Version **10.0** To be used for all acute stroke registrations from **1 January 2010** onwards.

To register a TIA diagnosis, please use separate TIA form.

RIKS-STROKE – ACUTE PHASE FOR REGISTRATION OF STROKE

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   Date deceased   I___I___II___I___II___I___I

(Complete only if patient died during treatment period)

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 <u>or</u> 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

(Does not apply to **G45.4** transitory global amnesia)

Auricular 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 (<u>not</u> CT angio)　　　　　　　　　　I___I

1a= yes, within seven days <u>after</u> or within one month prior to onset
1b= yes, after 7 days 2= no　9= not known

CT or MR angiography performed

I___I = yes, of cervical vessels

I___I = yes, of intracranial vessels

I___I = yes, of both cervical and intracranial vessels

I___I = no

I___I = not known

--- PHARMACEUTICAL TREATMENT ---

*See also **FASS** and **list of pharmaceuticals** in Riks-Stroke's GUIDE 10.0*

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

	On admission	On discharge*
Diuretics (e.g. Esidrex, Moduretic, Normorix, Salures, Sparkal)	I___I	I___I
ACE inhibitors (e.g. Accupro, Enalapril, Linisopril, Pramace, Ramipril, Renitec, Triatec)	I___I	I___I
A2 inhibitors (e.g. Aprovel, Atacand, Cozaar, Diovan, Micardis)	I___I	I___I
Beta blockers (e.g. Atenolol, Bisoprolol, Carvedilol, Emconcor, Metoprolol, Seloken, Tenormin)	I___I	I___I
Calcium inhibitors (e.g. Amlodipin, Cardizem, Felodipin, Norvasc, Plendil)	I___I	I___I
Other blood pressure medication	I___I	I___I
Statins (e.g. Crestor, Lipitor,Pravastatin, Simvastatin, Zocord)	I___I	I___I
ASA (e.g. Trombyl)	I___I	I___I
Clopidogrel (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 patient died during the acute phase.

-- **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

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

NIHSS <u>prior</u> **to thrombolysis**   I___I___I
(State total score, max 42 point excluding hand) 99= not known/not examined

NIHSS 24 hours <u>after</u> **thrombolysis**   I___I___I
(State total score, max 42 point excluding hand) 99= not known/not examined

Cerebral haemorrhage with <u>clinical deterioration</u> **< 36 hours after start of treatment**   I___I
1= yes **2**= no **9**= not known (alternative **1**= only state yes if the patient has clinically deteriorated an equivalent of 4 points or more on the NIHSS, irrespective of how large an haemorrhage DT shows).

State the Riks-Stroke hospital code where thrombolysis was performed   I___I___I___I

-- **THROMBECTOMY** ---

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 thrombectomy (hour.minute)   I___II___I.I___II___I
(Note: Also state time of onset under the heading Sequence of care)

NIHSS <u>prior</u> **to thrombectomy**   I___I___I
(State total score, max 42 point excluding hand) 99= not known/not examined

NIHSS 24 hours <u>after</u> **thrombectomy**   I___I___I
(State total score, max 42 point excluding hand) 99= not known/not examined

State the Riks-Stroke hospital code where thrombectomy was performed   I___I___I___I

-- **HEMICRANIECTOMY** ---

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

State the Riks-Stroke hospital code where hemicraniectomy was performed   I___I___I___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 not known, 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 hrs   **2**= < 4.5 hrs   **3**= < 24 hrs   **4**= > 24 hrs   **9**= not known

A Date of arrival   I___I___II___I___II___I___I

Time of arrival at hospital   I___I___I.I___I___I (hr.min)

Date of arrival at stroke unit   I___I___II___I___II___I___I

Time of arrival at stroke unit   I___I___I.I___I___I (hr.min)

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** --

Arisen during treatment period in hospital

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?   I___I

1= yes, at the hospital **2**= yes, at care centre/equivalent
3= no **9**= not known

-- **CVS DIAGNOSIS** --

I 61 = cerebral haemorrhage   I I___II___I.I___I
I 63 = cerebral infarction
I 64 = acute cerebrovascular illness UNS