

RIKS-STROKE - ACUTE PHASE

Personal ID number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Sex 1= male 2= female |_|_|

Name

Address

Telephone

Optional information (for instance, name and telephone number of family member).....

.....

Reporting hospital |_|_|_|_|_|_|

Department/ward |_|_|_|_|_|_|

Date of registration |_|_|_|_|_|_|_|_|_|_|_|_| Year/Month/Day (yy/mm/dd)

Completed by (name of person who completed this form)

----- **PRIOR TO STROKE** -----

Living |_|_|

- 1= in own home without community support
- 2= in own home with community support
- 3= living in a community facility (for instance service flat with full board, short stay pension, old peoples' home, nursing home or equivalent)
- 5= other (fill in) *Other*

Living alone |_|_|

- 1= the patient lives on his/her own
- 2= the patient lives with a spouse/partner or another person, for instance family member

Mobility |_|_|

- 1= the patient was able (prior to this illness) to move around without supervision indoors as well as outdoors (use of support or walking stick allowed)
- 2= the patient was able to move around by his/her own indoors but not outdoors
- 3= the patient was assisted by another person when moving around or he/she was bedridden

Toilet visits |_|_|

- 1= the patient managed toilet visits on his/her own
- 2= the patient was unable to go to the toilet unaided, or used bedpan or incontinence pads or needed assistance in wiping him/herself or in dressing

Dressing |_|_|

- 1= the patient was able to dress without assistance, including outdoor clothes, socks/stockings and shoes, or needed assistance only in tying shoelaces
- 2= the patient needed assistance to fetch clothes, or needed assistance in dressing/undressing or remained undressed

----- RISK FACTORS -----

Alternative answers are 1= yes 2= no 9= unknown

- Previous stroke? (*Excluding TIA*) |_|
- Auricular fibrillation at onset of stroke? (*including intermittent fibrillation or flutter*) |_|
- Diabetes, previously known or newly diagnosed? |_|
- Treatment for hypertension at onset of stroke? |_|
- Is the patient a smoker? (\geq one cigarette/day, or quit during the last three months) |_|

----- ACUTE MANAGEMENT -----

Level of consciousness on arrival to hospital |_|

- 1= fully awake (RLS 1)
 2= drowsy but responding to stimulus (RLS 2-3)
 3= unconscious (RLS 4-8)
 9= unknown

CT scan during hospital stay 1= yes 2= no 9= unknown |_|

Has the patient been informed to stop smoking? 1= yes 2= no 9= unknown |_|

----- MEDICAL TREATMENT -----

please refer to MANUAL for Riks-Stroke 7.0 for a complete list of pharmaceuticals

alternative answers are 1= yes 2= no 9= unknown

	On admission	On discharge
Diuretics	_	_
ACE /A2 inhibitors	_	_
Beta blockers	_	_
Calcium inhibitors	_	_
Statin	_	_
ASA	_	_
Klopidogrel	_	_
ASA + dia	_	_
Dipyridamol	_	_
Warfarin	_	_

During care

Heparin *against progressive stroke* |_|

Heparin *as a preventive thrombolytic treatment* |_|

----- THROMBOLYTIC TREATMENT -----

alternative answers are 1= yes 2= no 9= unknown

Thrombolysis – given in cases of stroke, Actilyse etc. |_|

Alarm made for thrombolysis “*save the brain/stroke alarm*” |_|

Cerebral haemorrhage with clinical symptoms <36 hrs after initiation of treatment
 (must have been verified with CT scan or through autopsy) |_|

Did the patient’s status improve in an evident manner?
 (i.e. speech recovery, paresis disappeared) within 2 hrs from initiation of care |_|

Time for initiation of thrombolysis (hour, minute) |_|||_|.||_|||_|

B LATE MANAGEMENT (refers to continued rehabilitation of acute stroke within the same health care system or institutional care)

B Date of admission |__|__||__|__||__|__| (yy/mm/dd)

B Date of discharge |__|__||__|__||__|__| (yy/mm/dd)

----- **DISCHARGED TO following B LATE MANAGEMENT** -----

- 1= own home |__|
- 2= a community facility (for instance service flat with full board, old peoples' home, nursing home, short term pension)
- 4= other acute-care department
- 6= deceased during hospital stay
- 7= other
- 9= not known

B Address and phone number whereto patient has been discharged (please text clearly) (optional)

.....
.....

----- **COMPLICATIONS DURING HOSPITALISATION** -----

alternative answers are 1= yes 2= no 9= unknown

Deep venous thrombosis / Pulmonary embolism |__|

Fracture |__|

Pneumonia |__|

----- **STROKE DIAGNOSIS** -----

Stroke diagnosis | |__|__|. |__|

I 61 = intracerebral hemorrhage

I 63 = cerebral infarction

I 64 = unspecified acute stroke

G 45 =TIA/cerebral ischemia/transient within 24 h (optional). |__|__|. |__|

----- **PLANNING OF CARE** -----

alternative answers are 1= yes 2= no 9= unknown

Has the care and rehabilitation been planned by the county council institutional care? |__|

Did the patient/next-of-kin partake in the planning? |__|

----- **DECEASED** -----

To be filled in only if the patient died during the hospital stay

Date (date when the patient died) (yy,mm,dd) |__|__||__|__||__|__|

Autopsy performed 1= yes 2= no 9= unknown |__|