

Stroke Prevention Rapid Referral

| Site Referral From: | \square GNG | SCS | ☐ WHS | ☐ PCG | ☐ DMH | |
|--|-----------------------------------|--------------------------------------|------------------|------------------------------|-----------------------|--|
| Check all boxes that Transient Garb | | Absonoo of Sr | oooh | □ Yes | | |
| | | Absence of Sp | Deecn | | | |
| Unilateral Wea | | ☐ Yes | | | | |
| Occurred in the | e Last 24 Hou | 'S | | ☐ Yes | | |
| IF PATIENT MEETS | ABOVE CRIT | ERIA. PLEASE | E COMPLETE | THE FOLLOW | ING: | |
| . 0800–1600 Monday | | • | | | | |
| After hours, weeken message containing | nds and holida | ys call GNG Er | mergency Depa | • • • | | 3456 and leave a |
| 3. Fax completed reference 905–357–9230 Attr | rral form, inclu n: Rapid Refe | ding demograp rral. | phics and clinic | al information to | o Neurology/S | troke Clinic at |
| Instruct patient to at line) at given appoir service. Potential S | ntment time. T | hey will be see | en by the Strok | e Neurologist. I | Please note th | e first floor (purple nere is no Sunday |
| 5. Give patient tear off | appointment | card/directions | | | | |
| IF PATIENT DOES N 1.Fax completed reference The patient will be seen to the patient w | rral form to 90 | 5–357–9230. | | on Clinic. | | |
| Please consider the | following inv | estigations ar | nd check box | (√) if complete | d. | |
| Labs: ☐ CBC Diagnostics: ☐ CT F | □PTT Head | □ INR □ I □ ECG | Lytes □ L | .FTs □ CK | □ LDL □ | hsCRP |
| Please check the bo | x (√) if you ha | ve started on | e of the follow | ving antithrom | botic medica | tions. |
| acetylsalicylic acid | d (EC ASA®) | 81 mg PO dail | y (loading dose | e of 160mg if no | ot on ASA prev | viously) |
| □ clopidogrel 75mg (Limited Use Code | | daily (to achiev | ve a rapid onse | et for clopidogre | el, load with 30 | 0mg PO) |
| ☐ dipyridamole/ASA | 200mg/25mg | $(Aggrenox^{\textstyle{\circledR}})$ | one capsule P | O BID (Limited | Use Code 349 | ∍) |
| | | | | | | |
| Referring Physicia | an (Print) | Re | ferring Physicia | an (Signature) | | Date (dd/mm/yyyy) |
| | - | | | | | |
| | | ₽ \ | | | | |
| | · / | ځ . | | direct questions | | |
| | Stro | Ke. | | ng the referral to -357-0086 | | |

Rev. 04/2018 (v4) Form 900383



The Emergency Department has referred you to The Stroke Neurologist



Date/Time of Stroke Rapid Referral Appointment:

INSTRUCTIONS:

- 1. Bring all medications you are currently taking.
- 2. Enter the main entrance of the Greater Niagara General Hospital (5546 Portage Road, Niagara Falls).
- Continue up the main hallway and take the elevator down to the first floor.
- 4. Follow the <u>purple line</u> to the Neurology/Stroke Clinic.
- 5. If you are unable to attend, please call 905-357-3644 at any time and leave a message with the registry.

