Version **8.1** To be used for all **TIA** registrations from **1 January 2018** and onwards

To register a TIA diagnosis without thrombolysis or thrombectomy, please use the form for stroke in acute phase.

RIKSSTROKE - TIA

Personal ID number   I__I__I__I__I__I__I - I__I__I__I__I

Name …………………………………………………….   **Gender**   **1**= man **2**= woman   I__I

Reporting hospital   I__I__I__I   **Ward/Department**   I__I__I__I

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

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

Patient woke up with symptoms   I__I
1= yes   **2**= no   **9**= not known

Date of onset(YYMMDD)   I__I__II__I__II__I__I

Time of onset (hrs.min)   I__I__I.I__I__I

If the patient woke up with symptoms specify the time the patient was most recently asymptomatic.
If the admitted patient had suffered a TIA and the time of onset is unknown, specify the time the patient was
most recently asymptomatic.
If only a full hour can be determined, specify the minutes **firstly** as the nearest **full or half hour**; then specify
secondly the minutes as **".99"** and specify the closest possible *Time interval* below.
If the time of onset is not known, record **"99.99"** and specify the closest possible *Time interval* below.

Time interval from onset to arrival at hospital   I__I
(Answer if the time of onset is unknown [**99.99**] or if only the hour can be determined [ex **10.99**])

1= within 3 hours **2a**= within 4.5 hours   **2b**= within 6 hours   **3**= within 24 hours   **4**= after 24 hours

9= not known

If the patient woke up with symptoms specify the time interval from when the patient was most recently
asymptomatic.
If the admitted patient had suffered a TIA and the time of onset is unknown (the last time without symptoms),
specify the closest possible time interval from onset to identification of this TIA episode.

Patient arrived by ambulance   I__I
1= yes   **2**= no   **9**= not known

The patient was already admitted at the hospital at the time of the TIA episode
1= yes   **2**= no

Thrombosis/thrombectomy alarm *"Save the brain/stroke alarm"*   I__I
1= yes   **2**= no   **9**= not known

-------------------------------------- **ARRIVED AND ADMITTED** --------------------------------------

Patient initially sought out health care for this TIA episode at I___I
1= hospital accident and emergency department   **2**=primary care   **3**= occupational health service   **4**= other
For direct intake stroke unit enter code 1= emergency admission to hospital. For primary care clinic enter code 2=primary care. Choice of response 4 may be a private practice or hospital or clinic overseas.

Arrival at hospital
(relates to the hospital where the patient was treated <u>in closed care</u> for this TIA episode)

> **Arrival date at hospital** (YY.MM.DD) I__I__II__I__II__I__I

> **Time of arrival at hospital** (hrs.min) I__I__II__I__I

The patient was admitted for the TIA episode I__I
1= yes   **2**= no

The patient was treated within specialist open care/outpatient care at the stroke unit I__I
for this TIA episode
1= **yes**   **2**= no (including admitted with night leave)   **9**= not known

Initially admitted at I__I

1 = ward/department other than those specified in choice of response below (**2, 3, 4** or **6**)

2= stroke unit   **3**= admissions/obs. ward

4= Intensive care unit   **5**= other (please specify) …………………..............................

6= Department of Neurosurgery   **9**= not known

Has the patient been admitted to the stroke unit for this episode? I__I

1= yes   **2**= no   **9**= not known

Arrival at stroke unit
(relates to the stroke unit where the patient was treated <u>in open/closed care</u> for this TIA episode)

> **Date of arrival at stroke unit** (YY.MM.DD) I__I__II__I__II__I__I

> **Time of arrival at stroke unit** (hrs.min) I__I__I.I__I__I

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

-- **RISK FACTORS** ---

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

Previous stroke   I___I

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

Atrial fibrillation, previously diagnosed   I___I
(including intermittent fibrillation or flutter)

Atrial fibrillation, recently identified on arrival at hospital or during treatment time   I___I
(including intermittent fibrillation or flutter)

