Version 9.0. To be used for all acute stroke registrations from 1 January 2009 onwards.

RIKS-STROKE - ACUTE PHASE

Personal ID number  I___I___I___I___I___I___I___I___I___I___I

Gender  1= male  2= female  I___I

Name

Address

Telephone no.

Optional information (e.g. name and telephone number of next of kin or other)

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Reporting hospital  I___I___I___I___I___I___I___I___I___I___I  Ward/department  I___I___I___I___I___I___I___I___I___I___I

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Date of onset  I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I

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Has the patient been admitted for treatment for this stroke episode?
1= Yes  2= No  I___I

If no, please state the main reason for not admitting the patient  I___I

1= mild symptoms/symptom regression
2= fallen ill several days prior to arrival
3= elderly person with more than one illness, already in institutional care
4= lack of space
5= other reason
   reason (optional) ................................................................................................................................................
9= not known

Note: Registration of non-admitted patients is voluntary. Please refer to the Guide.

Completed by (name of person completing this form) .............................................................................................................

Was the patient already admitted at the hospital at the time of this stroke episode?
1= Yes  2= No  I___I

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PRIOR to the onset of stroke

Living arrangements  I___I

1= in own accommodation without community home-help service
2= in own accommodation with community home-help service
3= in arranged accommodation (for instance service flat with full board, temporary accommodation, old people’s home, nursing home or equivalent)
5= other (please specify)  Other ...........................................................................................................................................

Living alone  I___I

1= patient lived on his/her own
2= patient lived with a spouse/partner or another person, for instance sibling, child or parents.
### Mobility
1= patient was able to move around without supervision both indoors and outdoors (use of walking-aid permitted)
2= patient was able to move around by himself/herself indoors but not outdoors
3= patient was assisted by another person when moving around, or he/she was bedridden

### Toilet Visits
1= patient managed toilet visits unaided
2= patient was unable to get to the bathroom or go to the toilet without help, used a bedpan or incontinence pads, or required assistance when wiping himself/herself or to get dressed

### Dressing
1= patient was able to get dressed without assistance, including outdoor clothes, shoes and socks, or only needed help when tying shoelaces
2= patient needed someone to fetch his/her clothes, or needed help with dressing/undressing, or remained undressed

### RISK FACTORS

**Please respond using 1= yes  2= no  9= not known**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous stroke</td>
<td></td>
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<tr>
<td>Previous TIA / Amaurosis fugax</td>
<td></td>
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<tr>
<td>Atrial fibrillation, previously diagnosed or recently identified (including intermittent fibrillation or flutter)</td>
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<tr>
<td>Diabetes, previously diagnosed or recently identified</td>
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<tr>
<td>Treated for hypertension at the onset of stroke</td>
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<tr>
<td>Smoker (&gt;1 cigarette/day, or quit during the last three months)</td>
<td></td>
</tr>
</tbody>
</table>

### ACUTE CARE

**Level of consciousness on arrival at hospital**
1= fully awake (RLS 1) 2= drowsy but responding to stimulus (RLS 2-3) 3= unconscious (RLS 4-8)
9= not known

**NIHSS admission** (National Institutes of Health Stroke Scale)
(Please state total score, maximum of 42 points (excluding hand), at the start of treatment)
99= not known/not examined

**Has the ability to swallow been tested?**
1= yes  2= no  3= not examined due to the patient’s state 9= not known

**CT brain scan during treatment**
1= yes  2= no  9= not known

**MR brain scan during treatment**
1= yes  2= no  9= not known

**Carotid ultrasound (not CT angio)**
1a= yes, within 7 days  1b= yes, after 7 days  2= no  9= not known
### PHARMACEUTICAL TREATMENT

Please refer to the Riks-Stroke Guide 9.0 for a complete list of pharmaceuticals.

**Please respond using 1 = yes  2 = no  9 = not known**

<table>
<thead>
<tr>
<th>On admission</th>
<th>On discharge*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diuretics (e.g. Esidrex, Midamor, Moduretic, Normorix, Salures)</strong></td>
<td>___</td>
</tr>
<tr>
<td><strong>ACE inhibitors (e.g. Enalapril, Pramace, Renitec, Triatec)</strong></td>
<td>___</td>
</tr>
<tr>
<td><strong>A2 inhibitors (e.g. Aprovel, Atacand, Cozaar)</strong></td>
<td>___</td>
</tr>
<tr>
<td><strong>Beta blockers (e.g. Atenolol, Emconcor, Kredex, Metoprolol, Seloken, Tenormin)</strong></td>
<td>___</td>
</tr>
<tr>
<td><strong>Calcium inhibitors (e.g. Cardizem, Felodipin, Amlodipin, Norvasc, Plendil)</strong></td>
<td>___</td>
</tr>
<tr>
<td><strong>Other blood pressure medication</strong></td>
<td>___</td>
</tr>
<tr>
<td><strong>Statins - lipid reducers (e.g. Lipitor, Pravachol, Simvastatin, Zocord)</strong></td>
<td>___</td>
</tr>
<tr>
<td><strong>ASA (e.g. Trombyl)</strong></td>
<td>___</td>
</tr>
<tr>
<td><strong>Klopidogrel (Plavix)</strong></td>
<td>___</td>
</tr>
<tr>
<td><strong>ASA + dipyridamole (Asasantin)</strong></td>
<td>___</td>
</tr>
<tr>
<td><strong>Dipyridamole (Persantin)</strong></td>
<td>___</td>
</tr>
<tr>
<td><strong>Warfarin (Waran)</strong></td>
<td>___</td>
</tr>
</tbody>
</table>

* Do NOT state medication at discharge if the patient died during the acute phase.

