

- HLAS HGL CHSM HSA
 CHSLD DBV CHSLD DOR CHSLD LACH IUSMD
 CHSLD GD CHSLD NP CLSC LAS

PRE-PRINTED INDIVIDUAL ORDER TITLE :
Referral to the Clinical Access service for
Suspicion of Transient Ischemic Attack (TIA) >
48h

Init. MD/ NP	Referral to the Clinical Access service for Suspicion of TIA >48h										
	Allergies : _____ Height : _____ Weight : _____ <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Liver impairment <input type="checkbox"/> Kidney impairment <input type="checkbox"/> Others: _____ Clinical information and relevant personal and family medical history : _____ _____ _____										
	<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2" style="text-align: left;">Presented symptoms (check)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Transient speech difficulty, expressive or receptive</td> <td><input type="checkbox"/> Extremity numbness accompanied by pain</td> </tr> <tr> <td><input type="checkbox"/> Transient unilateral sensory deficit</td> <td><input type="checkbox"/> Positional vertigo</td> </tr> <tr> <td><input type="checkbox"/> Transient unilateral motor weakness</td> <td><input type="checkbox"/> Migraine with aura</td> </tr> <tr> <td><input type="checkbox"/> Transient monocular vision loss</td> <td><input type="checkbox"/> Recurring or progressive symptoms</td> </tr> </tbody> </table>	Presented symptoms (check)		<input type="checkbox"/> Transient speech difficulty, expressive or receptive	<input type="checkbox"/> Extremity numbness accompanied by pain	<input type="checkbox"/> Transient unilateral sensory deficit	<input type="checkbox"/> Positional vertigo	<input type="checkbox"/> Transient unilateral motor weakness	<input type="checkbox"/> Migraine with aura	<input type="checkbox"/> Transient monocular vision loss	<input type="checkbox"/> Recurring or progressive symptoms
Presented symptoms (check)											
<input type="checkbox"/> Transient speech difficulty, expressive or receptive	<input type="checkbox"/> Extremity numbness accompanied by pain										
<input type="checkbox"/> Transient unilateral sensory deficit	<input type="checkbox"/> Positional vertigo										
<input type="checkbox"/> Transient unilateral motor weakness	<input type="checkbox"/> Migraine with aura										
<input type="checkbox"/> Transient monocular vision loss	<input type="checkbox"/> Recurring or progressive symptoms										
	Description of event : _____										
	Duration of symptoms : _____										
	Persistent symptoms : _____										
	I have given to the patient the prescription for suspicion of TIA (optional)										
	I confirm that the person referred meets all general admission criteria for the clinical access service as well as the specific inclusion criteria of the condition. I also confirm that the person does not have general exclusion criteria for the clinical access service or specific exclusion criteria of the condition.										
	I confirm that the person referred has received the instruction sheet and has been instructed to wait for the nurse from the clinical access service to call them.										
	I have read the description of the roles of the referring MD/NP and of the nurse of the clinical access service in the Cadre de référence and I agree to the interventions mentioned in the algorithm.										
	⇒ Fax this form and the prescription for suspicion of TIA to 514-630-2870										
	Name of clinic : _____ Fax # : _____										
	Phone # for the next 24 hours : _____										
	If unavailable, MD/NP who will do the follow-up : _____ Phone # : _____										

Physician or Nurse Practitioner				
Name (in block letters)	Signature	License N°	Date (YY – MM – DD)	Hour

