Version 7.0. To be used for all stroke registrations from 1 April 2004 onwards

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)  I ___
Auricular fibrillation at onset of stroke? (including intermittent fibrillation or flutter)  I ___
Diabetes, previously known or newly diagnosed?  I ___
Treatment for hypertension at onset of stroke?  I ___
Is the patient a smoker? (> one cigarette/day, or quit during the last three months)  I ___

ACUTE MANAGEMENT

Level of consciousness on arrival to hospital  I ___
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  I ___
Has the patient been informed to stop smoking? 1= yes  2= no  9= unknown  I ___

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

<table>
<thead>
<tr>
<th></th>
<th>On admission</th>
<th>On discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diuretics</td>
<td>I ___</td>
<td>I ___</td>
</tr>
<tr>
<td>ACE /A2 inhibitors</td>
<td>I ___</td>
<td>I ___</td>
</tr>
<tr>
<td>Beta blockers</td>
<td>I ___</td>
<td>I ___</td>
</tr>
<tr>
<td>Calcium inhibitors</td>
<td>I ___</td>
<td>I ___</td>
</tr>
<tr>
<td>Statin</td>
<td>I ___</td>
<td>I ___</td>
</tr>
<tr>
<td>ASA</td>
<td>I ___</td>
<td>I ___</td>
</tr>
<tr>
<td>Klopidogrel</td>
<td>I ___</td>
<td>I ___</td>
</tr>
<tr>
<td>ASA + dia</td>
<td>I ___</td>
<td>I ___</td>
</tr>
<tr>
<td>Dipyridamol</td>
<td>I ___</td>
<td>I ___</td>
</tr>
<tr>
<td>Warfarin</td>
<td>I ___</td>
<td></td>
</tr>
</tbody>
</table>

During care

Heparin against progressive stroke  I ___
Heparin as a preventive thrombolytic treatment  I ___

THROMBOLYTIC TREATMENT

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

Thrombolysis – given in cases of stroke, Actilyse etc.  I ___
Alarm made for thrombolysis “save the brain/stroke alarm”  I ___
Cerebral haemorrhage with clinical symptoms <36 hrs after initiation of treatment (must have been verified with CT scan or through autopsy)  I ___
Did the patient’s status improve in an evident manner? (i.e. speech recovery, paresis disappeared) within 2 hrs from initiation of care  I ___

Time for initiation of thrombolysis (hour, minute)  I ___ II ___ I ___ II ___ I
### SEQUENCE OF CARE

**A  ACUTE MANAGEMENT** (refers to the first episode of hospital care for the present stroke)

<table>
<thead>
<tr>
<th>A Date of onset</th>
<th>(yy/mm/dd)</th>
<th>I___I___II___I___II___I___I</th>
<th>I___I___I___I___I___I (hour, minute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Date of admission</td>
<td>(yy/mm/dd)</td>
<td>I___I___II___I___II___I___I</td>
<td>I___I___I___I___I___I (hour, minute)</td>
</tr>
</tbody>
</table>

**First admitted to**
1. general ward
2. stroke unit
3. admission/observation ward
4. intensive care unit
5. other (fill in). Other

**First department**
1. Medicine
2. Neurology
3. Geriatrics or rehab
4. Other

**Continued care during the acute phase**
1. general ward
2. stroke unit
3. admission/observation ward
4. intensive care unit
5. other (fill in). Other

**Subsequent department**
1. Medicine
2. Neurology
3. Geriatrics or rehab
4. Other

<table>
<thead>
<tr>
<th>A Date of discharge</th>
<th>(yy/mm/dd)</th>
<th>I___I___II___I___II___I___I</th>
</tr>
</thead>
</table>

-------------------------- DISCHARGED TO following A ACUTE MANAGEMENT --------------------------

1. own home
2. a community facility  (for instance service flat with full board, old peoples’ home, nursing home, short term pension)
3. other acute-care department
4. geriatric/rehab = fill in section B LATE MANAGEMENT
5. deceased during hospital stay
6. other
7. not known

A Address and phone number whereto the patient has been discharged *(please text clearly)(optional)*

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

B Date of admission I ___ I ___ I ___ I ___ I ___ (yy/mm/dd)
B Date of discharge I ___ I ___ I ___ I ___ I ___ (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 I ___
Fracture I ___
Pneumonia I ___

-------------------------------------- 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? I ___
Did the patient/next-of-kin partake in the planning? I ___

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

Date (date when the patient died) (yy/mm/dd) I ___ I ___ I ___ I ___ I ___ I ___ I ___
Autopsy performed 1 = yes 2 = no 9 = unknown I ___