**During treatment**

- **Heparin/Fragmin/Innohep/Klexane as progressive stroke treatment**
  - 1 = yes  2 = no  9 = not known
  - ___

- **Heparin/Fragmin/Innohep/Klexane as preventive thrombolytic therapy**
  - ___

- **Heparin/Fragmin/Innohep/Klexane as a temporary substitute for Waran**
  - ___

### THROMBOLYSIS

- **Thrombolysis alarm “save the brain/stroke alarm”**
  - 1 = yes  2 = no  9 = not known
  - ___

- **Thrombolysis – for stroke**, e.g. Actilyse
  - 1 = yes  2 = no  3 = yes, part of study 9 = not known
  - ___

- **Thrombectomy or other catheter-based (endovascular) treatment for stroke**
  - 1 = yes  2 = no  3 = yes, part of study 9 = not known
  - ___

- **State time of initial thrombolytic/thrombectomy therapy** (hour.minute)
  - ___ ___ ___ ___

- **Did the patient’s health improve notably?**
  - 1 = yes  2 = no  9 = not known
  - ___

  (e.g. speech recovery, paresis disappeared within 2 hrs)

- **Cerebral haemorrhage with clinical deterioration <36 hrs after start of treatment**
  - 1 = yes  2 = no  9 = not known
  - ___

  (Option 1 = yes should only be used if the patient has clinically deteriorated, independently of CT result)
If thrombolysis/thrombectomy was performed at another, or on behalf of another, hospital, please enter relevant hospital code.

Thrombolysis/thrombectomy performed ON BEHALF OF another hospital

Thrombolysis/thrombectomy performed BY another hospital

Hemicraniectomy for stroke 1= yes 2= no 3= yes, part of study 9= not known

Enter date of hemicraniectomy (YY-MM-DD)

Enter the time when operation started (HH-MM)

Smoker informed of need to quit smoking 1= yes 2= no 9= not known

Information provided regarding driving 1= yes 2= no 3= not relevant/no driving licence 9= not known

---------------------------------------------------- INFORMATION ------------------------------------------------

---------------------------------------------------- SEQUENCE OF CARE ------------------------------------------------

A ACUTE MANAGEMENT

A Date of onset I___I___II___I___II___I___I Time of onset I___I___I.I___I___I

If the patient woke up with symptoms, please state the last time without symptoms. Use code 9999 if the time is not known. Use code 99 for minutes if only the hour is known. If the exact time of onset is unknown, choose the closest possible time in the time interval below.

Number of hours from onset to arrival at hospital I___I

If patient woke up with symptoms, state last time without symptoms.

1= ≤ 3 hr
2= ≤ 4.5 hr
3= ≤ 24 hr
4= > 24 hr
9= unknown

A Date of arrival I___I___II___I___II___I___I Time of arrival at hospital I___I___I.I___I___I (hour.minute)

First admitted to
1= general ward 2= stroke unit 3= admissions/observation ward 4= intensive care unit
5= other (please specify). Other.................................................. 9= not known

First clinical department
1= Medicine 2= Neurology 3= Geriatrics or Rehab 4= other 9= not known

Continued care during the acute phase
1= general ward 2= stroke unit 3= admissions/observation ward 4= intensive care unit
5= other (please specify). Other..................................................
Subsequent clinical department
1= Medicine  2= Neurology  3= Geriatrics or Rehab  4= other  9= not known

A Date of discharge

Number of days at the stroke unit (day of admission = day 1) 999= not known
If treatment took place at several stroke units, enter the total treatment time at the stroke unit.

------------------  AFTER A ACUTE CARE THE PATIENT IS DISCHARGED TO  ------------------

1a= own accommodation; 1b= own accommodation with home rehabilitation; 2a= arranged accommodation (e.g. service flat with full board, temporary accommodation, old people’s home, nursing home); 2b= arranged accommodation with stroke rehabilitation (e.g. service flat with full board, temporary accommodation, old people’s home, nursing home); 4= other acute-care department (= complete B Aftercare)

5= geriatrics/rehab (= complete B Aftercare); 6= deceased during course of treatment; 7= other; 9= not known; 11= still in hospital; 12= other stroke unit (= complete B Aftercare)

A Address and phone number of the place to which the patient is discharged (please be specific as regards alternatives 1, 2, 4, 5, 7)

------------------  AFTER B AFTERCARE THE PATIENT IS DISCHARGED TO  ------------------

1a= own accommodation; 1b= own accommodation with home rehabilitation; 2a= arranged accommodation (e.g. service flat with full board, temporary accommodation, old people’s home, nursing home); 2b= arranged accommodation with stroke rehabilitation (e.g. service flat with full board, temporary accommodation, old people’s home, nursing home); 4= other acute-care department;

6= deceased during treatment; 7= other; 9= not known; 11= still in hospital

B Address and phone number of the place to which the patient is discharged (please be specific as regards alternatives 1, 2, 4, 5, 7)

------------------ COMPLICATIONS ARISING DURING HOSPITALISATION  ------------------

Please respond using 1= yes  2= no  9= not known

Deep venous thrombosis / pulmonary embolism
Fracture
Pneumonia

------------------ FOLLOW-UP OF STROKE PATIENTS  ------------------

Has a follow-up visit been scheduled? 1= yes, at the hospital  2= yes, at care centre/equivalent
3= no  9= not known

------------------ CVS DIAGNOSIS  ------------------

I 61 = cerebral haemorrhage
I 63 = cerebral infarction
I 64 = acute cerebrovascular illness UNS
G 45 =TIA / cerebral ischemia / transient within 24 hrs (optional information).

------------------ DECEASED  ------------------

Complete only if the patient died during the course of treatment

Date (date when the patient died)