

# TIA/Stroke Referral Pathway

**FOCAL NEUROLOGICAL SYMPTOMS OR SIGNS**  
Sudden monocular visual loss, Impairment of speech  
Facial or limb weakness, diplopia, hemianopia

Persisting

Resolved

## ASSESS RISK OF PROGRESSION TO CVA

A - Age	Points
≥ 60 year, 1 point	<input type="checkbox"/> 1
< 60 year, 0 point	<input type="checkbox"/> 0
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B - BP at presentation	Points
≥ 140/90, 1 point	<input type="checkbox"/> 1
< 140/90, 0 point	<input type="checkbox"/> 0
<hr/>	
C - Clinical features	Points
Unilateral weakness, 2 points	<input type="checkbox"/> 2
Speech disturbance without weakness, 1 point	<input type="checkbox"/> 1
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D - Duration of symptoms	Points
≥ 60 minutes, 2 points	<input type="checkbox"/> 2
10-59 minutes, 1 point	<input type="checkbox"/> 1
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D - Diabetes Mellitus	Points
Yes, 1 point	<input type="checkbox"/> 1
No, 0 point	<input type="checkbox"/> 0
<hr/>	
<b>Total</b>	<input type="checkbox"/>

Manage out of hospital depending on pre-morbid state

Consider admission

999

Fax to  
**01473 704239**

Points total OVER 4 - will be assessed within 24 hours  
Points total UNDER 4 - will be assessed within 1 week

# Prescribing Warfarin for Atrial Fibrillation in Primary Care

In the East of England we have 32,000 AF patients at high risk of stroke (CHADS2 scores over 1) and yet 15,000 are not taking Warfarin. How many are registered with you? The risk of stroke is reduced by 20% with Aspirin but nearly 70% with Warfarin. Remember the BAFTA Study showed that Aspirin caused more intra and extra-cerebral bleeds in the elderly than Warfarin.

<http://bjcardio.co.uk/2009/09/why-are-we-so-bad-in-primary-care-at-initiating-warfarin-in-atrial-fibrillation-patients>