Diabetes, previously diagnosed or recently identified   I___I

Treated for hypertension at onset of stroke   I___I

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

---------------------------------- **EXAMINATION OF BRAIN AND VESSELS** ------------------------------------

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

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

      MRI brain scan during treatment showed:
1= new cerebral infarction **2**= no new cerebral infarction **9**= examination result uncertain or not known
                             I___I

CT angiography performed (does not refer to CT perfusion)   I___I
1a= yes, directly related to the initial CT scan   **1b**= yes, later during treatment
2= no   **3**=examination within 28 days before onset of stroke   **9**= not known

      If yes, examination date   I___I___II___I___II___I___I (YY-MM-DD)

MR angiography performed   I___I

1= yes   **2**= no   **3**= examination within 28 days before onset of stroke

4= planned for after discharge   **9**= not known

      If yes, examination date   I___I___II___I___II___I___I (YY-MM-DD)

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

1= carotid vessels   **2**= intracranial vessels   **3**= both carotid and intracranial vessels   **9**= not known

Carotid ultrasound performed

1= yes   **2**= no   **3**= examination within 28 days before onset of stroke

4= planned for after discharge   **9**= not known

                                                                                                            I___I

      Examination date   I___I___II___I___II___I___I (YY-MM-DD)

-- **HEART EXAMINATION** --

Long term ECG, at least 24 hrs (Telemetry, Holter or equivalent) performed during period of treatment   I___I

1= yes   **2**= no   **3** = no, arranged for period after discharge   **9**= not known

----------------------------------- **EXAMINATION OF FUNCTIONAL ABILITY** ------------------------------------

The patient has been evaluated by an occupational therapist during the period of treatment
                                                                                                I___I

1= yes   **2**= no   **9**= not known

The patient has been evaluated by a physiotherapist during the period of treatment
                                                                                                I___I

1= yes   **2**= no   **9**= not known

-- **INFORMATION** --

PAP (physical activity on prescription)   I___I

1= yes   **2**= no   **3**= no, the need for physical activity is already being met
4= patient declined   **9**= not known

Smoker informed at onset of need to quit smoking   I___I
1= yes   **2**= no,or patient has declined information   **3**= not relevant due to patient's condition

9= not known

Information provided regarding driving   I___I
1= yes   **2**= no   **3**= not relevant/no driving licence or due to patient's condition   **9**= not known

------------------------------------- **PHARMACEUTICAL TREATMENT** -------------------------------------

Respond using 1= yes   **2**= no   **3**= no, planned intervention within 2 weeks after discharge

	9= not known		**At onset**	**At discharge***

	At onset	At discharge*
Antihypertensive agents (applies to all groups, independent of indication)	I__I	I__I
Statins (e.g. Atorvastatin, Crestor, Lipitor, Pravastatin, Simvastatin)	I__I	I__I
Platelet inhibitors:		
ASA (e.g.Trombyl)	I__I	I__I
Clopidogrel (e.g. Plavix)	I__I	I__I
Dipyridamol (Persantin)	I__I	I__I
Platelet inhibitors other than the above (e.g. Brilique, Efient, Pletal, Possia)	I__I	I__I
Oral anticoagulant:		
Warfarin (Waran)	I__I	I__I
If yes, treatment with warfarin at onset state PK (INR) value regardless of diagnosis 9.9=not known	I__I, I__I	
Apixaban (Eliquis)	I__I	I__I
Dabigatran (Pradaxa)	I__I	I__I
Rivaroxaban (Xarelto)	I__I	I__I
Edoxaban (Lixiana)	I__I	I__I

Date for introduction or reintroduction of oral anticoagulants during treatment (YY-MM-DD)
If treatment was ongoing at onset and interruption shorter than 36 hrs
during treatment, state day of arrival at hospital.   I__I__II__I__II__I__I

**Main reason for non-intervention with oral anticoagulants <u>during treatment</u>
in the case of atrial fibrillation and TIA (G45)**   I__I
1= intervention 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**= tendency to fall   **6**= dementia
7= patient declines treatment   **8**= other reason   **9**= not known

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

--- **FOLLOW-UP**---

Follow-up appointment on the basis of this TIA episode has 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 = yes, at day rehab

I___I = no

I___I = not known

Discharge date (YY-MM-DD)   **I___I___II___I___II___I___I**