

Note! Registered information must be documented in medical records

Version **20** To be used for all **TIA registrations from 01/01/2020** and later

Use the form for stroke in the acute phase to register TIA diagnoses following thrombolysis and/or thrombectomy!

RIKSSTROKE - TIA

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

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

Reporting hospital |_|_|_|_|_| Ward/Department |_|_|_|_|_|

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

G 45 = TIA/cerebral ischemia transient within 24 hours G |_|_|_|_|_|

Patient woke up with symptoms |_|_|
1= yes 2= no 9= not known

Date of onset (YYMMDD) |_|_|_|_|_|_|_|_|

Time of onset (HRS.MIN) |_|_|_|_|_|_|_|_|

If the patient woke up with symptoms specify the time the patient was most recently asymptomatic.
If the admitted patient had suffered a TIA and the time of onset is unknown, specify the time the patient was most recently asymptomatic.
If only a full hour can be determined, specify the minutes **firstly** as the nearest **full or half hour**; then specify **secondly** the minutes as **“.99”** and specify the closest possible *Time interval* below.
If the time of onset is not known, record **“99.99”** and specify the closest possible *Time interval* below.

Time interval from onset to arrival at hospital |_|_|

(Answer if the time of onset is unknown [99.99] or if only the hour can be determined [ex 10.99])

1= within 3 hours 2 a= within 4.5 hours 2b= within 6 hours 3= within 24 hours 4= after 24 hours
9= not known

The patient was already at the hospital/emergency clinic at the time of TIA episode |_|_|
1= yes 2= no

Patient arrived by ambulance |_|_|
1= yes 2= no 9= not known

Thrombosis/thrombectomy alarm **“Save the brain/stroke alarm”** |_|_|
1= yes 2= no 9= not known

----- ARRIVAL -----

Patient initially sought health care for this TIA episode at

1= hospital accident and emergency department 2=primary care 3= occupational health service
4= other

For direct intake stroke unit enter code 1=hospital accident and emergency department. For primary care clinic enter code 2=primary care. Choice of response 4 may be a private practice or hospital or clinic overseas.

Arrival at hospital

(relates to the hospital where the patient was treated in closed care for this TIA episode)

Arrival date at hospital (YY.MM.DD)

Time of arrival at hospital (hrs.min)

----- EMERGENCY EXAMINATIONS / ACTIONS -----

Computed tomography brain

1= yes 2= no 9= not known

CT - angiography performed in conjunction with the first CT

1= yes 2= no 9= not known

CT Perfusion performed in conjunction with the first CT

1= yes 2= no 9= not known

THROMBECTOMY centre/on-call contacted for opinion on thrombectomy

1= yes 2= no 9= not known

----- ADMISSION -----

The patient was admitted to treatment for this TIA episode

1= yes 2= no

The patient was treated within specialist open care/outpatient care at the stroke unit for this TIA episode

1= yes 2= no (including admitted with night leave) 9= not known



Admitted first to

1 = ward/department other than those specified in choice of response below (2, 3, 4 or 6)

2= stroke unit 3= admissions/obs. ward

4= Intensive care unit 5= other (please specify)

6= Department of Neurosurgery 9= not known

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

1= yes 2= no 9= not known

Arrival at stroke unit

(refers to the stroke unit where the patient was treated in open/closed care for this TIA episode)

Date of arrival at stroke unit (YY.MM.DD)

Time of arrival at stroke unit (hrs.min)

----- **RISK FACTORS** -----

Respond using: 1= yes 2= no 9= not known

Previous stroke

Previous TIA / Amaurosis fugax

Atrial fibrillation, previously diagnosed (including intermittent fibrillation or flutter)

Atrial fibrillation, newly detected upon arrival at hospital or during care

(including intermittent fibrillation or flutter)

Diabetes, previously diagnosed or recently identified

Treated for hypertension at onset

Smoker (one cigarette or more/day, or quit during the last three months)

----- **INFORMATION** -----

Smoker informed at onset of need to quit smoking

1= yes 2= no, or the patient has declined information 3= not relevant due to the patient's condition
9= not known

Information provided regarding driving

1= yes 2= no 3= not relevant/lacks driving licence or due to the patient's condition 9= unknown

----- **EXAMINATIONS DURING TREATMENT** -----

MRI brain scan performed

1= yes 2= no 3= not relevant/lacks driving licence or due to the patient's condition 9= unknown

If yes, MRI brain scan showed:

1= showed new cerebral infarction 2= showed no new cerebral infarction
9= examination result uncertain or not known

MRI angiography performed |__|

1= yes 2= no 3= not relevant/lacks driving licence or due to the patient's condition 9= unknown

CT - angiography performed but not in conjunction with the first CT

1= yes 2= no 3= no, ordered post discharge 9= not known |__|

Carotid ultrasound performed

1= yes 2= no 3= no, ordered post discharge 9= not known |__|

Long-term ECG minimum 24 hours (telemetry, Holter or equivalent) performed

1= yes 2= no 3= no, ordered post discharge 9= not known |__|

----- **EXAMINATION OF FUNCTIONAL ABILITIES** -----

Assessment by speech therapist during period of treatment

1= yes 2= no 9= not known |__|

Assessment by occupational therapist during period of treatment





1= yes 2= no 9= not known |__|

Assessment by physiotherapist during period of treatment

1= yes 2= no 9= not known |__|

----- DRUG TREATMENT -----

Respond using 1= yes 2= no 3= no, intervention planned within 2 w post discharge
 4= yes, part of drug study 9= unknown

	At onset	Upon discharge*
 Antihypertensive drugs (applies to all groups, independent of indication)	_	_
 Statins (e.g atorvastatin/Lipitor, pravastatin, rosuvastatin/ Crestor, simvastatin)	_	_
 Platelet inhibitors:		
ASA (e.g.Tromblyl)	_	_
Clopidogrel (e.g. Plavix)	_	_
Dipyridamole	_	_
Platelet inhibitors other than the above (e.g. Brilique, Efient, Pletal, Possia)	_	_
 Oral anticoagulants:		
Warfarin (Waran)	_	_
If warfarin at onset, enter PK (INR) value 9.9=not known	_ , _	
Apixaban (Eliquis)	_	_
Dabigatran etexilate (Pradaxa)	_	_
Rivaroxaban (Xarelto)	_	_
Edoxaban (Lixiana)	_	_

Date for introduction or reintroduction of oral anticoagulants during treatment (YY-MM-DD) |_|_| || |_|_| || |_|_|

If treatment was ongoing at onset and interruption shorter than 36 hrs during treatment, state day of arrival at hospital.

Main reason for non-intervention with oral anticoagulants during treatment in the case of atrial fibrillation and TIA (G45) |_|_|

- 1= intervention 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= tendency to fall 6= dementia
 7= patient declines treatment 8= other reason 9= not known

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

----- FOLLOW-UP -----

Follow-up appointment on the basis of this stroke episode has been made with a nurse or doctor
 (Multiple response options permitted)

|_|_| =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 the outpatient rehabilitation centre

|_|_| = no

|_|_| = not known

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