HLAS HGL CHSM
HSA CHSLD DBV CHSLD DOR CHSLD
LACH IUSMD CHSLD GD CHSLD NP
CLSC LAS

**Ordonnance pour suspicion d'accident
ischémique transitoire
Prescription for Suspicion of Transient
Ischemic Attack**

Init. MD/IPS/NP	Ordonnance pour suspicion d'accident ischémique transitoire / Prescription for Suspicion of Transient Ischemic Attack
_____	<p><u>ANTIPLAQUETTAIRES / ANTIPLATELET THERAPY</u> ⇒ contre-indications générales aux antiplaquettaires: saignement actif, saignement gastrique dans les 3 derniers mois, prise concomitante d'AINS et/ou d'anticoagulants, femmes qui allaitent / <i>General contra-indications to antiplatelet therapy : active bleeding, gastric bleed within the past 3 months, concomitant use of NSAIDs and/or anticoagulants, breastfeeding women</i></p>
_____	<p>ASA 81 mg PO DIE X 1 mois/month NR</p> <p>Choisir maximum 1 / <i>Choose 1 maximum</i></p>
_____	<p>Clopidogrel (Plavix®) 75 mg PO DIE x 1 mois/month NR ⇒ contre-indiqué chez les patients traités avec répaglinide et/ou oméprazole et/ou un inhibiteur de la glycoprotéine 2b/3a (ex : tirofiban) et/ou une insuffisance hépatique sévère / <i>contraindicated for patients treated with Repaglinide and/or Oméprazole and/or an inhibitor of the glycoprotein 2b/3a (ex : tirofiban) and/or with severe liver failure</i></p> <p style="text-align: center;">OUI/OR</p>
_____	<p>Ticagrélor (Brilinta®) 90 mg PO BID x 1 mois/month NR ⇒ contre-indiqué chez les patients avec de l'insuffisance hépatique modérée-sévère et/ou traités avec un inhibiteur puissant du CYP3A4 comme kétoconazole, clarithromycine, nefazodone, ritonavir, et atazanavir / <i>contraindicated for patients with moderate-severe liver failure and/or treated with strong CYP3A4 inhibitors such as ketoconazole, clarithromycin, nefazodone, ritonavir, et atazanavir</i></p> <p>⇒ Ce médicament n'est pas remboursé par la RAMQ. Si possible, veuillez privilégier la prescription du Clopidogrel (Plavix®) / <i>This medication is not covered by RAMQ. If possible, please prescribe Clopidogrel (Plavix®)</i></p>

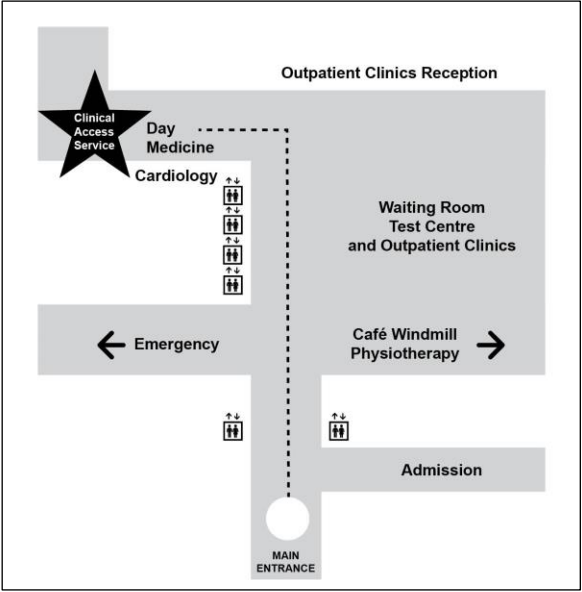
Médecin ou infirmière praticienne spécialisée / Physician or Nurse Practitioner

Nom (en lettres moulées) / Name (in block letters)	Signature	N° de permis / License N°	Date (AA/YY – M/M – J/D)	Heure / Hour

Document to Give to Patients

What is the Clinical Access Service? Your doctor or specialized nurse practitioner (SNP) has referred you to the Clinical Access Service because your condition is considered semi-urgent. This service will give you tailored access to diagnostic tests and specialists as quickly as possible.

Here is the procedure: The Clinical Access Service nurse will be available throughout the diagnostic period to answer your questions. You can call them at **514-630-2225, ext. 1719** during opening hours (Monday to Friday from 8:00 a.m. to 4:00 p.m., except on holidays).

<p>1. The physician or SNP will give you documents when you leave their office:</p> <ul style="list-style-type: none"> • A referral to the Clinical Access service • A prescription for the pharmacy (in certain cases) 	<p>2. As soon as they receive the referral, the Clinical Access Service nurse <u>will call you</u> by phone to schedule an appointment with you.</p> <p><u>*Make sure you are easily reachable</u></p>
<p>3. You must bring to your appointment:</p> <ul style="list-style-type: none"> • Your hospital card (if you do not have one, go to the Admissions office BEFORE coming to Clinical Access Service) • Your health insurance card • A list of all your medications • The documents your physician/SNP gave you 	<p>4. Appointment at Clinical Access Service <u>Lakeshore General Hospital</u> 160 Stillview Avenue, Pointe-Claire, Ambulatory Centre, 1st Floor, Day Medicine</p>
<p>5. Parking:</p> <ul style="list-style-type: none"> • Parking on the streets surrounding the hospital is restricted to residents only at certain times of the day. • Hospital Parking Rates: <ul style="list-style-type: none"> - Under 2 hours.....free - 2 hours to under 4 hours..\$6 - More than 4 hours.....\$10 	



If you experience one or more of these symptoms, do not wait for your appointment at the Clinical Access Service. Go to the Emergency as soon as possible. When you report to the Emergency Department, tell the triage nurse that you are currently being assessed and are followed at the Clinical Access Service and that you may be experiencing a possible complication.

