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| REFERRAL for TIA/Non-Disabling Stroke Saskatchewan Acute Stroke Pathway ** Highest risk TIA patients: contact ACAL / Bedline for urgent discussion with neurologist ** Stroke Prevention Clinics: <input type="checkbox"/> Saskatoon (fax 306-655-6803) 07:30 to 16:00 closed weekends & holidays <input type="checkbox"/> Regina (fax 306-766-3959) 08:00 to 16:00 closed weekends & holidays <input type="checkbox"/> Prince Albert (fax-763-2101) call for hours (306) 763-6464 <input type="checkbox"/> Yorkton (fax 306-786-0892) call for hours (306) 786-0890 | | Patient information Patient address: Alternate contact name: Phone: | |
| Referral Source: <input type="checkbox"/> Emergency Department <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Inpatient ward | | | |
| Referring provider | | Date | Time |
| Date / time of symptom onset | Blood Pressure | Family Physician | |
| As of referral date when did symptom(s) begin? <input type="checkbox"/> Within the past 48 hours <input type="checkbox"/> Within 48 hours to 2 weeks <input type="checkbox"/> Greater than 2 weeks ago | | HIGHEST RISK OF RECURRENCE If any listed symptoms (to the left) began within the past 48 hours OR Speech / motor symptoms within the past 2 weeks Seek urgent consult with neurologist. MODERATE RISK Patients referred to a stroke prevention clinic will be seen in order of urgency. Wait times may apply. Please initiate investigations, therapy and education at time of referral. See <u>stroke triage tool (page 2)</u> | |
| Symptoms (check all that apply): <input type="checkbox"/> unilateral motor weakness (face, arm and/or leg) <input type="checkbox"/> speech disturbance <input type="checkbox"/> hemibody sensory loss <input type="checkbox"/> acute monocular vision loss, binocular diplopia or hemivisual loss <input type="checkbox"/> ataxia <input type="checkbox"/> other <i>Note: isolated syncope or dizziness is rarely a TIA; consider referral to general neurology and/or cardiology</i> | | | |
| Duration of symptoms: <input type="checkbox"/> less than 10 minutes <input type="checkbox"/> 10 to 59 minutes <input type="checkbox"/> greater than 60 minutes | | | |
| Please provide a brief description of the event and/or a clinical note: | | | |
| Relevant health history (check all that apply): <input type="checkbox"/> previous stroke or TIA <input type="checkbox"/> hyperlipidemia <input type="checkbox"/> diabetes <input type="checkbox"/> hypertension <input type="checkbox"/> atrial fibrillation <input type="checkbox"/> coronary artery disease <input type="checkbox"/> carotid disease <input type="checkbox"/> other | | Therapy: Patient started on antiplatelet/anticoagulant? <input type="checkbox"/> YES <input type="checkbox"/> NO Dosage & date started: _____ <input type="checkbox"/> ASA <input type="checkbox"/> dipyridamole-ASA (AGGRENOX) <input type="checkbox"/> clopidogrel (PLAVIX) <input type="checkbox"/> apixaban (ELIQUIS) <input type="checkbox"/> dabigatran (PRADAXA) <input type="checkbox"/> rivaroxaban (XARELTO) <input type="checkbox"/> warfarin (COUMADIN) <input type="checkbox"/> other | |
| Investigations (Fax results with this referral): | Ordered | Completed | |
| CT Scan of head | | | |
| CT Angiogram | | | |
| Carotid Ultrasound | | | |
| ECG | | | |

