

RIKS-STROKE - ACUTE PHASE

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

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

Name

Address

Telephone no.

Optional information (e.g. name and telephone number of family member).....

Reporting hospital |_|_|_|_|_| **Ward/department** |_|_|_|_|_|

Patient was admitted when he/she sought help at the onset of stroke |_|_|
1= Yes 2= No

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

- 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)

----- **PRIOR to the onset of stroke** -----

Living arrangements |_|_|

- 1= in own accommodation without community home-help service
- 2= in own accommodation with community home-help service
- 3= in community-run facility (for instance service flat with full board, temporary accommodation, home for the aged, nursing home or equivalent)
- 5= other (please specify) *Other*

Living alone |_|_|

- 1= patient lived on his/her own
- 2= patient lived with a spouse/partner or another person, for instance sibling, child, 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 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

Previous stroke |_|
Previous TIA / Amaurosis fugax |_|
Auricular fibrillation, previously diagnosed or recently identified
(including intermittent fibrillation or flutter) |_|
Diabetes, previously diagnosed or recently identified |_|
Treated for hypertension at the onset of stroke |_|
Smoker (≥one cigarette/day, or quit during the last three months) |_|

----- **ACUTE MANAGEMENT** -----

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 |_|_|
Able to swallow water 1= yes 2= no 3= not examined 9= not known |_|
CT scan during treatment 1= yes 2= no 9= not known |_|
MR scan during treatment 1= yes 2= no 9= not known |_|
Carotid ultrasound (alt. CT angio) during treatment 1= yes 2= no 9= not known |_|

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

Please refer to the Riks-Stroke Guide 8.0 for a complete **list of pharmaceuticals**

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

	On admission	On discharge
Diuretics (e.g. Esidrex, Midamor, Moduretic, Normorix, Salures)	_	_
ACE inhibitors (e.g. Enalapril, Pramace, Renitec, Triatec)	_	_
A2 inhibitors (e.g. Aprovel, Atacand, Cozaar)	_	_
Beta blockers (e.g. Atenolol, Emconcor, Kredex, Metoprolol, Seloken, Tenormin)	_	_
Calcium inhibitors (e.g. Cardizem, Felodipin, Amlodipin, Norvasc, Plendil)	_	_
Statins - lipid reducers (e.g. Lipitor, Pravachol, Simvastatin, Zocord)	_	_
ASA (e.g. Trombyl)	_	_
Klopidogrel (Plavix)	_	_

ASA + dipyridamole (Asasantin)

Dipyridamole (Persantin)

Warfarin (Waran)

During treatment

Heparin/Fragmin/Innohep/Klexane as *progressive stroke treatment*

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

State the time of initial thrombolytic therapy (hour.minute)

Cerebral haemorrhage with clinical symptoms <36 hrs after start of treatment
1= yes 2= no 9= not known

Did the patient’s health improve notably? 1= yes 2= no 9= not known
(e.g. speech recovery, paresis disappeared within 2 hrs)

If thrombolysis was performed at another, or on behalf of another, hospital, please state relevant hospital code.

Thrombolysis performed ON BEHALF OF hospital code

Thrombolysis performed BY hospital code

----- **INFORMATION** -----

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

Information provided regarding driving 1= yes 2= no 9= not known

Has the patient’s suitability as a driver been evaluated?
1= yes 2= no 3= not relevant/does not hold a driving licence 9= not known

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

A ACUTE MANAGEMENT

A Date of onset Time of onset (hour.minute).
If the patient woke up with symptoms, please state the last time with no symptoms

Time of onset
1= certain 2= uncertain 9= not known

A Date of arrival Time of arrival at hospital (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 | | | | |

-----AFTER DISCHARGE (following A ACUTE MANAGEMENT) THE PATIENT IS MOVED TO -----

1a= own accommodation 1b= own accommodation with home rehabilitation 2a= community-run facility (e.g. service flat with full board, temporary accommodation, home for the aged, nursing home) 2b= community-run facility with stroke rehabilitation (e.g. service flat with full board, temporary accommodation, home for the aged, nursing home) 4= other acute-care department

5= geriatrics/rehab = complete section B Aftercare 6= deceased during course of treatment 7= other 9= not known 11= still in hospital

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

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B AFTERCARE (refers to stroke rehabilitation within the County Council or institutional care)

B Date of admission | | | | | | | | | | **B Date of discharge** | | | | | | | | | |

-----AFTER DISCHARGE (following B AFTERCARE) THE PATIENT IS MOVED TO -----

1a= own accommodation 1b= own accommodation with home rehabilitation 2a= community-run facility (e.g. service flat with full board, temporary accommodation, home for the aged, nursing home) 2b= community-run facility with stroke rehabilitation (e.g. service flat with full board, temporary accommodation, home for the aged, 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 moved after being discharged
(please be specific as regards alternatives 1, 2, 4, 7)

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----- COMPLICATIONS 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

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

I 61 = cerebral haemorrhage

I |_| ||_|.I_|

I 63 = cerebral infarction

I 64 = acute cerebrovascular illness UNS

G 45 =TIA / cerebral ischemia / transient within 24 h (optional information).

G I_| I_|.I_|

----- DECEASED -----

Complete only if the patient died during the course of treatment

Date (date when the patient died)

I_|_| ||_| ||_|_|