Version 9.1 To be used for all TIA registrations from 1 January 2019 and onwards

To register a TIA diagnosis after thrombolysis or thrombectomy, please use the form for stroke in acute phase.

RIKSSTROKE - TIA

| Personal ID number I I I I I I I I I I I I I I I I I I I | <u> </u> |
|--|--|
| Name Gender | 1= man 2= woman II |
| Reporting hospital II_I Ward/Department | |
| Completed by (name of person completing this form) | |
| G 45 = TIA/cerebral ischemia transient within 24 hours | G III. II |
| Patient woke up with symptoms 1= yes 2= no 9= not known | II |
| Date of onset (YYMMDD) | _ |
| Time of onset (HRS.MIN) | l l.ll |
| If the patient woke up with symptoms, specify the time the patient was If the admitted patient had suffered a TIA and the time of onset is unknipatient was most recently asymptomatic. If only a full hour can be determined, in the first instance specify the half hour; in the second instance specify the minutes as ".99" and a Time interval below. If the time of onset is not known, record "99.99" a Time interval below. | nown, specify the time the minutes as the nearest full or also specify the closest possible |
| Time interval from onset to arrival at hospital (Answer if the time of onset is unknown [99.99] or if only the full hour c | II an be determined [ex 10.99]) |
| 1= within 3 hours 2a= within 4.5 hours 2b= within 6 hours 3= within 2 | 24 hours 4 = after 24 hours |
| 9= not known | |
| If the patient woke up with symptoms, specify the time interval from whe recently asymptomatic. If the admitted patient had suffered a TIA and the time of onset is unknown, without symptoms is unknown), specify the closest possible time intervention of this TIA episode. | own (the most recent time |
| Patient was already at the hospital/emergency department at the t 1= yes 2= no | ime of this TIA episode |
| Patient arrived by ambulance 1= yes 2= no 9= not known | <u></u> |
| Thrombolysis/thrombectomy alarm "Save the brain/stroke alarm" 1= yes 2= no 9= not known | |

| | | ARRIVAL | | | | | | |
|--|--------------------------------------|----------------------|-----------------|------------|--------------|--------------|------|--------------|
| Patient initially sought 1= hospital accident and 4= other | | | | = occupa | ationa | l heal | th s | II ervice |
| For direct intake stroke care clinic, enter code 2 hospital/clinic overseas. | =primary care. Choice | • | | - | | | | primary |
| | | | | | | | | |
| Arrival at hospital (refers to the hospital wiepisode) | nere the patient was gi | iven <u>outpatie</u> | ent/institutior | nal treatr | ment t | for thi | s Tl | A |
| A | rrival date at hospita | ıl (YY.MM.D | D) | II_ | II | l | _II | _ll |
| Tin | ne of arrival at hospit | al (HRS.MIN | ١) | | I | _I | II | _ll |
| | ACUTE EXAN | /IIATIONS/A | CTIONS | | | | | |
| CT brain scan | | | | | | | | |
| 1= yes 2= no 9= no | ot known | | | | | | | II |
| · | | | | | | | | |
| CT angiography performs 1= yes 2= no | • | | ial CT scan | ı | | | | II |
| 1 = you 2 = no | J HOURING | vv11 | | | | | | |
| THROMBECTOMY cer 1= yes 2= no | tre/on-call contacted 9= not know | - | on thromb | ectomy | ' I _ | I | | |
| • | A DAMI | CCION | | | | | | |
| | ADMIS | 55ION | | | | | | |
| The patient was admit 1= yes 2= no | ted for the TIA episod | de | | | | | | <u></u> |
| The patient was treate for this TIA episode | | | • | | strol | ke uni | it | II |
| 1= yes 2= no (include | ling admission with nig | int leave) | 9= not know | wn | | | | |
| Initially admitted at | | | | | | | | 1 1 |
| 1 = ward/department otl | ner than those specifie | d in choice of | of response | below (2 | 2, 3, 4 | or 6) | | |
| 2= stroke unit | 3 = admissions/o | | • | ` | | , | | |
| 4 = intensive care unit | 5 = other (please | | | | | | _ | |
| 6 = department of neuro | | | | | | | | |
| | | | | | | | | |
| Has the patient been a | dmitted to the stroke | unit for thi | s episode? | | | | | <u></u> _ |
| 1= yes 2= no 9= not | known | | | | | | | |

