

Version **15.a** To be used for all acute stroke registrations from **1 January 2015** and onwards.

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

RIKSSTROKE - ACUTE PHASE FOR REGISTRATION OF STROKE

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

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

Name

N.B. Registered information must be documented in medical records

Date of onset |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

I 61= cerebral haemorrhage

I / G |_|_|_|_|_|_|_|_|

I 63= cerebral infarction

I 64= acute cerebrovascular illness UNS

G 45.x= thrombolytic therapy or thrombectomy for stroke with **complete symptom regression** within 24 hours after onset (**N.B. optional**). The decimal x is used only for technical purposes for registration.

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

Reporting hospital |_|_|_|_|_|_|_|_|

Ward/department |_|_|_|_|_|_|_|_|

Completed by (name of person completing this form)

.....

Date deceased |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

(Complete only if patient died during treatment period)

Acute care

Has the patient been admitted for treatment for this stroke episode? 1= yes 2= no |_|_|
(If 2= no, answering other questions in the form is optional)

Was the patient already admitted at the hospital at the time of this stroke episode? |_|_|
1= yes 2= no

Time of onset |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

If the patient woke up with symptoms, please state the last time without symptoms. Enter the code "9999" if the time is not known.

If the time can only be given to the nearest hour, the minutes should be recorded **in the first instance where possible** to the nearest whole or half hour, or else enter the code "99" for minutes.

If the patient admitted had suffered a stroke and the time of onset is not known, please state **where possible** the last time without symptoms.

If the time of onset is not known, specify the closest possible time interval below.

Number of hours from onset to arrival at hospital

|__|

If the time of onset is not known (9999) or if only the hour can be given (e.g. 1099), specify the closest possible time interval from onset to arrival at hospital.

If the patient woke up with symptoms, please state the last time without symptoms.

If the admitted patient had suffered a stroke and the time of onset is not known (the last time without symptoms is not known), choose the closest possible time interval from onset to identification of this stroke episode.

1= ≤ 3 hrs 2= ≤ 4.5 hrs 3= ≤ 24 hrs 4= > 24 hrs 9= not known

Did the patient wake up with symptoms?

|__|

1= yes 2= no 9= not known

Thrombolysis alarm "save the brain/stroke alarm"

|__|

(refers to the alarm for thrombolytic therapy if needed)

1=yes 2= no 9= not known

Did the patient arrive by ambulance?

|__|

1= yes 2= no 9= not known

Initially admitted to another hospital at the time of this stroke episode

|__|

1= yes 2= no 9= not known

A Date of arrival

|__|__||__|__||__|__|

(refers to date of arrival at the hospital where the patient initially received treatment for stroke)

Time of arrival at hospital

|__|__|.|__|__| (hrs.min)

(refers to time of arrival at the hospital where the patient initially received treatment for stroke)

Date of arrival at stroke unit

|__|__||__|__||__|__|

(refers to the first stroke unit where the patient received treatment for this medical event)

Time of arrival at stroke unit

|__|__|.|__|__| (hrs.min)

(refers to time of arrival at the first stroke unit where the patient received treatment for this medical event)

First admitted to a

|__|

1= general ward or ward other than those specified in choice of response 2 or 3, 4 or 6

2= stroke unit 3= admissions/obs. ward 4= intensive care unit 5= other (please specify)

Other..... 6= Department of Neurosurgery 9= not known

Continued care during the acute phase; also applies to care provided in other hospitals during the acute phase

(You can choose more than one response)

I__I = ward/department other than those specified in choice of response **2** or **3**, **4** or **6**

I__I = stroke unit

I__I = admissions/obs. ward

I__I = intensive care unit

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

I__I = Department of Neurosurgery

I__I = not known

Date of discharge (final date of discharge after acute phase) I__I__I||__I__I||__I__I

Number of days at stroke unit, intensive care unit or department of neurosurgery I__I__I__I

(day of admission = day 1) **999** = not known

If treatment took place at several units, enter the total treatment time at the stroke unit, intensive care unit or department of neurosurgery.

After ACUTE CARE THE PATIENT IS DISCHARGED 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-care department (=complete Aftercare) **5**= Geriatrics/Rehab (=complete Aftercare)

6= deceased during treatment **7**= other (e.g. the patient is resident in another country) **9**= not known

11= still in hospital **12**= other stroke unit for aftercare (= complete Aftercare)

13= health centre with emergency beds (= complete 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**)

.....

