

**Version 23.1 Form for Neurosurgical Clinic**

For registration of all victims of SAH(I60) from **01.01.2023** onwards

Registration takes place entirely at the Neurosurgical Clinic where the patient is cared for.

**RIKSSTROKE - ACUTE PHASE FOR REGISTRATION OF SAH(I60)**

Personal ID. number         -

Name ..... Gender 1= man 2= woman

Reporting hospital    Ward/Department

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

Date deceased (YYMMDD)          
(refers to death during hospital care)

(Traumatic subarachnoid haemorrhage should not be registered in Riksstroke)

Stroke diagnosis – use of decimals is mandatory

**I 60.0 - 160.9 = SAH**

I60.0 Subarachnoid haemorrhage from the carotid siphon or carotid bifurcation

I60.1 Subarachnoid haemorrhage from the arteria cerebri media

I60.2 Subarachnoid haemorrhage from the arteria communicans anterior

I60.3 Subarachnoid haemorrhage from the arteria communicans posterior

I60.4 Subarachnoid haemorrhage from the arteria basilaris

I60.5 Subarachnoid haemorrhage from the arteria vertebralis

I60.6 Subarachnoid haemorrhage from other intracranial arteries

I60.7 Subarachnoid haemorrhage from unspecified intracranial arteries

I60.8 Other subarachnoid haemorrhage

I60.9 Unspecified subarachnoid haemorrhage

**Source of bleeding in case of I607 or I608**

Response options: 1= yes 2= no 9= not known

Q282 AVM

I720 dissection

M052 Rheumatoid Vasculitis

I677 Cerebral arteritis

Date of onset (YYMMDD)

Time of onset (TIM.MIN)

The time of onset is given in hours and minutes. If the time of onset is not known or it is only possible to determine the **hour of onset**, enter **99.99** and an as accurate a time as possible in *Time interval* below.

**Time interval from onset of stroke to arrival at hospital**

(To be answered if the time of onset is not known or it is only possible to determine the hour of onset [99.99])

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 in this stroke episode**

1= yes 2= no

-----**ARRIVAL AT THE FIRST HOSPITAL**-----

(the hospital to which the patient was first admitted for this stroke episode)

**Date of arrival at first hospital (YYMMDD)**

**Time of arrival at first hospital (HRS.MIN)**

**Enter Riksstroke Hospital Code 888= for overseas 999= hospital code not known**

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

**Computed tomography brain**

1= yes 2= no 9= not known

**CT angiography performed in connection with the first CT**

1= yes 2= no 9= not known

**Lumbar puncture performed**

1= yes 2= no 9= not known

**Level of consciousness on arrival**

1= fully awake (RLS 1) 2= drowsy but responding to stimulus (RLS 2-3) 3= unconscious (RLS 4-8)  
9= not known

**Hemisymptom/ dysphasia/ cranial nerve palsy**

1= yes 2= no 9= not known

-----**HOSPITAL ADMISSION**-----

**Patient received hospital care for this stroke episode**

1= yes 2= no

**Initially admitted 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

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

Response options: 1= yes 2= no 9= not known

Previous stroke

Previous SAH

Previously known aneurysm

Treated for hypertension at onset of stroke

Smoking (one cigarette or more a day or non-smoker for the past 3 months)

Previous kidney diseases

Previous connective tissue diseases

Relatives with aneurysm/SAH

----- ARRIVAL AT NEUROSURGICAL CLINIC -----

Date of arrival-(YYMMDD)

Time of arrival (HRS.MIN)

Level of consciousness on arrival at the Neurosurgical Clinic

1= fully awake (RLS 1) 2= drowsy but responding to stimulus (RLS 2-3) 3= unconscious (RLS 4-8)  
9= not known

Hemi symptoms/ dysphasia/ cranial nerve palsy on arrival at the Neurosurgical Clinic   
1= yes 2= no 9= not known

--- EXAMINATIONS AND TREATMENTS WHILE IN THE CARE OF NEUROSURGICAL CLINIC ---

Computed tomography brain   
1= yes 2= no 9= not known

CT - angiography performed but not in conjunction with the first CT   
1= yes 2= no 3= no, ordered post discharge 9= not known

Lumbar puncture performed   
1= yes 2= no 9= not known

Conventional angiography (DSA)   
1= yes 2= no 9= not known

MRI brain scan performed   
1= yes 2= no 3= no, ordered post discharge 9= not known

Treatment of source of bleeding

1= Surgery 2= Neurointervention 3= Surgery + Neurointervention 4= No treatment  
9= not known

**Date for first treatment of source of bleeding**

**Examination date** (YY-MM-DD)

|\_|\_|||\_|\_|||\_|\_|

**Number of days on a ventilator**

|\_|\_|||\_|\_|

**Ventricular drainage**

|\_|

1= yes 2= no 9= not known

**Tracheostomy**

|\_|

1= yes 2= no 9= not known

**Invasive spasm treatment**

|\_|

1= yes 2= no 9= not known

-----**EMERGENCY CARE DISCHARGE**-----

**Level of consciousness when discharged from Neurosurgical Clinic**

|\_|

1= fully awake (RLS 1) 2= drowsy but responding to stimulus (RLS 2-3) 3= unconscious (RLS 4-8)  
9= not known

**Hemi symptoms/ dysphasia/ cranial nerve palsy when discharged from the Neurosurgical Clinic**

|\_|

1= yes 2= no 9= not known

**Date of discharge**(final date of discharge after acute phase)  
YYMMDD

|\_|\_|\_|\_|||\_|\_|\_|\_|

**Enter Riksstroke hospital code for discharging hospital**

|\_|\_|||\_|\_|

888= code for overseas 999= hospital code not known

**DISCHARGE DESTINATION AFTER EMERGENCY CARE**

|\_|\_|

1= own accommodation 2= arranged accommodation (e.g. service flat with full board, temporary accommodation, old people's home or nursing home) 4= other emergency clinic

5= geriatric/rehab clinic 6= deceased while in care

7= other (e.g. patient who lives in another country) 9= not known

11= remains hospitalised

12= other aftercare stroke unit

13= medical centre with emergency beds

**State clearly the address and telephone number of Discharge destination** for options 1, 2, 4, 5, 7

.....

**PLANNED FOLLOW-UP APPOINTMENT(S)**

(Multiple choice response options)

|\_| = yes, with a doctor or nurse

|\_| = yes, for a radiological examination

|\_| = yes, at a special stroke clinic

|\_| = yes, at another hospital ward/unit

|\_| = yes, at a health centre/equivalent

|\_| = yes, at a day rehabilitation centre

|\_| = yes, at special accommodation

|\_| = no

|\_| = not known

<b>Riksstroke hospital codes</b>	
Akademiska NK	710
Sahlgrenska NK	716
NUS Umeå NK	718
SUS Lund NK	741
KS Solna NK	743
Örebro NK	746
Linköping NK	747