STROKE PREVENTION CLINIC
REFERRAL CRITERIA

RVH Royal Victoria Regional Health Centre

CENTRAL EAST STROKE NETWORK

Patient ID Label
Name: _____
DOB: _____
Contact Info: _____
Best Phone Number to Reach Patient: _____
Email Address: _____

Stroke Prevention Clinic Contact
201 Georgian Drive, Barrie, ON
Phone: 705-728-9090 Ext. 46315
Fax: 705-728-3039

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 apply
☐ Unilateral weakness (☐ face ☐ arm ☐ leg) ☐L ☐R
☐ Unilateral sensory loss (☐ face ☐ arm ☐ leg) ☐L ☐R
☐ Speech/language disturbance (e.g., slurred; expressive/word finding difficulty)
☐ Acute Vision Change (☐Monocular ☐Hemifield ☐Binocular Diplopia)
☐ Ataxia
☐ Other: _____

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

Medications (attach list)
Medication(s) initiated post event:
☐ Antiplatelet therapy: _____
☐ Anticoagulant: _____
☐ Other: _____

Diagnostic Investigations Ordered or Results Attached:
(*Do not delay referral to SPC if investigations not done*)

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

Has Patient ever been referred or consulted by:
(*Attach consult report if available*):
☐ SPC ☐ Neurology ☐ Vascular Surgery (for Carotid Stenosis)
☐ Neurosurgery ☐ Other: _____

Referral Criteria: All patients with a TIA or nondisabling minor stroke who present to a primary care provider, an ED and are discharged, or hospitalized with a stroke or TIA, should be referred to a Stroke Prevention Clinic (SPC). SPC is an outpatient clinic for individuals who have signs and symptoms of a recent stroke or TIA. The goal is to reduce incidence of future stroke. At RVH, SPC physicians include *Internists and Neurologists*. If your patient's concern is more suited to general Neurology evaluation, please refer to Neurology directly.

Concurrent Referral Recommendations:
- Carotid Stenosis Consultation Recommendations: Concurrent referral for Urgent consultation with Vascular Surgery for Stroke or TIA with 50-99% carotid stenosis. Consider concurrent elective referral to vascular surgery if there is remotely symptomatic (e.g., greater than 6 months) or asymptomatic carotid stenosis. Ensure CTA or MRA completed to confirm candidacy for carotid intervention on patients that are symptomatic, prior to consult with a vascular surgeon.
- Consider concurrent referral to ophthalmology for visual concerns and referral to community stroke rehabilitation program if there are rehabilitation needs.

Key Best Practices:
- See info above re: mild to high grade carotid stenosis
- Antithrombotic therapy prevents stroke.
- Patients with confirmed TIA or ischemic stroke should start antiplatelet therapy unless anticoagulation indicated
- https://www.strokebestpractices.ca/recommendations/secondary-prevention-of-stroke

Key Health Teaching:
- Review Signs of Stroke & when to call 911.
- Discuss the need to refrain from driving – refer to patient handout available at https://cesnstroke.ca/wp-content/uploads/2021/07/CESN-Driving-after-Stroke-TIA_-FINAL_AF.pdf
- Provide TIA/Stroke Education package (if applicable).

Additional Information: (e.g., allergies, code status …)

Referral Source:
☐ Primary Care/Family Physician ☐ Nurse Practitioner
☐ ED Physician ☐ Specialist ☐ Inpatient Unit
Printed Name:
OHIP Billing #:
Referral Date:
Signature:

Upon receipt, referral will be triaged accordingly, and patient contacted directly with appointment date and time.

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GUIDE

Triage Pathway:

HIGH Risk for Recurrent Stroke - Patients who present **within 48 hours** of New Acute Transient Ischemic Attack (TIA) or Stroke Symptoms should be assessed immediately in a CT-capable Emergency Department (ED) for comprehensive clinical evaluation and investigations.

Patients presenting **after 48 hours** from the onset of an acute stroke or TIA event should receive a comprehensive clinical evaluation and investigations as soon as possible by a healthcare professional with stroke expertise.

Triage is based on the "Ontario Triage Algorithm for Stroke Prevention Clinic Referrals". This Triage algorithm considers:

- presence of stroke symptoms based on MASH:
  MOTOR (Unilateral weakness: face or arm or leg)
  ACUTE ATAXIA or VISION CHANGE (monocular or hemifield vision loss or diplopia)
  SPEECH (dysarthric or dysphasia/aphasia)
  HEMIBODY SENSORY (unilateral numbness: face/arm or arm/leg)
- time since onset (e.g., beyond 48 hours, beyond two weeks)
- stroke evaluation completed (head imaging, vascular imaging, cardiac monitoring (ECG or Holter or Loop), antiplatelet or anticoagulation started)
- any urgent findings on evaluation (e.g., new stroke on imaging, untreated atrial fibrillation/flutter, untreated symptomatic >50% carotid stenosis, or other (thrombosis/dissection/stenosis)
- other high risks present

Every new referral will be contacted within 3-4 business days and provided with an appointment date and time.

STROKE PREVENTION CLINIC USE ONLY

Date Referral Received: *(dd/mm/yy)* _____ **Time Referral Received:** *(hh:mm)* _____
Date triaged: *(dd/mm/yy)* _____

Referral source:

☐ RVH ED ☐ GBGH ED ☐ CGMH ED ☐ HDMH ED ☐ SMMH ED
☐ RVH Inpatient ☐ GBGH Inpatient ☐ CGMH inpatient ☐ HDMH inpatient ☐ SMMH inpatient
☐ Primary Care Physician ☐ Primary Care Nurse Practitioner ☐ Specialist

☐ **Accepted**

Triage Risk Stratification:

☐ High Risk — Assessment as soon as possible, ideally within 24 hours of referral
☐ Moderate (Increased) Risk — Assessment as soon as possible, ideally within 2 weeks of referral
☐ Lower Risk — Assessment ideally within 1 month of referral

Date of Appointment: *(dd/mm/yy)* _____

☐ **Redirected**

Redirected to: ☐ Internal Medicine ☐ Neurology ☐ Primary Care Provider
☐ Vascular Surgery ☐ Other: _____

Date Redirected: *(dd/mm/yy)* _____