

STROKE/TIA DISCHARGE SUMMARY TO FAMILY PHYSICIANS

ADDRESSOGRAPH
HERE

NAME OF PATIENT

NAME OF PLACE PATIENT WAS DISCHARGED FROM

DATE OF DISCHARGE

DIAGNOSIS

Suspected TIA Ischemic Stroke
 Other:

SUSPECTED MECHANISM

Cardioembolic (AF) Carotid Stenosis Small Vessel Occlusive
 Other:

PRESENTING FEATURES

Unilateral Weakness Side: R L Speech Disturbance
 Other:

DURATION OF SYMPTOMS (TIA ONLY)

< 10 min
 1-59 min
 > 60 min

BLOOD PRESSURE AT DISCHARGE

INVESTIGATIONS	COMPLETED	RESULTS	BOOKED (Indicate date)
CT/MRI	<input type="checkbox"/> Yes <input type="checkbox"/> No		YYYY MM DD
CTA/ Carotid Duplex	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Negative <input type="checkbox"/> > 50% Side: <input type="checkbox"/> R <input type="checkbox"/> L	YYYY MM DD
Echo	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Negative <input type="checkbox"/> LVH <input type="checkbox"/> Intra-Ventricular Clot	YYYY MM DD
ECG		<input type="checkbox"/> NSR <input type="checkbox"/> AF <input type="checkbox"/> Other: _____	YYYY MM DD
Lab (Please attach)		Fasting Glucose: _____ Lipids: _____ Coag. Studies: _____	YYYY MM DD

Other →

MEDICATIONS PRESCRIBED (ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Enteric Coated ASA 81mg daily Clopidogrel 75mg daily Lipid Lowering ASA/dipyridamole (Aggrenox® one capsule twice a day)

Other:

DIET

Regular Diet No Added Salt Low Cholesterol

Other:

REFERRALS	APT. BOOKING	BOOKED (Indicate date)
NAME OF FAMILY PHYSICIAN	<input type="checkbox"/> Patient to book <input type="checkbox"/> Family Phys to book	YYYY MM DD
NAME OF NEUROLOGIST/IMR ON CALL		YYYY MM DD
NAME OF STROKE PREVENTION CLINIC		YYYY MM DD
NAME OF DIABETES EDUCATION CENTRE		YYYY MM DD
NAME OF OTHER STROKE REHABILITATION		YYYY MM DD

COMMENTS

NAME OF PHYSICIAN (PLEASE PRINT)

SIGNATURE OF PHYSICIAN

Refer to Guideline *Stroke and Transient Ischemic Attack – Management and Prevention* available on GPAC website: www.BCGuidelines.ca

This discharge summary was developed in collaboration with the Emergency Department Protocol Working Group. The EDPWG is a Provincial Health Services Authority PHSA sponsored clinical working group with representation from each of BC's Health Authorities.