral Source: □ Primary Care Family Physician or Nurse Practitioner □ ED Physician □ Specialist
□ Inpatient Unit:
Printed Name: OHIP Billing #
Referral Date:
Send Referral Form Including All Investigations, Medication List & Documentation to Stroke Prevention Clinic at:

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 <u>within 48 hours</u> 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 Weeks Symptoms are sudden in onset [persistent or transient or fluctuating]		Symptom Onset greater than 2 weeks
• Unilateral motor weakness AND/OR • Speech/Language Disturbance [such as slurred speech or difficulty with expressing/word finding or comprehension]	No motor or speech/language disturbance but other sudden stroke symptoms such as: • Unilateral profound sensory loss (must involve at least 2 contiguous body segments (face/arm or arm/leg) • Visual disturbance (monocular or hemi-visual loss, binocular diplopia) • Ataxia	• 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> with (organization to indicate ☐ Vascular Surgery or ☐ Neurosurgery) for Stroke or TIA with 50-99% carotid stenosis <u>OR elective referral</u> to (organization to indicate ☐ consultant service and/or if ☐ Triaged by Stroke Prevention Clinic) for remotely symptomatic (e.g., greater than 6 months) or asymptomatic carotid stenosis. Include reason for consultation including date of event, clinical presentation, and history.

- CTA or MRA is completed to confirm candidacy for carotid intervention
- Process to Request Consult:

- Refer also to the Stroke Prevention Clinic

STROKE PREVENTION CLINIC USE ONLY
□ Accepted Date: □ Re-directed to: Date: