

Version **5.0** To be used for all acute stroke registrations from **1 January 2014** onwards.

RIKS-STROKE - TIA

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

Gender 1= male 2= female |_|_|

Name

Address*

Telephone*

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

.....
* Address, telephone number and optional information are available in printed form only and should not be recorded electronically

Date of onset |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

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

G |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

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

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

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

Ward/department |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Completed by (name of person completing this form)

Municipality code at time of onset (Completed automatically in the reg.module) |_|_|_|_|_|

County code at time of onset (Completed automatically in the reg.module) |_|_|_|_|_|

Has the patient been admitted for treatment for this TIA episode? |_|_|

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 |_|_|_|_|_|

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

1= ≤ 3 hrs 2= ≤ 4.5 hrs 3= ≤ 24 hrs 4= > 24 hrs 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

(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

1= $\geq 140/90$ 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

= yes, within seven days after or one month prior to onset

= yes, after seven days

= no

= not known

CT angio performed

= yes, within seven days after or one month prior to onset

= yes, after seven days

= no

= not known

MR angio performed

= yes, within seven days after or one month prior to onset

= yes, after seven days

= no

= not known

CT or MR angiography performed of vessels affected (always ask a doctor if uncertain about which vessels)

= carotid vessels

= intracranial vessels

= both carotid and intracranial vessels

= not known

Long term ECG (telemetry, Holter or equivalent) performed during period of treatment

= yes

= no, arranged for period after discharge

= no

= not known

Has the patient been evaluated by an occupational therapist ? 1= yes 2= no 9= not known

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

----- PHARMACEUTICAL TREATMENT -----

See also **FASS, Guidance and list of pharmaceuticals**

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

	At time of onset	At time of discharge*
Antihypertensive agents (includes all groups, independent of indication)	_	_
Statins (e.g. Crestor, Lipitor, Pravastatin, Simvastatin, Zocord)	_	_
ASA (e.g. Trombyl)	_	_
Clopidogrel (e.g. Plavix)	_	_
ASA + dipyridamole (Asasantin)	_	_
Dipyridamole (Persantin)	_	_
Antithrombotic drugs other than ASA, clopidogrel and dipyridamole (e.g. Brilique, Efient, Pletal, Possia)	_	_
Warfarin (Waran)	_	_
Peroral anticoagulants other than Warfarin (e.g. Eliquis, Pradaxa and Xarelto)	_	_

Main reason for non-intervention of Warfarin or peroral anticoagulants other than Warfarin 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 9= not known

----- **INFORMATION, COMPLICATIONS 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)

|__| ==yes, at a special stroke unit (at or outside the hospital)

|__| = yes, at another hospital admissions ward/department

|__| = yes, at a health centre/equivalent

|__| = yes, at arranged accommodation

|__| = no

|__| = not known