

TRANSIENT ISCHAEMIC ATTACK (TIA) CLINIC REFERRAL ALGORITHM

TIA service is for Cork city and county residents. Patients referred from outside this region will not be accepted. Refer to SOP for further details of service.

Step 1: Suspect TIA if any:

- Acute onset of focal neurological deficit.
- Fully resolved.
- TIA is most likely diagnosis.
- ABCD2 score < 3 (Do not use in isolation).
- Proceed to step 2

Step 2:

Referrer will have the following information available on referral

- Demographic details.
- Description of event.
- Past medical h/x /vascular risk f/x.
- Medications.
- Relevant investigations (if complete).
- ABCD2 score.

Step 3:

- Offer rapid review (same day/within 24hrs).
- Instruct referrer to inform patient.
- Inform AMAU administrative staff of details.

CONDITIONS MAKING TIA UNLIKELY:

- Headache with history of migraine.
- Positive sensory symptoms: tingling, paresthesias, pins and needles.
- Positive motor symptoms: limb jerking, shaking, seizure like activity/involuntary movement.
- Positive visual symptoms: scintillating scotoma, flashing lights.
- Loss of Consciousness – Known epilepsy i.e. altered LOC.
- Confusion/altered mental status – cognitive symptoms/amnesia/confusion
- Isolated “dizziness” – vertigo/disequilibrium/light headedness/ pre-syncope.
- Concurrent symptoms etc chest pain – exclude from service.

HIGH RISK CASES NOT SUITABLE.

- Residual deficit (Any).
- Recurrent TIA's (>2 in a week).
- TIA with Atrial Fibrillation / Recent Ischaemic Heart Disease symptoms.
- Known ipsilateral > 50% Carotid stenosis.
- Suspected carotid/vertebral dissection.
- Definite monocular blindness.

Discuss with stroke consultant.

Do not discharge/accept: refer to ED and admit directly to stroke service for review +/- in-patient work up.