To be used for all acute stroke registrations from 1 January 2019 and onwards.

To register a TIA diagnosis without thrombolysis or thrombectomy, please use the separate TIA form.

**RIKSSTROKE - ACUTE PHASE FOR REGISTRATION OF STROKE**

Personal ID number

Name

Gender 1 = man 2 = woman

Reporting hospital

Ward/Department

Completed by (name of person completing this form)

Date deceased (YYMMDD) (refers to death during the period of treatment)

Stroke diagnosis

I 61 = Cerebral haemorrhage
I 63 = Cerebral infarction
I 64 = Acute cerebrovascular disease, not specified as haemorrhage or infarction
G 45.X = TIA (as a result of thrombolysis or thrombectomy for stroke with complete symptom regression within 24 hours of onset)

Patient woke up with symptoms

1 = yes 2 = no 9 = not known

Date of onset (YYMMDD)

Time of onset (HRS.MIN)

If the patient woke up with symptoms, specify the time the patient was most recently asymptomatic.
If the admitted patient had suffered a stroke 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 in the first instance the minutes as the nearest full or half hour; in the second instance, specify the minutes as “99” and then 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

(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 stroke and the time of onset is unknown (the most recent time without symptoms is unknown), specify the closest possible time interval from the most recent time without symptoms to identification of this stroke episode.
The patient was already admitted to hospital/emergency department at time of the stroke episode
1= yes  2= no

The patient arrived by ambulance
1= yes  2= no  9= not known

Thrombosis/thrombectomy alarm “Save the brain/stroke alarm”
1= yes  2= no  9= not known

ARRIVAL AT FIRST HOSPITAL

(refers to the first hospital the patient was taken to for this stroke episode)

Arrival date at hospital (YYMMDD)

Time of arrival at hospital (HRS/MIN)

Specify Riksstroke hospital code 888 = overseas code  999 = unknown hospital code

EMERGENCY EXAMINATIONS / ACTIONS

CT brain scan
1= yes  2= no  9= not known

CT angiography performed in conjunction with first CT scan
1= yes  2= no  9= not known

THROMBECTOMY centre/on-call contacted for opinion on thrombectomy
1= yes  2= no  9= not known

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 (National Institute of Health Stroke Scale) on admission to first hospital using Riksstroke NIHSS form
Specify total points (if 24 points or more, please put 24 p) 99= not known/not examined
(no modified or abbreviated scales)

Assessment of swallowing function performed
1= yes (documented in medical records)  2= no/not known (not performed or documentation missing in medical records)  3= not examined due to patient’s reduced consciousness
The patient was admitted for treatment for this stroke episode
1= yes  2= no

Initially admitted at
1 = ward/department other than those specified in choice of responses 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

First hospital to which the patient was admitted
Specify Riksstroke hospital code 888= overseas code  999= unknown hospital code

Arrival at first stroke unit
(refers to the first stroke unit where the patient received treatment for this stroke episode)

Date of arrival at stroke unit (YYMMDD)

Time of arrival at stroke unit (HRS.MIN)

Specify Riksstroke hospital code 888=international code 999=unknown hospital code

Thrombolysis – given or started for emergency stroke
1= yes, treatment using actilyse (Alteplase®)  2= no
3= yes, part of a study on thrombolysis or treatment using unapproved medication
such as tenecteplase (Metalyse®)  9= not known

If no, reason why thrombolysis has not been given (you can choose more than one response)

Date and time of start of thrombolytic therapy

Enter Riksstroke hospital code where thrombolysis was performed
888= overseas code  999= unknown hospital code
Thrombectomy – performed or started for acute stroke
(If treatment was started but interrupted/not completed, specify response 1= yes)
1= yes  2= no  3= yes, included in thrombectomy study  9= not known

Enter Riksstroke hospital code where thrombectomy was performed

110= Akademiska  143= Karolinska Solna
116= Sahlgrenska  147= Linköping
118= NUS Umeå  888= Overseas code
141= SUS Lund  999= Unknown hospital code

The questions in this section are to be answered only for patients treated at a thrombectomy centre.

