Version **9.0.** To be used for all acute stroke registrations from **1 January 2009** onwards.

RIKS-STROKE - ACUTE PHASE

Personal ID number **I___I___I___I___I___I___II___I___I___I___I**

Gender **1**= male **2**= female **I___I**

Name

Address

Telephone no.

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

……

Reporting hospital **I___I___I___I** **Ward/department** **I___I___I___I**

……

Date of onset **I___I___II___I___II___I___I**

……

Has the patient been admitted for treatment for this stroke episode?
1= Yes **2**= No **I___I**

If no, please state the main reason for not admitting the patient **I___I**

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)* .....

Was the patient already admitted at the hospital at the time of this stroke episode?
1= Yes **2**= No **I___I**

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

Living arrangements **I___I**
1= in own accommodation without community home-help service
2= in own accommodation with community home-help service
3= in arranged accommodation (for instance service flat with full board, temporary accommodation, old people's home, nursing home or equivalent)

5= other (please specify) *Other* .....

Living alone **I___I**
1= patient lived on his/her own
2= patient lived with a spouse/partner or another person, for instance sibling, child or parents.

Mobility I___I

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 I___I

1= patient managed toilet visits unaided
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 himself/herself or to get dressed

Dressing I___I

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 I___I

Previous TIA / Amaurosis fugax I___I

Atrial fibrillation, previously diagnosed or recently identified

(including intermittent fibrillation or flutter) I___I

Diabetes, previously diagnosed or recently identified I___I

Treated for hypertension at the onset of stroke I___I

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

---------- ACUTE CARE ----------

Level of consciousness on arrival at hospital I___I

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 I___I___I

Has the ability to swallow been tested?

1= yes **2**= no **3**= not examined due to the patient's state **9**= not known I___I

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

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

Carotid ultrasound (not CT angio)

1a= yes, within 7 days **1b**= yes, after 7 days **2**= no **9**= not known I___I

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

*Please refer to the Riks-Stroke Guide 9.0 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)	I___I	I___I
ACE inhibitors (e.g. Enalapril, Pramace, Renitec, Triatec)	I___I	I___I
A2 inhibitors (e.g. Aprovel, Atacand, Cozaar)	I___I	I___I
Beta blockers (e.g. Atenolol, Emconcor, Kredex, Metoprolol, Seloken, Tenormin)	I___I	I___I
Calcium inhibitors (e.g. Cardizem, Felodipin, Amlodipin, Norvasc, Plendil)	I___I	I___I
Other blood pressure medication	I___I	I___I
Statins - lipid reducers (e.g. Lipitor, Pravachol, Simvastatin, Zocord)	I___I	I___I
ASA (e.g. Trombyl)	I___I	I___I
Klopidogrel (Plavix)	I___I	I___I
ASA + dipyridamole (Asasantin)	I___I	I___I
Dipyridamole (Persantin)	I___I	I___I
Warfarin (Waran)	I___I	I___I

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

	During treatment
Heparin/Fragmin/Innohep/Klexane as *progressive stroke treatment*	I___I
Heparin/Fragmin/Innohep/Klexane as *preventive thrombolytic therapy*	I___I
Heparin/Fragmin/Innohep/Klexane as a *temporary substitute for Waran*	I___I

---------- THROMBOLYSIS ----------

Thrombolysis alarm *"save the brain/stroke alarm"* **1**= yes **2**= no **9**= not known I___I

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

Thrombectomy or other catheter-based (endovascular) treatment for stroke
1= yes **2**= no **3**= yes, part of study **9**= not known I___I

State time of initial thrombolytic/thrombectomy therapy (hour.minute) _II___I.I___II___I

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

Cerebral haemorrhage with clinical deterioration <36 hrs after start of treatment
1= yes **2**= no **9**= not known I___I
(Option 1= yes should only be used if the patient has clinically deteriorated, independently of CT result)

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

Thrombolysis/thrombectomy performed ON BEHALF OF another hospital **I___I___I___I**

hospital code

Thrombolysis/thrombectomy performed BY another hospital **I___I___I___I**

hospital code

Hemicraniectomy for stroke 1= yes **2**= no **3**= yes, part of study **9**= not known **I___I**

