

## Eye Hospital Referral Pathway to SWBH Stroke/TIA Service

If the patient has new onset **homonymous hemianopia or quadrantanopia** it is likely they **suffered a stroke** - discuss immediately with Stroke SpR on bleep 6020 – if symptoms started within 4.5 hours this patient might be a candidate for lysis. **DO NOT** give aspirin.

If confirmed retinal ischaemia (CRAO/BRAO)  
or  
ABCD2 score 4 and above or high risk clinical features  
(see referral)



Refer as below but identify referral to our staff as **HIGH RISK** so a same or next day appointment will be given

For all other cases of transient monocular or binocular visual loss or diplopia where a **neurovascular pathology is likely but not confirmed**, please refer as below. Patient will be seen in the next available clinic slot and certainly within a week.

**FAX** completed referral form (*page 2*) to **0121 507 3299**

**CALL** dedicated TIA line **0121 507 3766** to obtain appointment details **whilst patient still Eye Casualty or clinic**.

**COMPLETE** appointment details into **patient information sheet** (*page 3*) and **GIVE** to patient.

For high risk patients, give aspirin 300mg stat, unless contraindicated.

**0121 507 3299** is a dedicated line but answered by non-clinical staff. If you refer a **High Risk** patient ensure this is clear to them, **so a same or next day appointment is given**.

If in doubt, discuss with stroke SpR, bleep 6020.

Please **DO NOT refer** to the Stroke service patients with papilloedema or isolated ocular muscle paresis. These cases should still be referred to the Medics at City site or Neurology Outpatients as usual.

### STROKE TEAM CONTACT DETAILS

**Stroke Alert Nurse Specialist** (24/7): 077 9224 8506

**Stroke SpR:** bleep 6020 (note out-of-hours bleep held by Medical SpR on call)

**Stroke Consultant:** via SWBH switchboard (on site within hours and on call out of hours)

**PLEASE NOTE THAT THE STROKE TEAM ARE BASED ON SANDWELL SITE**

**SWBH TIA clinic Referral Form (to be faxed to 0121 507 3299) – EYE HOSPITAL VERSION**

<b>Patient details</b>	Name:	DOB:	Age:
Address:			
Telephone:	MOBILE:	NHS Number:	

<b>Referrer details</b>		
Name of referring doctor	Clinic	Eye Casualty
Contact number (direct if possible)	Fax number	

<b>Timings (please complete in full)</b>	
Date and time of index event	
Date and time of your assessment	
Date and time of receipt of referral (leave blank)	

<b>Clinical Features (tick as appropriate):</b>	right	left	
Hemiparesis - arm and / or leg weakness			Dysphasia
Hemisensory loss			Dysarthria
Loss of vision one eye			True Vertigo
Loss of visual field			Diplopia
Incoordination / ataxia			

<b>Brief History</b>	<b>BP:</b> /      mmHg	<b>Blood sugar:</b>

<b>Past Medical History -Tick all that apply</b>			<b>Recent investigations ( if applicable )</b>	
Atrial Fibrillation	Smoker	Ex	FBC	
Hypertension	PVD		UE	
Angina	DM		Cholesterol	
Previous MI	Hyperlipidaemia		ECG	
CABG	Heart failure			

<b>Usual Medications:</b>	<b>Medications Started :</b>

<b>ABCD2 Score : TOTAL</b>		<b>HIGH RISK CLINICAL FEATURES</b>
Age > 60 years	1	
Systolic BP > 140 and/or diastolic BP > 90	1	
<b>Clinical Features</b>		BP > 180/100
Unilateral weakness	2	Crescendo TIAs ( >2 events in a week)
Speech disturbance without weakness	1	Patient on warfarin or newer anticoagulants
Other	0	Young patients (<50) with TIA symptoms and neck pain
<b>Duration of Symptoms:</b>		Patients with prosthetic valves
> 60 minutes	2	Fluctuating symptoms
10 – 59 minutes	1	Current or known paroxysmal atrial fibrillation
< 10 minutes	0	
<b>Diabetes</b>	1	

**SWBH TIA CLINIC Patient Information Sheet – Eye Hospital VERSION**  
**(complete appointment details and give to patient)**

Following your visit to the Eye Hospital today you have been referred for an appointment to see the Stroke Specialist for further assessment and investigations of your symptoms.

**Your appointment to see the Stroke Specialist is:**

<b>VENUE:</b>	<b>TIME:</b>	<b>DATE:</b>
TIA clinic Ward P4 <b>Sandwell Hospital</b>		
TIA clinic Out-patient department <b>Sandwell Hospital</b>		

Every effort will be made to see you at the specified time but please be aware you may need to have some further tests and there may be a delay in you being seen. Please note that in the TIA clinic we usually perform a number of investigations, such as blood tests, scans and ECG and therefore you must expect to be in clinic for some time.

Please be advised that as part of this specialist assessment it may be **necessary** for you to have a scan of your neck (carotid doppler).

This test will be done in the main **X-RAY Department** at Sandwell General Hospital (ground floor main corridor).

It is possible that you **may be called for your scan BEFORE your appointment** with the stroke specialist and so please ensure that the telephone contact details that you have provided to us are correct.

**Please bring someone with you to the clinic.** Ideally this will be someone who was with you when you had the TIA symptoms.

It is important that you also remember to bring with you a list of your tablets and other medications.

Although your symptoms may have resolved and you may be feeling better it is still **very important** that you attend your appointment.

**IMPORTANT**

**If you have any further symptoms before your hospital appointment, please call 999 IMMEDIATELY.**

**Please do not drive until you have been seen by TIA / Stroke doctor. They will advise you when you are safe to resume driving.**

**If you are unsure about details of your appointment or, if you are unable to attend for any reason please telephone 0121-507-3766.**