The ambulance with the patient drove past a thrombolysis hospital (where thrombolysis could have been provided at that point in time) on its way to the thrombectomy centre
1= yes  2= no  9= not known

Transferred to a thrombectomy centre from another hospital
1= yes, for possible thrombectomy  2= no  3= yes, for reason other than thrombectomy  9= not known

State Riksstroke hospital code for the patient’s nearest hospital according to the national population register
888= overseas code  999= unknown hospital code

Thrombectomy for acute stroke performed or commenced in
1= anterior circulation  2= posterior circulation (basilar artery)  9= not known

Arrival at hospital with thrombectomy centre

Date of arrival (YYMMDD)

Time of arrival (HRS.MIN)

Commencement of thrombectomy therapy

Day (YYMMDD)

Time (HRS/MIN)
Riksstroke NIHSS form (no modified or abbreviated scales)
Specify total points (if 24 points or more, please put 24 p)
88= thrombolysis or thrombectomy only started  99= unknown/not examined

- At start of thrombolysis
- At start of thrombectomy
- One day after thrombolysis
- One day after thrombectomy

Cerebral haemorrhage with clinical deterioration within 36 hours after thrombolysis/thrombectomy
(Only state 1= yes if the patient has clinically deteriorated by 4 points or more on NIHSS, irrespective of how large a haemorrhage shown on the CT/MRI scan)
1= yes  2= no  9= not known

--------------------------------- HEMICRANIECTOMY -----------------------------------
Hemicraniectomy performed for expansive ischaemic stroke (cerebral infarction)
1= yes  2= no  3= yes, included in hemicraniectomy study  9= not known

Date for hemicraniectomy (YYMMDD)

Enter Riksstroke hospital code where hemicraniectomy was performed
888= overseas code  999= unknown hospital code
CEREBRAL HAEMORRHAGE

Site of cerebral haemorrhage (I61)

1 = cerebrum, central/deep  
2 = cerebrum, lobar/superficial  
3 = cerebrum, unspecified if deep or superficial  
4 = brainstem  
5 = cerebellum  
6 = several different sites  
7 = other………………………………  
8 = other………………………………  
9 = not known

Haemorrhage with ventricular rupture

1 = yes  
2 = no  
9 = not known

If treatment with oral anticoagulants (Warfarin and NOAK) at onset in cerebral haemorrhage (I61), reversal implemented

1 = yes  
2 = no  
9 = not known

Medicine on reversal of cerebral haemorrhage (I61)

1 = yes  
2 = no  
9 = not known

Prothrombin complex concentrate, PCC (Ocplex, Confinex)

Vitamin K (Konakion, antidote to Waran)

Idarucizuman (Praxbind, antidote to Pradaxa)

Medicine included in reversal study or treatment with non-approved medicine (e.g. Andexanet)

Neurosurgical operation performed for stroke

1 = yes  
2 = no  
9 = not known

Operation date (YY-MM-DD)

Specify Riksstroke hospital code for the hospital where neurosurgery for cerebral haemorrhage was carried out

888 = overseas code  
999 = unknown hospital code
The following applies to all choices of response related to ADL and accommodation: 9 = not known

**Accommodation**

1 = Own accommodation without home help (home help does not mean home nursing or advanced home nursing)

2 = Own accommodation with home help (home help does not mean home nursing or advanced home nursing)

3 = Arranged accommodation (e.g. service flat with full board, temporary accommodation, nursing home or equivalent)

5 = Other

**Those living alone**

1 = Patient lives entirely on his/her own

2 = Patient shares his/her household with spouse/partner or other person e.g. sibling, child or parents

**Requires assistance** (includes assistance with personal ADL and/or household ADL)

1 = Patient can cope on his/her own without assistance

2 = Patient requires assistance from another person

**Mobility**

1 = Patient could 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 (use of walking-aid permitted)

3 = Patient was assisted by another person when moving around, or was bedridden

**Toilet visits**

1 = Patient managed toilet visits without any help

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 him/herself or getting dressed

**Clothes**

1 = Patient was able to get dressed without help, including outdoor clothes, socks and shoes, 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 ---

