

RIKSSTROKE - TIA

Personal ID number

Gender 1= male 2= female

Name:

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

Date of onset

G 45 = TIA/cerebral ischemia/transient within 24 hours
(G45.4 transitory global amnesia is not registered)

TO REGISTER A TIA DIAGNOSIS AFTER THROMBOLYTIC THERAPY OR THROMBECTOMY, PLEASE USE THE SEPARATE FORM FOR ACUTE PHASE FOR REGISTRATION OF STROKE

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

Reporting hospital Ward/department

Completed by (name of person completing this form)
.....

Has the patient been admitted for treatment for this TIA episode?
1= yes, applies also to patient already admitted at time of onset 2= no

Did the patient arrive by ambulance? 1= yes 2= no 9= not known

Number of hours from onset to arrival at hospital
Choose the closest possible time interval from onset to arrival at hospital.
If the patient woke up with symptoms, please state as accurately as possible the time interval since the patient was last free of symptoms.

If the admitted patient had suffered TIA 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 TIA episode.

1= ≤ 3 hrs 2= ≤ 4.5 hrs 3= ≤ 24 hrs 4= > 24 hrs 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

Has the patient been admitted to the stroke unit for this episode?

1= yes 2= no 9= not known

A Date of arrival ||

A Date of discharge ||

----- **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)

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

----- **ABCD2 score** -----

The ABCD2 score is only a prognostic score and has no other function. Enter the number of the response chosen.

Age

1= ≥ 60 years

0= < 60 years

Blood pressure (refers to first reading after arrival at hospital)

1= $\geq 140/90$ at time of examination

0= $< 140/90$ at time of examination

Clinical picture for this TIA episode

(Many different symptoms are associated with a TIA. The ABCD2 score applies to only two groups of symptoms)

1= speech difficulties without weakness

2= weakness on one side (unilaterally) could be combined with other symptoms

0= other symptoms

Duration of symptoms

1= symptoms lasted 10-59 minutes

2= symptoms lasted ≥ 60 minutes

0= symptoms lasted < 10 minutes

|__|

Diabetes

1= diabetes, previously diagnosed or recently identified

0= no diabetes

|__|

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

CT brain scan during acute phase (within seven days after onset)

1= yes 2= no 9= not known

|__|

MR brain scan during acute phase (within seven days after onset)

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

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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

|__|

Has the patient been evaluated by an occupational therapist during the period of treatment? |__|
 1= yes 2= no 9= not known

Has the patient been evaluated by a physiotherapist during the period of treatment? |__|
 1= yes 2= no 9= not known

----- PHARMACEUTICAL TREATMENT and PAP-----

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

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

	At time of onset	At time of discharge*
Antihypertensive agents (includes 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	__	__

Main reason for non-intervention with peroral anticoagulants at time of discharge in the case of atrial fibrillation and diagnosis G 45 |__|

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

PAP (physical activity on prescription)?

1= yes 2= no 3= no, the need for physical activity is already being met
4= patient declined 9= 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 TIA 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

= no

= not known