

Note! Registered information must be documented in medical records

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            -

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

Reporting hospital   

Ward   

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

G 45< 1}{45 >= TIA/cerebral ischemia transient within 24 hours< 2}    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, 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   

(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      
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 -----

**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 connection with the first CT**

|\_|

1= yes

2 = no

9= not known

**Large vessel occlusion shown on CT angiography**

|\_|

1= yes

2 = no

9= not known

**THROMBECTOMY centre/emergency services contacted for opinion on thrombectomy**

|\_|

1= yes

2= no

9= not known

----- HOSPITAL ADMISSION -----

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)

Time of arrival at stroke unit (hrs.min)

----- 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 -----

**Smoker informed at onset of need to quit smoking**

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

**Information provided regarding driving**

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

----- EXAMINATIONS DURING PERIOD OF CARE -----

**MRI brain scan performed**

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

**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= no, ordered post discharge            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   

**Carotid ultrasound performed**

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

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

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

-----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<br>the onset       | At<br>discharge* |
|--|-----------------------|------------------|
| <b>Antihypertensive drugs</b><br>(applies to all groups, independent of indication)                        | _                     | _                |
| <b>Statins</b> (e.g. atorvastatin/Lipitor, pravastatin, rosuvastatin/ Crestor and simvastatin)             | _                     | _                |
| <b>Platelet inhibitors:</b>  |                       |                  |
| <b>ASA</b> (e.g. Trombyl)  | _                     | _                |
| <b>Clopidogrel</b> (e.g. Plavix)   | _                     | _                |
| <b>Dipyridamole</b>  | _                     | _                |
| <b>Platelet inhibitors other than the above</b><br>(e.g. Brilique, Efient, Pletal, Possia)                 | _                     | _                |
| <b>Oral anticoagulants:</b>  |                       |                  |
| <b>Warfarin</b> (Waran)<br><b>If Warfarin taken at onset, enter PK (INR) value</b><br><b>9.9=not known</b> | _                     | _                |
| <b>Apixaban</b> (Eliquis)  | _                     | _                |
| <b>Dabigatran etexilate</b> (Pradaxa)  | _                     | _                |
| <b>Rivaroxaban</b> (Xarelto)   | _                     | _                |
| <b>Edoxaban</b> (Lixiana)  | _                     | _                |
| <b>Date for introduction or reintroduction of oral anticoagulants during treatment</b> (YY-MM-DD)          | _ _      _ _      _ _ |                  |

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

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

|  |   |
|--|---|
| <p> _  = yes, at a special stroke unit (at or outside the hospital)</p> <p> _  = yes, at another hospital admissions ward/department</p> <p> _  = yes, at a health centre/equivalent</p> | <p> _  = yes, at arranged accommodation</p> <p> _  = yes, at day rehab</p> <p> _  = no</p> <p> _  = not known</p> |
|--|---|

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