Respond using: 1 = yes  2 = no  9 = not known

**Previous stroke**  

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

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

**Diabetes, previously diagnosed or recently identified**

**Treated for hypertension at onset of stroke**

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

--- INFORMATION ---

**Smoker informed at onset of need to quit smoking**  
1 = yes  2 = no, or patient has declined information  3 = not relevant due to patient’s condition  9 = not known

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

--- EXAMINATIONS ---

**MRI brain performed during period of treatment**  
1 = yes  2 = no  9 = not known

If yes and diagnosis is cerebral infarction (I63), MRI brain showed:  
1 = new cerebral infarction  2 = no new cerebral infarction  9 = uncertain/unknown findings

**MRI angiography performed during treatment period**  
1 = yes  2 = no  3 = no, planned for after discharge  9 = not known

**Date of examination (YY-MM-DD)**  

**CT angiography performed more than 24 hours after ARRIVAL or after first CT**  
(Does not refer to CT perfusion)  
1 = yes  2 = no  9 = unknown

**Ultrasound carotid arteries performed during period of treatment**  
1 = yes  2 = no  3 = no, planned for after discharge  9 = unknown

**Long term ECG, at least 24 hours (telemetry, Holter or the equivalent) performed during the period of care**  
1 = yes  2 = no  3 = no, planned for after discharge  9 = not known
Respond using 1= yes  2= no  3= no, planned intervention within 2 weeks after discharge  
4= yes, included in pharmaceutical study  9= not known

<table>
<thead>
<tr>
<th></th>
<th>At onset</th>
<th>At discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antihypertensive agents</strong></td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td>(applies to all groups, independent of indication)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Statins</strong> (atorvastatin/Lipitor, pravastatin, rosuvastatin/Crestor, simvastatin)</td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td><strong>Platelet inhibitors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASA (e.g. Trombyl)</td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td>Clopidogrel (e.g. Plavix)</td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td>Dipyridamol</td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td><strong>Platelet inhibitors other than the above</strong> (e.g. Brilique, Efient, Pletal, Possia)</td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td><strong>Oral anticoagulants:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warfarin (Waran)</td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td>If warfarin at onset, state PK (INR) value</td>
<td>I___I, I___I</td>
<td></td>
</tr>
<tr>
<td>9.9 = not known</td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td>Apixaban (Eliquis)</td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td>Dabigatranetexilat (Pradaxa)</td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td>Rivaroxaban (Xarelto)</td>
<td>I___I</td>
<td>I___I</td>
</tr>
<tr>
<td>Edoxaban (Lixiana)</td>
<td>I___I</td>
<td>I___I</td>
</tr>
</tbody>
</table>

**Date for introduction or reintroduction of oral anticoagulants during treatment period** (YYMMDD)  
I___I, I___I, I___I, I___I, I___I

If treatment was ongoing at onset and interruption shorter than 36 hrs during treatment, state day of arrival at hospital.

**Main reason for non-intervention with oral anticoagulants during treatment period in the event of atrial fibrillation and heart infarction (I63)**

I___I

1= intervention planned for 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
Follow-up appointment on the basis of this stroke 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 outpatient rehabilitation centre  
I___I = no  
I___I = not known

During the period of institutional care, a speech therapist or other dysphagia specialist has assessed the patient’s swallowing function  
I___I

1= yes  
2= no, not needed  
3= no; the patient needed it but no speech therapist or other dysphagia specialist was available  
9= not known or the patient declines assessment

During the period of institutional care, a speech therapist has assessed the patient’s speech function  
I___I

1= yes  
2= no, not needed  
3= no; the patient needed it but no speech therapist was available  
4= no, but planned for after discharge  
5= no  
9= not known or the patient declines assessment

After arrival at the ward/department, an assessment was made by an occupational therapist  
I___I

Respond using  
1= yes, ≤ 24 hrs  
2= yes, > 24 hrs but ≤ 48 hrs  
3= yes, > 48 hrs  
5= no  
9= not known

Patient has received occupational therapy during the institutional care period  
I___I

The answer should specify the total time on average spent in occupational therapy per day, during that portion of time when treatment for the patient was considered necessary (applies to 7 days of the week).

