Version 23 For registration of all victims of TIA from 01.01.2023 onwards

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

**RIKSSTROKE - TIA**

Personal ID number  I___I___I___I___I___I___I___I___I___I

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

Reporting hospital I___I___I___I___I Ward I___I___I___I

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

G 45< 1}{45 >= TIA/cerebral ischemia transient within 24 hours< 2)  G I___I___I. I___I

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

Date of onset (YYMMDD) I___I___I___I___I___I___I___I

Time of onset (HRS.MIN) I___I___I.I___I___I
If the patient woke up with symptoms, enter the time when the patient was last symptom-free.
If an inpatient has suffered a TIA and the time of onset is unknown, enter the time the patient was last symptom-free.

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 the closest possible time in *Time interval* below.

Time interval from onset to arrival at hospital I___I
(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  2a= within 4.5 hours  2b= within 6 hours  3= within 24 hours  4= after 24 hours  9= not known

Patient already admitted to hospital/emergency clinic at the onset of this TIA episode I___I
1= yes  2= no

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

Thrombosis/thrombectomy alarm ‘Save the brain/Stroke alarm’ I___I
1= yes  2= no  9= not known
**ARRIVAL**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival date at hospital (YY.MM.DD)</td>
<td>____</td>
</tr>
<tr>
<td>Time of arrival at hospital (hrs.min)</td>
<td>____</td>
</tr>
</tbody>
</table>

**EMERGENCY EXAMINATIONS/ACTIONS**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computed tomography brain</td>
<td>____</td>
</tr>
<tr>
<td>CT - angiography performed in conjunction with the first CT</td>
<td>____</td>
</tr>
<tr>
<td>CT perfusion performed in connection with the first CT</td>
<td>____</td>
</tr>
<tr>
<td>Large vessel occlusion shown on CT angiography</td>
<td>____</td>
</tr>
<tr>
<td>THROMBECTOMY centre/emergency services contacted for opinion on thrombectomy</td>
<td>____</td>
</tr>
</tbody>
</table>

1 = yes  2 = no  9 = not known
Patient received hospital care 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

_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

Has the patient been admitted to the stroke unit for this episode?
1 = yes  2 = no  9 = not known

Arrival at stroke unit
(relates 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)  I____I____II____II____II____II____I
Time of arrival at stroke unit (hrs.min)  I____I____I.I____I____I

--- RISK FACTORS ---

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

Previous stroke

TIA / Previous Amaurosis fugax

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

Atrial fibrillation, detected on arrival at hospital or during hospitalisation
(Including intermittent fibrillation or flutter)

Diabetes, previously diagnosed or recently identified

Treated for hypertension at onset of stroke

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

<table>
<thead>
<tr>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Smoker informed at onset of need to quit smoking</td>
<td>I___I</td>
</tr>
<tr>
<td>1 = yes</td>
<td>2 = no, or patient has declined information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information provided regarding driving</td>
<td>I___I</td>
</tr>
<tr>
<td>1 = yes</td>
<td>2 = no</td>
</tr>
</tbody>
</table>

### EXAMINATIONS DURING PERIOD OF CARE

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI brain scan performed</td>
<td>I___I</td>
</tr>
<tr>
<td>1 = yes</td>
<td>2 = no</td>
</tr>
</tbody>
</table>

  | If yes, MRI brain scan showed:   | I___I |
  | 1 = showed new cerebral infarction | 2 = showed no new cerebral infarction | 9 = examination result uncertain or not known |

<table>
<thead>
<tr>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>MRI angiography performed</td>
<td>I___I</td>
</tr>
<tr>
<td>1 = yes</td>
<td>2 = no</td>
</tr>
</tbody>
</table>

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<tr>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>CT angiography performed but not in conjunction with the first CT</td>
<td>I___I</td>
</tr>
<tr>
<td>1 = yes</td>
<td>2 = no</td>
</tr>
</tbody>
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<tr>
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</thead>
<tbody>
<tr>
<td>Carotid ultrasound performed</td>
<td>I___I</td>
</tr>
<tr>
<td>1 = yes</td>
<td>2 = no</td>
</tr>
</tbody>
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<tr>
<td>Long-term ECG performed, minimum 24 hours</td>
<td>I___I</td>
</tr>
<tr>
<td>(telemetry, Holter or equivalent)</td>
<td></td>
</tr>
<tr>
<td>1 = yes</td>
<td>2 = no</td>
</tr>
</tbody>
</table>
--------------------------------------------- RISK ASSESSMENTS CARE ---------------------------------------------

Risk assessment for malnutrition carried out within 24 hours of arrival at the ward

1 = yes  2 = no

If yes, risk assessment carried out

Does the risk assessment indicate a risk of malnutrition?

1 = yes  2 = no

If yes, there is a risk

Have preventive measures been taken?

1 = yes  2 = no

Risk assessment for oral health carried out within 24 hours of arrival at the ward

1 = yes  2 = no

If yes, risk assessment carried out

Does the risk assessment indicate a risk of poor oral health?

1 = yes  2 = no

If yes, there is a risk

Have preventive measures been taken?

1 = yes  2 = no

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

Assessment by speech therapist during care

1 = ja  2 = nej  9 = okänt

Assessment by occupational therapist during care

1 = yes  2 = no  9 = not known

Assessment by physiotherapist during care

1 = yes  2 = no  9 = not known
PHARMACEUTICAL TREATMENT

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

At the onset  
At discharge*

Antihypertensive drugs  
(applies to all groups, independent of indication)

I ___ I  I ___ I

Statins (e.g. atorvastatin/Lipitor, pravastatin, rosuvastatin/ Crestor and simvastatin)

I ___ I  I ___ I

Platelet inhibitors:

ASA (e.g. Trombyl)  
I ___ I  I ___ I

Clopidogrel (e.g. Plavix)  
I ___ I  I ___ I

Dipyridamole  
I ___ I  I ___ I

Platelet inhibitors other than the above  
e.g. Brilique, Efient, Pletal, Possia

I ___ I  I ___ I

Oral anticoagulants:

Warfarin (Waran)  
I ___ I  I ___ I

If Warfarin taken at onset, enter PK (INR) value  
9.9 = not known

Apixaban (Eliquis)  
I ___ I  I ___ I

Dabigatran etexilate (Pradaxa)  
I ___ I  I ___ I

Rivaroxaban (Xarelto)  
I ___ I  I ___ I

Edoxaban (Lixiana)  
I ___ I  I ___ I

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

FOLLOW-UP

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

I ___ I = yes, at a special stroke unit (at or outside the hospital)  
I ___ I = yes, at arranged accommodation

I ___ I = yes, at another hospital admissions ward/department  
I ___ I = yes, at day rehab

I ___ I = no  
I ___ I = not known

I ___ I = yes, at a health centre/equivalent

Discharge date (YY-MM-DD)  
I ___ I  I ___ I  I ___ I  I ___ I  I ___ I