

Version **5.0** To be used for all acute stroke registrations from **1 January 2014** onwards.

## RIKS-STROKE - TIA

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

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

Name

Address\*

Telephone\*

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

.....  
\* Address, telephone number and optional information are available in printed form only and should not be recorded electronically  
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Date of onset    |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

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

**G** |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

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

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

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

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

Completed by (name of person completing this form)

Municipality code at time of onset (Completed automatically in the reg.module)    |\_|\_|\_|\_|\_|

County code at time of onset (Completed automatically in the reg.module)    |\_|\_|\_|\_|\_|

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    |\_|\_|\_|\_|\_|

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

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

(including intermittent fibrillation or flutter)

**Smoker** ( $\geq 1$  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=  $\geq 60$  years

0=  $< 60$  years

**Blood pressure**

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  $\geq 60$  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**

= yes, within seven days after or one month prior to onset

= yes, after seven days

= no

= not known

**CT angio performed**

= yes, within seven days after or one month prior to onset

= yes, after seven days

= no

= not known

**MR angio performed**

= yes, within seven days after or one month prior to onset

= yes, after seven days

= no

= not known

**CT or MR angiography performed of vessels affected** (always ask a doctor if uncertain about which vessels)

= carotid vessels

= intracranial vessels

= both carotid and intracranial vessels

= not known

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

= yes

= no, arranged for period after discharge

= no

= not known

**Has the patient been evaluated by an occupational therapist ?**    1= yes    2= no    9= not known

**Has the patient been evaluated by a physiotherapist ?**    1= yes    2= no    9= not known

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

See also **FASS, Guidance and list of pharmaceuticals**

**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*
<b>Antihypertensive agents</b> (includes all groups, independent of indication)	_	_
<b>Statins</b> (e.g. Crestor, Lipitor, Pravastatin, Simvastatin, Zocord)	_	_
<b>ASA</b> (e.g. Trombyl)	_	_
<b>Clopidogrel</b> (e.g. Plavix)	_	_
<b>ASA + dipyridamole</b> (Asasantin)	_	_
<b>Dipyridamole</b> (Persantin)	_	_
<b>Antithrombotic drugs other than ASA, clopidogrel and dipyridamole</b> (e.g. Brilique, Efient, Pletal, Possia)	_	_
<b>Warfarin</b> (Waran)	_	_
<b>Peroral anticoagulants other than Warfarin</b> (e.g. Eliquis, Pradaxa and Xarelto)	_	_

**Main reason for non-intervention of Warfarin or peroral anticoagulants other than Warfarin 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 9= not known**

----- **INFORMATION, COMPLICATIONS 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