**PLANNED REHABILITATION after discharge from ACUTE CARE
(you can choose more than one response)**

- = home rehabilitation provided by a multidisciplinary rehabilitation team (including available doctor) with specialist knowledge in stroke care
- = other home rehabilitation
- = day rehabilitation or equivalent (refers to team-based rehabilitation for a defined period of time)
- = polyclinical rehabilitation (refers to rehabilitation with individual visits)
- = no need for rehabilitation in team's opinion
- = care accommodation with rehab (e.g. arranged accommodation, service flat with full board, temporary accommodation or nursing home)
- = patient does not want the rehabilitation offered
- = rehabilitation is needed but not available
- = not known

AFTERCARE refers to institutional care funded by the County Council

Date of arrival Date of discharge

When AFTERCARE is complete THE PATIENT IS DISCHARGED TO

- 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-care department
- 6= deceased during treatment 7= other (e.g. the patient is resident in another country)
- 9= not known 11= still in hospital 13= health centre with emergency beds

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

**PLANNED REHABILITATION after discharge from AFTERCARE
(you can choose more than one response)**

- = home rehabilitation provided by a multidisciplinary rehabilitation team (including available doctor) with specialist knowledge in stroke care
- = other home rehabilitation
- = day rehabilitation or equivalent (refers to team-based rehabilitation for a defined period of time)
- = polyclinical rehabilitation (refers to rehabilitation on individual occasions)
- = no need for rehabilitation in team's opinion
- = care accommodation with rehabilitation (e.g. arranged accommodation, service flat with full board, temporary accommodation or nursing home)
- = patient does not want the rehabilitation offered
- = rehabilitation is needed but not available
- = not known

----- ADL/Accommodation BEFORE ONSET of stroke -----

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 (please specify) *Other*
- 9= not known

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
- 9= not known

Need for assistance

|__|

- 1= patient can cope on his/her own without assistance
- 2= patient requires assistance from another person
- 9= not known

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
- 3= patient was assisted by another person when moving around, or was bedridden
- 9= not known

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
- 9= not known

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
- 9= not known

----- RISK FACTORS -----

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

Previous stroke

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

Auricular fibrillation, previously diagnosed
(Including intermittent fibrillation or flutter)

Auricular fibrillation, recently identified on arrival at hospital or during treatment
(Including intermittent fibrillation or flutter)

Diabetes, previously diagnosed or recently identified

Treated for hypertension at onset of stroke

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

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

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

First NIHSS (National Institute of Health Stroke Scale) **at admission (within 24 hrs) using Riksstroke's NIHSS form**
(State total score; if score ≥ 24 , state 24 p)
99= not known/not examined

Is the NIHSS assessment up to 24 points complete based on Riksstroke's NIHSS form?
1= yes 2= no 9= not known

Has the ability to swallow been tested?
1= yes 2= no 3= not examined due to patient's reduced consciousness 9= not known

Has the patient been evaluated by a speech therapist for difficulties with speech?
1= yes 2= no; no need 3= no; no speech therapist available
4= no, but arranged for period after discharge 9= not known

Has the patient been evaluated by a speech therapist or another dysphagia specialist for difficulties with swallowing during the period of treatment?
1= yes 2= no; no need 3= no; no speech therapist or other dysphagia specialist available
9= not known

CT brain scan during treatment

|__|

1= yes 2= no 9= not known

MRI brain scan during treatment

|__|

1= yes 2= no 9= not known

If yes, MR brain scan during acute phase:

|__|

1= shows new cerebral infarction 2= shows no new cerebral infarction

9= examination result uncertain or not known

Carotid ultrasound performed

|__|

1= yes 2= no 3= examination performed no more than 28 days before onset 9= not known

If yes, examination date |__|__||__|__||__|__|

CT angiography performed (does not refer to CT perfusion).

|__|

1= yes 2= no 3= examination performed no more than 28 days before onset 9= not known

If yes, examination date |__|__||__|__||__|__|

MR angiography performed

|__|

1= yes 2= no 3= examination performed no more than 28 days before onset 9= not known

If yes, examination date |__|__||__|__||__|__|

CT or MR angiography performed of vessels affected

|__|

(always ask a doctor if uncertain about which vessels)

1= carotid vessels 2= intracranial vessels 3= both carotid and intracranial vessels

9= not known

Long term ECG (telemetry, Holter or equivalent) performed during period of treatment

|__|

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

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

See also FASS; Link can be found on Riksstroke's website

Please respond using 1= yes 2= no 3= no, intervention planned at time of follow-up appointment within two weeks after discharge 9= not known