1= yes ≥ 30 min  
2= yes < 30 min  
3= no, needed it but did not receive any occupational therapy during treatment (e.g. because of isolation, patient not reached)  
4= no, needed it but could not take in rehabilitation (e.g. due to extreme cognitive impairment/dementia or language difficulties)  
5= no, has not needed it (e.g. in absence of sensorimotor/cognitive impairments and not received treatment, and patient in palliative care)  
6= patient has declined  
9= not known

Date for start of treatment (YYMMDD)  
I___I___II___I___II___I___I
A physiotherapist evaluated the patient after arrival in the ward/department  

Respond using  

1= yes, ≤ 24 hrs  

2= yes, > 24 hrs but ≤ 48 hrs  

3= yes, > 48 hrs  

4= no  

5= not known

Patient has received physiotherapy during the period of institutional care  

The answer should specify the total time on average spent in physiotherapy per day, during the part of the treatment period when it was considered necessary for the patient (applies to 7 days of the week).

1= yes ≥ 30 min  

2= yes < 30 min  

3= no, needed it but did not receive any physiotherapy during treatment (e.g. because of isolation, patient not reached)

4= no, needed it but could not take in rehabilitation (e.g., due to extreme cognitive impairment/dementia or language difficulties)

5= no, has not needed it (e.g. in absence of sensorimotor/cognitive impairments and not received treatment, and patient in palliative care)

6= patient has declined

9= not known

Date for start of treatment (YYMMDD)  

(Not including assessment)

The patient has been given a written rehabilitation plan  

1= yes  

2= no  

3= not needed, fully recovered  

9= not known

Planned rehabilitation; you can choose more than one response

1= Early supported discharge from hospital to the home where a multidisciplinary stroke team both coordinates and provides continued rehabilitation in the home environment

2= Early supported discharge to the home where a multidisciplinary stroke team coordinates the discharge but where continued rehabilitation is performed without a multidisciplinary stroke team of individual care providers from the municipality/primary care services.

3= Outpatient rehabilitation or the equivalent (refers to team-based rehabilitation for a defined period of time)

4= Polyclinical rehabilitation (refers to rehabilitation with individual visits)

5= Planned speech therapy

6= Care accommodation with rehabilitation (e.g. arranged accommodation, service flat with full board, temporary accommodation or nursing home)

7= Only self-training

8= No need for rehabilitation according to team assessment (also applies to patients living in arranged accommodation without rehabilitation potential)

9= Patient does not want the rehabilitation offered

9= Rehabilitation is needed but not available
I___I = Not known

--------------------------------- DISCHARGE FROM EMERGENCY CARE ---------------------------------

Date of discharge (Final date of discharge from acute phase) I___I___I___I___I___I___I___I
YYMMDD

Enter Riksstroke hospital code for hospital responsible for discharge I___I___I___I
888 = overseas code 999 = unknown hospital code

*Treatment ward during acute phase* (Refers to the entire period of treatment including initial ward and wards in other hospitals). You can choose more than one response.

I___I = Ward/department other than those specified in choice of response below
I___I = stroke unit  
I___I = admissions/obs. ward
I___I = intensive care ward  
I___I = other
I___I = department of neurosurgery  
I___I = not known

If treated outside stroke unit, enter total number of treatment days at stroke unit, intensive care or department of neurosurgery I___I___I___I
(Admission date = day 1) 999 = unknown

DISCHARGED FROM AFTERCARE TO I___I___I
1 = own accommodation  
2 = arranged accommodation (e.g. service flat with full board, temporary accommodation, old people's home or nursing home)
4 = other acute clinic (=enter Aftercare)  
5 = geriatric/rehab (=enter Aftercare)
6 = deceased during treatment  
7 = other (e.g. patient who lives in another country)
9 = not known
11 = still hospitalised  
12 = other stroke unit for aftercare (=enter Aftercare)
13 = medical centre with acute beds (=enter Aftercare)

Address and phone number of the place to which the patient is discharged please be specific as regards alternatives 1, 2, 4, 5, 7 ________________________________
........................................................................................................................................
The patient has been given a written rehabilitation plan
1 = yes  2 = no  3 = not needed, fully recovered  9 = not known

