Version 6.0 To be used for all TIA registrations from 1 January 2015 and onwards.

RIKSSTROKE - TIA

Personal ID number  I___I___I___I___I___I___I___I___I___I___I___I___I___I

Gender  1= male  2= female  I___I

Name: ……………………………………………………………………………………………………………………

N.B. Registered information must be documented in medical records

Date of onset  I___I___I___I___I___I___I___I___I___I___I

G 45 = TIA/cerebral ischemia/transient within 24 hours
(G45.4 transitory global amnesia is not registered)

G I___I___I___I___I___I___I

TO REGISTER A TIA DIAGNOSIS AFTER THROMBOLYTIC THERAPY OR THROMBECTOMY, PLEASE USE THE SEPARATE FORM FOR ACUTE PHASE FOR REGISTRATION OF STROKE

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

Reporting hospital  I___I___I___I

Ward/department  I___I___I___I

Completed by (name of person completing this form)

Has the patient been admitted for treatment for this TIA episode?  I___I

1= yes, applies also to patient already admitted at time of onset  2= no

Did the patient arrive by ambulance?  1= yes  2= no  9= not known

Number of hours from onset to arrival at hospital  I___I

Choose the closest possible time interval from onset to arrival at hospital.
If the patient woke up with symptoms, please state as accurately as possible the time interval since the patient was last free of symptoms.
If the admitted patient had suffered TIA and the time of onset is not known (the last time without symptoms is not known), choose the closest possible time interval from onset to identification of this TIA episode.

1= < 3 hrs  2= < 4.5 hrs  3= < 24 hrs  4= > 24 hrs  9= not known

Thrombolysis alarm “save the brain/stroke alarm”  I___I

(refers to the alarm for thrombolytic therapy if needed)

1= yes  2= no  9= not known
Has the patient been admitted to the stroke unit for this episode?  
1= yes  2= no  9= not known

A Date of arrival

A Date of discharge

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

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

Previous stroke

Previous TIA / Amaurosis fugax? (Does not apply to G45.4 transitory global amnesia)

Auricular fibrillation, previously diagnosed  
(Including intermittent fibrillation or flutter)

Auricular fibrillation, recently identified on arrival at hospital or during treatment  
(Including intermittent fibrillation or flutter)

Smoker (≥1 cigarette/day, or quit during the last three months)

------------- ABCD2 score -------------

The ABCD2 score is only a prognostic score and has no other function. Enter the number of the response chosen.

Age
1= ≥60 years
0= <60 years

Blood pressure (refers to first reading after arrival at hospital)
1= ≥ 140/90 at time of examination
0= <140/90 at time of examination

Clinical picture for this TIA episode  
(Many different symptoms are associated with a TIA. The ABCD2 score applies to only two groups of symptoms)

1= speech difficulties without weakness
2= weakness on one side (unilaterally) could be combined with other symptoms
0= other symptoms
Duration of symptoms
1= symptoms lasted 10-59 minutes
2= symptoms lasted ≥ 60 minutes
0= symptoms lasted < 10 minutes

Diabetes
1= diabetes, previously diagnosed or recently identified
0= no diabetes

---------- ACUTE CARE/DIAGNOSIS ----------

CT brain scan during acute phase (within seven days after onset)
1= yes 2= no 9= not known

MR brain scan during acute phase (within seven days after onset)
1= yes 2= no 9= not known

If yes, MR brain scan during acute phase:
1= shows new cerebral infarction 2= shows no new cerebral infarction
9= examination result uncertain or not known

Carotid ultrasound performed
1= yes 2= no 3= examination performed no more than 28 days before onset 9= not known

If yes, examination date

CT angiography performed (does not refer to CT perfusion)
1= yes 2= no 3= examination performed no more than 28 days before onset 9= not known

If yes, examination date

MR angiography performed
1= yes 2= no 3= examination performed no more than 28 days before onset 9= not known

If yes, examination date

CT or MR angiography performed of vessels affected (always ask a doctor if uncertain about which vessels)
1= carotid vessels 2= intracranial vessels 3= both carotid and intracranial vessels 9= not known

Long term ECG (telemetry, Holter or equivalent) performed during period of treatment
1= yes 2= no 3= no, but arranged for period after discharge 9= not known
Has the patient been evaluated by an occupational therapist during the period of treatment?  
1= yes  2= no  9= not known

Has the patient been evaluated by a physiotherapist during the period of treatment?  
1= yes  2= no  9= not known

----------- PHARMACEUTICAL TREATMENT and PAP-----------

See also FASS; Link can be found on Riksstroke’s website

Please respond using 1= yes  2= no  3= no, intervention planned at follow-up appointment within two weeks after discharge  9= not known

<table>
<thead>
<tr>
<th></th>
<th>At time of onset</th>
<th>At time of discharge*</th>
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<tbody>
<tr>
<td><strong>Antihypertensive agents</strong></td>
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<td>(includes all groups, independent of indication)</td>
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<td><strong>Statins</strong> (e.g. Atorvastatin, Crestor, Lipitor, Pravastatin, Simvastatin)</td>
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<td><strong>ASA</strong> (e.g. Trombyl)</td>
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<td><strong>Clopidogrel</strong> (e.g. Plavix)</td>
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<td><strong>ASA + dipyridamole</strong> (Asasantin)</td>
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<td><strong>Dipyridamole</strong> (Persantin)</td>
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<tr>
<td><strong>Antithrombotic drugs other than ASA, clopidogrel and dipyrdimole</strong></td>
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<tr>
<td>(e.g. Brilique, Efient, Pletal, Possia)</td>
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<tr>
<td><strong>Warfarin</strong> (Waran)</td>
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<tr>
<td>If yes, treatment with warfarin at onset; state PK (INR) value regardless of diagnosis</td>
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<td>9.9= not known</td>
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<tr>
<td><strong>Apixaban</strong> (Eliquis)</td>
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<td><strong>Dabigatran</strong> (Pradaxa)</td>
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<tr>
<td><strong>Rivaroxaban</strong> (Xarelto)</td>
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<tr>
<td><strong>Peroral anticoagulants other than the above</strong></td>
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</table>

Main reason for non-intervention with peroral anticoagulants at time of discharge in the case of atrial fibrillation and diagnosis G 45

1= insertion planned after discharge  2= contraindications (in accordance with FASS)  
3= interactions with other drugs/naturopathy (in accordance with FASS)  
4= caution (in accordance with FASS)  5= fall-prone  6= dementia  7= patient refuses treatment  
8= other reason  9= not known
PAP (physical activity on prescription)?
1= yes  2= no  3= no, the need for physical activity is already being met
4= patient declined  9= not known

------------ INFORMATION and FOLLOW-UP ------------

Smoker informed at onset of need to quit smoking
1= yes  2= no  3= not relevant given patient's condition  9= not known

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

Has a follow-up appointment on the basis of this TIA episode been made with a nurse or doctor? (You can choose more than one response)
I___ I = yes, at a special stroke unit (at or outside the hospital)
I___ I = yes, at another hospital admissions ward/department
I___ I = yes, at a health centre/equivalent
I___ I = yes, at arranged accommodation
I___ I = no
I___ I = not known