	At onset	At discharge*
Antihypertensive agents (applies to all groups, independent of indication)	_	_
Statins (e.g. Atorvastatin, Crestor, Lipitor, Pravastatin, Simvastatin)	_	_
ASA (e.g. Trombyl)	_	_
Clopidogrel (e.g. Plavix)	_	_
ASA + dipyridamole (Asasantin)	_	_
Dipyridamole (Persantin)	_	_
Antithrombotic drugs other than ASA, clopidogrel and dipyradimole (e.g. Brilique, Efient, Pletal, Possia)	_	_
Warfarin (Waran)	_	_
If yes, treatment with warfarin at onset state PK (INR) value regardless of diagnosis 9.9= not known	_ . _	
Apixaban (Eliquis)	_	_
Dabigatran (Pradaxa)	_	_
Rivaroxaban (Xarelto)	_	_
Peroral anticoagulants other than the above	_	_

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

Main reason for non-intervention with peroral anticoagulants at time of discharge in the case of atrial fibrillation and diagnosis I63 |_|

1= insertion 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= fall-prone 6= dementia 7= patient refuses treatment 8= other reason 9= not known

----- THROMBOLYSIS -----

Thrombolysis – performed for stroke e.g. Actilyse
(if treatment was started but interrupted / not completed please respond using 1= yes)
1= yes 2= no 3= yes, included in study 9= not known

Reason thrombolysis not performed
1= cerebral haemorrhage 2= symptoms too mild 3= symptoms too severe
4= not possible to administer treatment in time (within 4.5 hrs) 5= other contraindications for thrombolysis
6= other reason 7= no “save the brain” alarm
8= necessary expertise not available (e.g. doctor with thrombolysis experience, assessment of scans)
9= not known

Please state date and time of start of thrombolytic therapy

(YY-MM-DD) (hr.min)

NIHSS (National Institute of Health Stroke Scale) at thrombolysis start using Riksstroke's NIHSS form
(State total score; if score \geq 24, state 24 p)
99= not known/not examined

Is the NIHSS assessment up to 24 points complete based on Riksstroke's NIHSS form?
1= yes 2= no 9= not known

NIHSS 24 hours after thrombolysis using Riksstroke's NIHSS form
(State total score; if score \geq 24, state 24 p)
99= not known/not examined

Is the NIHSS assessment up to 24 points complete based on Riksstroke's NIHSS form?
1= yes 2= no 9= not known

Complete symptom regression after thrombolysis within 24 hours of onset?
1= yes 2= no 9= not known

Cerebral haemorrhage with clinical deterioration <36 hrs after start of therapy
1= yes 2= no 9= not known
(Respond using 1= yes only if the patient has clinically deteriorated by 4 points or more on the NIHSS, irrespective of how large an haemorrhage the CT scan shows).

Enter Riks-Stroke hospital code where thrombolysis was performed
888= code for overseas 999= hospital code not known

----- THROMBECTOMY -----

Thrombectomy or other catheter-based (endovascular) stroke therapy

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(For intracranial vessels. If treatment was started but interrupted / not completed, please respond using 1= yes)

1= yes 2= no 3= yes, included in study 9= not known

Please state date and time of start of treatment in the form of a thrombectomy or other catheter-based (endovascular) therapy

|_|_|||_|_|||_|_|| (YY-MM-DD)

|_|_|.|_|_|| (hr.min)

NIHSS at start of thrombectomy or other catheter-based (endovascular) therapy using Riksstroke's NIHSS form

|__|__|

(State total score; if score >= 24, state 24 p)

99= not known/not examined

Is the NIHSS assessment up to 24 points complete based on Riksstroke's NIHSS form?

|__|

1= yes 2= no 9= not known

NIHSS 24 hours after thrombectomy or other catheter-based (endovascular) therapy using Riksstroke's NIHSS form

|__|__|

(State total score; if score >= 24, state 24 p)

99= not known/not examined

Is the NIHSS assessment up to 24 points complete based on Riksstroke's NIHSS form?

|__|

1= yes 2= no 9= not known

Complete symptom regression after thrombolysis or other catheter-based (endovascular) therapy within 24 hours of onset?

|__|

1= yes 2= no 9= not known

Enter Riks-Stroke hospital code where the thrombectomy or other catheter-based (endovascular) therapy was performed

|_|_|_|_|

888= code for overseas 999= hospital code not known

----- HEMICRANIECTOMY -----

Hemicraniectomy performed for expansive ischaemic stroke

1= yes 2= no 3= yes, included in study 9= not known

Please state date of hemicraniectomy (YY-MM-DD)

Enter Riks-Stroke hospital code where thrombolysis was performed

888= code for overseas 999= hospital code not known

----- INFORMATION and FOLLOW-UP -----

Smoker informed at onset of need to quit smoking

1= yes 2= no 3= not relevant given patient's condition 9= not known

Information provided regarding driving

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

**Has a follow-up appointment on the basis of this stroke episode been made with a nurse or doctor?
(You can choose more than one response)**

= yes, at a special stroke unit (at or outside the hospital)

= yes, at another hospital admissions ward/department

= yes, at a health centre/equivalent

= yes, at arranged accommodation

= yes, at day rehab

= no

= not known

----- REHABILITATION -----

Did an occupational therapist evaluate the patient after arrival in the ward/department?