How can you lower your risk of stroke?

- Talk to your doctor about a stroke prevention plan.
- If you have any medical condition that may increase your stroke risk (diabetes, high blood pressure, high cholesterol, atrial fibrillation (AFib)), follow the recommended treatment plan.
- Take the medication prescribed to you by your doctor: you may have been prescribed a blood thinner. The pharmacist or nurse at the Clinical Access Service will give you more detailed information about the prescribed treatment.
- Make changes to your lifestyle habits:
 - Eat a healthy, well balanced diet
 - Exercise regularly
 - Quit smoking
 - Limit your alcohol intake
 - Maintain a healthy weight

Questions?

- **The nurse at the Clinical Access Service** Monday through Friday, from 8 am to 4 pm, except statutory holidays, at 514-630-2225 ext. 1719;
- **Info-Santé nurse by dialing 811.** This service is available 24/7;
- **Your pharmacist can also advise you when it comes to your medication.**

Other available resources:

- Heart&Stroke. Visit the website: <https://www.heartandstroke.ca/>

Both resources are available at your CLSC or online at www.osezlasanté.ca :

- **Health Education Centre** to review your lifestyle habits;
- **Smoking Cessation Centre** to help you stop smoking.

LAKESHORE
GENERAL HOSPITAL

CLINICAL ACCESS SERVICE

 PATIENT EDUCATION HANDOUT
AND APPOINTMENT TRAJECTORY



Transient Ischemic Attack (TIA)

YOUR APPOINTMENTS:



- **Blood tests (fasting):**
Date and time: _____
Location: Ambulatory Centre - Day Medicine, Room 1900
- **Electrocardiogram (ECG):**
Date and time: _____
Location: Cardiology Department – Ground floor
- **Cerebral CT angiography /carotid Doppler:**
Date and time: _____
Location: Medical Imaging Department – Ground floor
- **Internal medicine consultation (if required):**
Date and time: _____
Location: Ambulatory Centre

Centre intégré
universitaire de santé
et de services sociaux
de l'Ouest-de-
l'Île-de-Montréal

Québec 



What is a transient ischemic attack (TIA)?

A TIA is a disturbance in brain function that occurs when a small blood clot briefly blocks an artery. The result is a temporary disruption of blood flow to the brain.



Why use the Clinical Access Service?

The nurse at the Clinical Access Service will perform a health assessment with the help of a questionnaire. This will be followed by blood tests and an electrocardiogram (ECG). Depending on the results, she may schedule radiological examinations to help determine the cause of the TIA.

The nurse at the Clinical Access Service will keep your doctor or primary care nurse practitioner informed. Your healthcare provider will receive a copy of all your laboratory and diagnostic test results.



What are the causes of a TIA?

The most common causes of a TIA are:

- A blood clot
- A buildup of atheroma plaque (fat) in the arteries

Both block blood flow to the brain.



What are the risk factors for a TIA?

- Age
- High blood pressure
- Diabetes
- High cholesterol
- Obesity
- Heavy drinking
- Smoking
- Drug use (cocaine and amphetamines)
- Sedentary lifestyle or lack of exercise
- Family history of stroke
- Stress



What are the symptoms of a TIA?

Symptoms of a TIA appear suddenly, usually last less than an hour, sometimes only a few minutes, and then disappear completely.

You may experience:

- Weakness or numbness in the face, arms or legs
- Trouble speaking or seeing properly
- A severe and unusual headache
- A loss of balance



What are the complications associated with a TIA?

A TIA, also known as a “mini-stroke”, may be an early but serious warning sign that a stroke is imminent. The difference between a TIA and a stroke is that TIA symptoms usually last less than 1 hour and no permanent brain damage occurs. During a stroke, blood flow to the brain is cut off for a longer period of time, resulting in temporary or permanent brain damage. Once you have had a TIA you are more likely to have a stroke.



What are the signs and symptoms to watch out for?

- Heart rate over 120 beats per minute
- Dizziness, weakness or loss of consciousness
- Chills or fever ($T^{\circ} \geq 38.5^{\circ}C$)
- Any one of the following signs of a stroke: sudden numbness or weakness in the face, arm or leg, trouble seeing, loss of balance, trouble speaking, severe and unusual headache
- The acronym **FAST** is an easy way to remember the signs of a **stroke**:
 - F: Face drooping
 - A: Arm weakness
 - S: Speech difficulty
 - T: Time to call 911 now

Call 911 immediately and go to the Emergency right away.