| Arrival at stroke unit (refers to the stroke un | | t was treated | in open/insti | tutional | <u>care</u> f | or this | TIA ep | oisode) |
|--|--|-----------------------|-------------------|---------------|---------------|---------|----------|------------|
| D | ate of arrival at st | roke unit (YY | MM.DD) | I | _ll | II_ | !! | II |
| Ti | ime of arrival at st | r oke unit (HR | S.MIN) | | | <u></u> | l.l | |
| | | RISK FACT | ORS | | | | | |
| Please respond usin | g 1 = yes 2 = no | 9 = not knowr | 1 | | | | | |
| Previous stroke | | | | | | | | II |
| Previous TIA / Amau | rosis fugax? | | | | | | | II |
| Atrial fibrillation, pre (including intermittent | , , | | | | | | | <u></u> |
| Atrial fibrillation, rec (including intermittent | • | | spital or du | ring tre | atmeı | nt peri | od | II |
| Diabetes, previously | Diabetes, previously diagnosed or recently identified II | | | | | | | II |
| Treated for hypertension at onset I | | | | | | | II | |
| Smoker (1 cigarette o | r more/day, or quit | during the last | 3 months) | | | | | II |
| | I | NFORMATIO | N | | | | | |
| Smoker informed at 1 = yes 2 = no, or pa 9 = not known | onset of need to quatient has declined in | • | 3= not relev | vant due | to pa | tient's | condit | II tion |
| Information provided | l regarding drivin։ | 9 | | | | | | |
| 1= yes 2= no 3= not relevant/no driving licence or due to patient's condition 9= not known | | | | | | | | |
| | EX | AMINATIONS | | | | | | |
| MRI brain scan durin | g treatment perio | d | 1 = yes | 2 = no | 9= r | ot kno | wn | |
| If yes, MRI brain scal 1= new cerebral infarc known | | rebral infarctio | n 9 = exam | ination r | esult | uncerta | ain or I | not II |
| MRI angiography per | formed during tre | eatment perio | d | | | | | <u></u> i |
| 1= yes 2= no 3= planned for after discharge 9= not known | | | | | | | | |
| Examination da | ate (YY-MM-DD) | IIII | <u> </u> | l | | | | |

| CT angiograp | hy performed m | nore than 24 hours after ARRIVAL or after first CT scan | 1 1 |
|--------------------------|--|--|----------|
| 1= yes (Does not refe | 2 = no 9 r to CT perfusion | 9= not known) | |
| Examina | ation date (YY-M | IM-DD) IIIII | |
| Carotid ultras | ound performed | d during treatment period | <u></u> |
| 1 = yes | 2 = no | 3 = planned for after discharge 9 = not known | |
| Examina | ation date (YY-M | IM-DD) IIIII | |
| Long term EC treatment | G, at least 24 hr | rs (telemetry, Holter or equivalent) performed during period | d of |
| 1 = yes | 2 = no | 3 = no, planned for after discharge 9 = not | known |
| | EX | AMINATION OF FUNCTIONAL ABILITY | |
| Assessed by | speech therapis | st during period of treatment | |
| 1 = yes | 2 = no | 9= not known | ·• |
| Assessed by | occupational th | erapist during period of treatment | |
| 1 = yes | 2 = no | 9= not known | II |
| Assessed by | physiotherapist | during period of treatment | , . |
| 1 = yes | 2 = no | 9 = not known | II |

| PHARMACEUTICAL TREATME | NT | |
|--|----------------------|-----------------|
| Respond using 1 = yes 2 = no 3 = no, planned intervention | within 2 weeks after | discharge |
| 4= yes, included in pharmaceutical study 9= not known | At onset | At discharge |
| Antihypertensive agents (applies to all groups, independent of indication) | <u></u> | |
| Statins (atorvastatin/Lipitor, pravastatin, rosuvastatin/Crestor, sim | nvastatin)II | II |
| Platelet inhibitors: ASA (e.g. Trombyl) | II | |
| Clopidogrel (e.g. Plavix) | II | |
| Dipyridamol | <u></u> | |
| Platelet inhibitors other than the above (e.g. Brilique, Efient, Pletal, Possia) | <u> </u> | II |
| Oral anticoagulants: Warfarin (Waran) | | <u></u> |
| If warfarin at onset, state PK (INR) value 9.9=not known | ll, ll | |
| Apixaban (Eliquis) | II | II |
| Dabigatranetexilat (Pradaxa) | ll | II |
| Rivaroxaban (Xarelto) | <u></u> | <u></u> |
| Edoxaban (Lixiana) | <u> </u> | II |
| Date for introduction or reintroduction of oral anticoagulants during treatment period (YY-MM-DD) If treatment was ongoing at onset and interruption shorter than 36 during treatment period, state day of arrival at hospital. | IIII | <u> </u> |
| Main reason for non-intervention with oral anticoagulants <u>du</u> in the case of atrial fibrillation and cerebral infarction (I63) | ring treatment perio | <u>d</u> |
| 3= interactions with other drugs/naturopathy (in accordance with F4 caution (in accordance with FASS) 5= tendency to fall | • | II ⊦FASS) |

| FOLLO | W-UP |
|--|--|
| Follow-up appointment on the basis of this TIA (You can choose more than one response) | episode has been made with a nurse or doctor |
| <pre>II =yes, at a special stroke unit (at or outside the hospital)</pre> | II = yes, at arranged accommodationII = yes, at day rehab |
| I = yes, at another hospital admissions ward/departmentI = yes, at a health centre/equivalent | II = no II = not known |
| Discharge date (YY-MM-DD) | I <u></u> IIII |