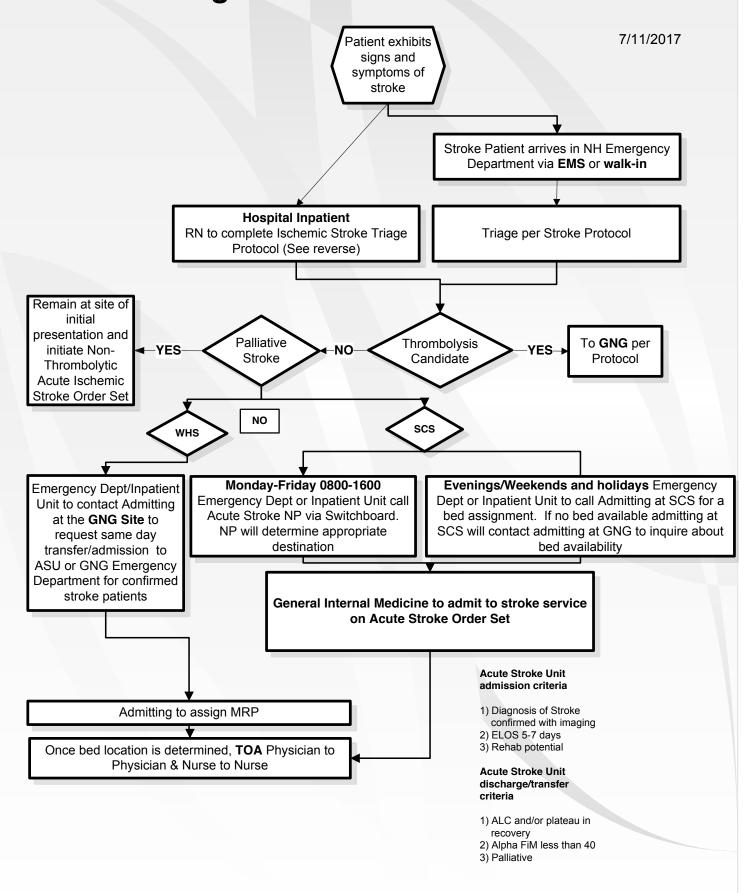
if you develop any acute symptoms, of stroke, including inability to speak, inability to walk, a weakness of numbness in half the body or sever headache, please call 911

If you have any questions please speak with the emergency department physician or nurse who attended you.

Your family doctor is the best way to access medical care and acts as the central person in your overall healthcare. If you do not have a family doctor, we strongly advise you to get one. You can find help at www.niagaradocs.ca or by calling HelathCareConnect at 1-800-445-1822. The city of St Catharines provides similar information on their website www.stcatharines.ca or by calling 905.359.6043.

Thank you

Niagara Health Stroke Process





Accessing Stroke and Neurology Services

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|---|--|---|---|--|---|----------------------|
| General Neurology Consult | Acute Stroke Unit Physiatry Consult | Acute Stroke Unit Neurology Consult | Hyperacute (Emergent) Stroke Neurology Consult | Secondary Stroke Prevention Clinic (SSPC) | Stroke Rapid Referral | Program/ Service |
| Those patient who need a non-urgent Neurology consultation | Those patients admitted to the Acute Stroke Unit (GNG or 2A) | Those patients admitted to the Acute Stroke Unit (GNG or 2A) | 1) Those patients who may be eligible for tPA or Embolectomy (witnessed stroke symptoms or last seen normal time within six hours) | Post-tPA Post Thrombectomy Minor stroke/TIA discharged home flu Rapid Referral Patients with symptoms at Family Physician | Unilateral Weakness Speech disturbance Visual disturbances Symptoms within last 24-48 hours | Eligibility Criteria |
| ED Physician, Hospitalists, Internal Medicine | MRP on Acute Stroke Unit | MRP on Acute Stroke Unit | ED Physician, Hospitalists, Internal Medicine | ED Physicians, Hospitalists, Internal Medicine and Family Physicians | Generally ED Physician (Best practice suggests TIA patients seen in this clinic vs. admission to hospital) | Referring Physician |
| 1) Meditech Order Entry 2) Fax Neurology Referral to 905-357-9230 3) Call Neurology Office 905-357-0086 | Meditech Order Entry Call ext. 85306 with patient info | Meditech Order Entry Call Neurology Office 905-357-0086 with patient information | Unit/Department to call MRP MRP to contact Stroke Team GNG Emergency Department Physician ext. 53456 to initiate TOA and transfer to Stroke Centre for thrombolysis/embolectomy evaluation | If inpatient seen by Neurology call ext.5556 for appt. at SSPC. Complete Stroke Prevention Clinic Referral in Meditech and EFR (patients who have not yet seen Neurology) | 1) Monday-Friday 0800-1600; Call 905-357-0086 for appt. 2) After hours and holidays call 53456 (GNG ED) to have patient added to list for next day Rapid Referral (no Sunday service). 3) Fax relevant info to: 905-357-9230 ATTN : Rapid Referral | Contact Information |