Neurology Rapid Access Clinic – ED Referral pathway

Patient arrives at ED with history of acute, focal neurological disturbance, now completely resolved

→ **Initial clinical Review** Conducted by ED doctor (See A)

→ **Transient Neurological Episode (TNE)** not consistent with TIA or unclear cause → Refer to Neurology Registrar

→ Findings consistent with **Transient Ischaemic Attack (TIA) (See B)** → **Radiological Investigations** as clinically appropriate **(See C)** → Features consistent with **'HIGH RISK TIA?' (See D)**

- **YES** → Refer to Neurology Registrar → Neurology Registrar discusses with Consultant re: eligibility for NRAC
  - **NOT suitable** → Inpatient admission
  - **Suitable** → NRAC OP MRI Request completed & sent to Radiology Department; eReferral to NRAC & D/C Management Plan
- **NO** → Suitable functional level for NRAC? (Modified Rankin Scale 0-2)
  - **YES** → Has the pt presented on the day of a NRAC clinic?**
    - **NO** → NRAC OP MRI Request completed & sent to Radiology Department → eReferral to NRAC & D/C Management Plan
    - **YES** → SEE PAGE 2

NRAC Patient Education booklet provided

A. Initial Clinical Review:

- Clinical history & Neurology exam
- Investigations: ECG/BGL/Bloods – FBC, urea, creatinine, electrolytes, eGFR, LFTs

B. Symptoms consistent with Transient Ischaemic Attack (TIA)

Criteria B1: Must be

- Abrupt onset
- Maximal at onset (not progressive or spreading)
- Completely resolved
- Focal symptoms (not global or generalised)
- Negative symptoms (deficits)

AND Criteria B2: Have at least one of

- Unilateral motor deficit – 2 limbs or one limb and the face
- Hemisensory loss – 2 limbs or one limb and the face
- Visual field deficit (homonymous hemianopia) or monocular blindness
- Aphasia with or without dysarthria

OR Criteria B3: 2 of the following

- Diplopia
- Dysarthria
- Dysphagia
- Gait Ataxia
- Vertigo
- Facial Droop

Symptoms NOT consistent with TIA

- Loss of consciousness/black outs/drop attacks
- Feeling faint/near faint/pre syncope/near collapse
- Acute confusional state (Delirium)
- Amnesia
- Generalised weakness/Fatigue
- Isolated vertigo (See VERTIGO PATHWAY: https://scghed.com/2021/01/vertigo-assessment/)
- Severe or thunderclap headache (consider SAH)
- Partial sensory deficits (one limb only or in face)
- Unusual cortical visual symptoms or complex visual hallucination

C. Radiological Investigations

- To exclude ICH/SAH and determine high risk patients: Recommend CT/CTA Aortic Arch to Circle of Willis
- *CTA not performed if unstable or rapidly deteriorating renal function or known hypersensitivity – then perform carotid/vertebral artery doppler or MRI with MR angiogram of neck and COW (if feasible)*
- Discuss with Neurology registrar or consultant if unsuitable for CTA

D. Criteria for high risk TIA

- Crescendo TIA (2 or more in one week)
- Angiographic vascular stenosis > 50 % in an appropriate territory
- Untreated AF or other known high risk cardiac source
- Prosthetic heart valve
- Young patient with symptoms and neck pain
- ABCD2 score ≥5
- Unstable plaque or intraluminal thrombus

TIA Pathway Discharge Management Plan **NOT FOR TNEs

1. Load with Aspirin 300mg and Clopidogrel 300 mg and continue Aspirin 100mg daily and Clopidogrel 75mg daily and Pantoprazole 20mg daily until seen in NRAC clinic. For patients already on anticoagulation, please contact Neurology Registrar for advice prior to patient discharge
2. Advise not to drive until review in clinic
3. FAST education
4. Advise to present to ED if further symptoms
5. Witness to accompany patient to clinic if possible
6 Patient needs to be deemed safe for discharge from ED

Any deviation from this pathway requires stroke consultant approval

****NRAC Clinic Days/ Times**

MONDAY:
10am – 12.15pm
(6 NEW Medical slots)

WEDNESDAY:
1330 – 1615
(6 NEW Medical slots)

FRIDAY:
10am – 12.15pm
(6 NEW Medical slots)

Modified Rankin Scale (mRS) for Neurologic Disability (Baseline function)

0 – No disability at all
1 – No significant disability, despite symptoms, able to carry out all usual activities
2 – Slight disability, Unable to carry out all previous activities, but able to look after affairs without assistance.
3 – Moderate disability. Requires some help, but able to walk unassisted.
4 – Moderately severe disability. Unable to attend to own bodily needs without assistance, and unable to walk unassisted
5 – Severe disability. Requires constant nursing care & attention, bedridden, incontinent.

ABCD^2 Score to predict risk after stroke in Adults

Age:
>60 years (1 Point)

BP:
Systolic >140 mmHg &/or ≥90mmHg (1 point)

Clinical features:
- Unilateral weakness (2 points)
- Speech impairment but no weakness (1 point)
- None (0 points)

Duration:
- 60 minutes or more (2 points)
- 10-59 minutes (1 point)
- Less than 10 minutes (0 points)

Diabetes present:
- Yes (1 point)
- No (0 points)

Neurology Rapid Access Clinic ED Referral pathway –

PAGE 2: Referral to NRAC on same day