Planned rehabilitation; you can choose more than one response
1 = Early supported discharge from hospital to the home when a multidisciplinary stroke team both coordinates and provides continued rehabilitation in the home environment
2 = Early supported discharge to the home where a multidisciplinary stroke team coordinates the discharge but where continued rehabilitation is performed without a multidisciplinary stroke team of individual care providers from the municipality/primary care services.
3 = Outpatient rehabilitation or the equivalent (refers to team-based rehabilitation for a defined period of time)
4 = Polyclinical rehabilitation (refers to rehabilitation with individual visits)
5 = Planned speech therapy
6 = Care accommodation with rehabilitation (e.g. arranged accommodation, service flat with full board, temporary accommodation or nursing home)
7 = Only self-training
8 = No need for rehabilitation according to team assessment (also applies to patients living in arranged accommodation without rehabilitation potential)
9 = Patient does not want the rehabilitation offered
10 = Rehabilitation is needed but not available
11 = Not known

---

DISCHARGE AFTERCARE

(references to institutional care funded by County Council)

Date of admission

Date of discharge

DISCHARGED FROM AFTERCARE TO
1 = own accommodation  2 = arranged accommodation (e.g. service flat with full board, temporary accommodation, old people's home or nursing home)
3 = other acute clinic  4 = deceased during treatment  5 = other (e.g. patient who lives in another country)
6 = still hospitalised  7 = not known
8 = medical centre with acute beds

Address and phone number of the place to which the patient is discharged please be specific as regards alternatives 1, 2, 4, 7
<table>
<thead>
<tr>
<th>RS hospital codes for 2019</th>
<th>Hospital code</th>
<th>City</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alingsås</td>
<td>411</td>
<td>Motala</td>
<td>434</td>
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<tr>
<td>Arvika</td>
<td>412</td>
<td>Mälarsjukhuset (Eskilstuna)</td>
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<tr>
<td>Avesta</td>
<td>413</td>
<td>Mölndal</td>
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<tr>
<td>Bollnäs</td>
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<td>Norrköping(Vrinnevi)</td>
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<td>Borås</td>
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<td>Norrtälje</td>
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<td>Danderyd</td>
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<tr>
<td>Enköping</td>
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<td>NÄL (Norra Älvsborgs sjukhus)</td>
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<tr>
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<td>Oskarshamn</td>
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<td>Gävle</td>
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<td>Sahlgrenska</td>
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<td>Halmstad</td>
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<td>Skellefteå</td>
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<tr>
<td>Helsingborg</td>
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<td>Hudiksvall</td>
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<td>Hässleholm</td>
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<td>Sunderbyn</td>
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<td>Höglandssjukhuset- Eksjö</td>
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<td>Sundsvall</td>
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<tr>
<td>Jönköping - Ryhov sjukhuset</td>
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<td>Södertälje</td>
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<td>Kalix</td>
<td>420</td>
<td>Södersjukhuset</td>
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<td>Karolinska-Solna</td>
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<td>Karolinska-Huddinge</td>
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<td>Värmamo</td>
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<tr>
<td>Kiruna</td>
<td>423</td>
<td>Västervik</td>
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<td>Kristianstad</td>
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<td>Kullbergska (Katrineholm)</td>
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<td>Växjö</td>
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<tr>
<td>Kungälv</td>
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<td>Ystad</td>
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<td>Skaraborgs sjukhus (SkaS)</td>
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<td>Angelholm</td>
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<tr>
<td>Köping</td>
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<td>Örebro</td>
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<td>Landskrona</td>
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<tr>
<td>Lidköping</td>
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<tr>
<td>Lindesberg</td>
<td>429</td>
<td>Östra sjukhuset</td>
<td>235</td>
</tr>
<tr>
<td>Linköping</td>
<td>147</td>
<td>Hospital with no RS code = Overseas</td>
<td>888</td>
</tr>
<tr>
<td>Ljungby</td>
<td>430</td>
<td>Hospital with unknown Riksstroke code</td>
<td>999</td>
</tr>
<tr>
<td>Lund (SUS Lund)</td>
<td>141</td>
<td></td>
<td></td>
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