Enter date of hemicraniectomy (YY-MM-DD) **I___II___II___II___II___II___I**

Enter the time when operation started (HH-MM) **I___II___II___II___I**

---------- INFORMATION ----------

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

Information provided regarding driving

1= yes **2**= no **3**= not relevant/no driving licence **9**= not known **I___I**

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

A ACUTE MANAGEMENT

A Date of onset **I___I___II___I___II___I___I** **Time of onset I___I___I.I___I___I**
If the patient woke up with symptoms, please state the last time without symptoms. Use code **9999** if the time is not known. Use code **99** for minutes if only the hour is known. **If the exact time of onset is unknown, choose the closest possible time in the time interval below.**

Number of hours from onset to arrival at hospital **I___I**
If patient woke up with symptoms, state last time without symptoms.

1= ≤ 3 hr
2= ≤ 4.5 hr
3= ≤ 24 hr
4= > 24 hr
9= unknown

A Date of arrival I___I___II___I___II___I___I **Time of arrival at hospital I___I___I.I___I___I** (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 **I___I**

First clinical department

1= Medicine **2**= Neurology **3**= Geriatrics or Rehab **4**= other **9**= not known **I___I**

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*..... **I___I**

Subsequent clinical department

1= Medicine **2**= Neurology **3**= Geriatrics or Rehab **4**= other **9**= not known **I___I**

A Date of discharge I___I___II___I___II___I___I

Number of days at the stroke unit (day of admission = day 1) **999**= not known **I___I___I___I**
If treatment took place at several stroke units, enter the total treatment time at the stroke unit.

---------- AFTER A ACUTE CARE THE PATIENT IS DISCHARGED TO ----------

1a= own accommodation; **1b**= own accommodation with home rehabilitation; **2a**= arranged accommodation (e.g. service flat with full board, temporary accommodation, old people's home, nursing home); **2b**= arranged accommodation with stroke rehabilitation (e.g. service flat with full board, temporary accommodation, old people's home, nursing home); **4**= other acute-care department (= complete B Aftercare)
5= **geriatrics/rehab** (= complete B Aftercare); **6**= deceased during course of treatment; **7**= other; **9**= not known; **11**= still in hospital; **12**= other stroke unit (= complete B Aftercare) **I___I___I**

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

……

B AFTERCARE (refers to stroke rehabilitation <u>within the County Council or institutional care</u>)

B Date of admission I___I___II___I___II___I___I B Date of discharge I___I___II___I___II___II___I

---------- AFTER B AFTERCARE THE PATIENT IS DISCHARGED TO ----------

1a= own accommodation; **1b**= own accommodation with home rehabilitation; **2a**= arranged accommodation (e.g. service flat with full board, temporary accommodation, old people's home, nursing home); **2b**= arranged accommodation with stroke rehabilitation (e.g. service flat with full board, temporary accommodation, old people's home, nursing home); **4**= other acute-care department;
6= deceased during treatment; **7**= other; **9**= not known; **11**= still in hospital **I___I___I**

B Address and phone number of the place to which the patient is discharged *(please be specific as regards alternatives 1, 2, 4, 5, 7)*……

……

---------- COMPLICATIONS ARISING DURING HOSPITALISATION ----------
Please respond using 1= yes **2=** no **9=** not known
Deep venous thrombosis / pulmonary embolism **I___I**
Fracture **I___I**
Pneumonia **I___I**

---------- 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 **I___I**

---------- CVS DIAGNOSIS ----------
I 61 = cerebral haemorrhage **I I___II___I.I___I**
I 63 = cerebral infarction
I 64 = acute cerebrovascular illness UNS
G 45 =TIA / cerebral ischemia / transient within 24 hrs (optional information). **G I___I___I.I___I**

---------- DECEASED ----------
Complete only if the patient died during the course of treatment
Date (date when the patient died) **I___I___II___I___II___I___I**