The answer should specify how long after arrival on the ward the patient was evaluated by an occupational therapist. (Does not apply to patients in palliative care, where evaluation can be done by a nurse or doctor).

The evaluation should be based on a face-to-face meeting and should determine any need for occupational therapy during the patient's stay in hospital. Evaluation day 1 is counted as of the date of the patient's admission to hospital, irrespective of ward/department. The time spent in the emergency department should not be included. If the patient was already admitted to hospital at the time of the onset of stroke, count day 1 from date of onset. If the patient has come from another hospital, the first evaluation should be recorded as not known if no handover of the occupational therapist's evaluation has taken place.

1= yes, ≤ 24 hrs

2= yes, > 24 hrs but ≤ 48 hrs

3= yes, > 48 hrs

5= no

9= not known

Has the patient received occupational therapy?

(Question refers to the total time spent in hospital and also rehab while in hospital.)

The answer should specify how much occupational therapy the patient received during the total time spent in hospital. Please note that the time spent by the patient receiving treatment in the rehab ward while in hospital should also be included.

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 all 7 days of the week). Occupational therapy refers to evaluation/treatment carried out by an occupational therapist or occupational therapy assistant following transfer of tasks from the occupational therapist. Ongoing assessments (with the exception of the arrival assessment) during the care event are included in the period of treatment. Administration relating to the patient is not included in the period of treatment.

- Other influencing factors; e.g. isolation or patient unavailable due to his/her undergoing examination, are assessed as **3**.
- Patients unable to respond because of severe cognitive impairment/dementia or aphasia are assessed as **4**.
- Patients who have neither sensorimotor nor cognitive impairment and who have not received treatment, and also patients in palliative care, are assessed as **5**.

1= yes ≥ 30 min

2= yes < 30 min

3= no, but has needed it

4= no, has needed but not been able to take advantage of rehabilitation

5= no, has not needed it

6= patient has refused

9= not known

Has patient in need of occupational therapy who received care on a non-weekday received occupational therapy?

Non-weekday refers to Saturdays, Sundays and public holidays

1= yes, part of weekend 2= yes, entire weekend 3= no 9= not known

Did a physiotherapist evaluate the patient after arrival in the ward/department?

|__|

The answer should specify how long after arrival on the ward the patient was evaluated by a physiotherapist. (Does not apply to patients in palliative care, where evaluation can be done by a nurse or doctor).

The evaluation should be based on a face-to-face meeting and should determine any need for physiotherapy during the patient's stay in hospital. Evaluation day 1 is counted as of the date of the patient's admission to hospital, irrespective of ward/department. The time spent in the emergency department should not be included. If the patient was already admitted to hospital at the time of the onset of stroke, count day 1 from date of onset. If the patient has come from another hospital, the first evaluation should be recorded as not known if no handover of the physiotherapist's evaluation has taken place.

1= yes, ≤ 24 hrs

2= yes, > 24 hrs but ≤ 48 hrs

3= yes, > 48 hrs

5= no

9= not known

Has the patient received physiotherapy?

|__|

(Question refers to the total time spent in hospital and also rehab while in hospital.)

The answer should specify how much physiotherapy the patient received during the total time spent in hospital. Please note that the time spent by the patient receiving treatment in the rehab ward while in hospital should also be included.

The answer should specify the total time on average spent in physiotherapy per day, during that portion of time when treatment for the patient was considered necessary (applies to all 7 days of the week). Physiotherapy refers to evaluation/treatment carried out by a physiotherapist or physiotherapy assistant following transfer of tasks from the physiotherapist. Ongoing assessments during the care event (with the exception of the arrival assessment) are included in the period of treatment. Administration relating to the patient is not included in the period of treatment.

- Other influencing factors; e.g. isolation, or patient unavailable due to his/her undergoing examination, are assessed as **3**.
- Patients unable to respond because of severe cognitive impairment/dementia or aphasia are assessed as **4**.
- Patients who have neither sensorimotor nor cognitive impairment and who have not received treatment, and also patients in palliative care, are assessed as **5**.

1= yes ≥ 30 min

2= yes < 30 min

3= no, but has needed it

4= no, has needed but not been able to take advantage of rehabilitation

5= no, has not needed it

6= patient has refused

9= not known

Has patient in need of physiotherapy who received care on a non-weekday received physiotherapy?

|__|

Non-weekday refers to Saturdays, Sundays and public holidays

1= yes, part of weekend 2= yes, entire weekend 3= no 9= not known