| Registered information must be documented in medical records Version 24.1 Form for Neurosurgical Clinic For registration of all victims of SAH(I60) from 01.01.2024 onwards Registration takes place entirely at the Neurosurgical Clinic where the patient is cared for. | | |
|---|---------------------------|--|
| RIKSSTROKE - ACUTE PHASE FO | R REGISTRATION OF SAH(I60 | |
| Personal ID. number | | |
| Name | Gender 1= man 2= woman II | |
| Reporting hospital I_I_I_I Ward | I/Department II_I_I | |
| Completed by (name of person completing this form) | | |
| Date deceased (YYMMDD) IIIIII (refers to death during hospital care) | I | |
| (Traumatic subarachnoid haemorrhage should not be registered in Riksstroke) Stroke diagnosis – use of decimals is mandatory I 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 | II II II | |
| Date of onset (YYMMDD) | IIIIII | |
| Time of onset (TIM.MIN) | IIII | |

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 fr | om onset of st | roke to arrival at hospital | | II |
|---|--------------------------|--|--|--------------|
| (To be answered [99.99]) | d if the time of o | onset is not known or it is only p | possible to determine the ho | ur of onset |
| 1 = within 3 hours 9 = not known | s 2 a = within 4. | .5 hours 2b = within 6 hours 3 | 3 = within 24 hours 4 = afte | r 24 hours |
| The patient was | s already at the | e hospital/emergency clinic i | n this stroke episode | LI |
| 1= yes 2= no |) | | | |
| | | | | |
| | AF | RRIVAL AT THE FIRST HOSP | PITAL | |
| (the hospital to | which the patie | nt was first admitted for this str | oke episode) | |
| Date of arriv | al at first hosp | ital (YYMMDD) | II_III_ | _1 11 |
| Time of arriv | /al at first hosp | pital (HRS.MIN) | LI | ii |
| Enter Riksst | roke Hospital | Code 888 = for overseas 999 = | hospital code not known I_ | |
| | | | | |
| | EME | RGENCY EXAMINATIONS / A | ACTIONS | |
| Computed tom | ography brain | | | II |
| - | 2 = no | 9 = not known | | |
| •••• | | connection with the first CT | | |
| 1 = yes 2 = | no | 9 = not known | | |
| Lumbar punctu | re performed | | | II |
| 1= yes | 2 = no | 9 = not known | | |
| Level of consci | ousness on ar | rival | | LI |
| 1= fully awake (9= not known | RLS 1) 2 = drov | wsy but responding to stimulus | s (RLS 2-3) 3 = unconsciou | is (RLS 4-8) |
| Hemisymptom/ | dysphasia/ cr | anial nerve palsy | | II |
| 1= yes | 2 = no | 9= not known | | |
| | | HOSPITAL ADMISSION | | |
| | | e for this stroke episode | | |
| 1= yes 2= no | - | | | ·· |
| Initially admitte | d to | | | II |
| - | | those specified in choice of re | esponse below (2, 3, 4 or 6) | |
| 2= stroke unit | 3= | admissions/obs. ward | | |
| 4= Intensive car | e unit 5= | = other (please specify) | | |
| 6= Department of | of Neurosurgery | v 9 = not known | | |

| | RISK FACTORS | |
|--|--|----------|
| Response options: 1 = yes 2 = no | o 9 = not known | |
| Previous stroke | | II |
| Previous SAH | | II |
| Previously known aneurysm | | II |
| Treated for hypertension at onset | t of stroke | II |
| Smoking (one cigarette or more a c | day or non-smoker for the past 3 months) | II |
| Relatives with aneurysm/SAH | | II |
| ARRIVA | L AT NEUROSURGICAL CLINIC | |
| Date of arrival-(YYMMDD) | IIIIII | |
| Time of arrival (HRS.MIN) | lll | |
| Level of consciousness on arriva | l at the Neurosurgical Clinic | ட |
| 1= fully awake (RLS 1) 2= drowsy9= not known | but responding to stimulus (RLS 2-3) 3 = unconscious (| RLS 4-8) |
| Hemi symptoms/ dysphasia/ cran 1= yes 2 = no | ial nerve palsy on arrival at the Neurosurgical Clinic 9= not known | LI |

| EXAMIN | ATIONS AND | TREATMENTS WHILE IN THE CARE (| OF NEUROSURGICAL CLINIC |
|----------------|---------------------|--|---------------------------------|
| Computed | tomography | brain | <u> </u> |
| 1= yes | 2 = no | 9 = not known | |
| CT - angiog | raphy perfo | rmed but not in conjunction with the fi | rst CT II |
| 1= yes | 2 = no | 3 = no, ordered post discharge | 9 = not known |
| Lumbar pu | ncture perfo | rmed | L_I |
| 1= yes | 2 = no | 9 = not known | |
| Convention | al angiogra | ohy (DSA) | L_1 |
| 1 = yes | 2 = no | 9= not known | |
| MRI brain s | can perform | ed | II |
| 1 = yes | 2 = no | 3 = no, ordered post discharge | 9 = not known |
| Treatment of | of source of | bleeding | |
| 1=Surgery | 2= Neuroint | ervention 3 = Surgery + Neurointerv | rention 4 = No treatment |
| 9= not know | 'n | | |
| Date for fire | st treatment | of source of bleeding | |
| Examinatio | n date (YY-N | 1M-DD) | IIIIII |
| Number of I | days on a ve I | entilator | |
| Ventricular | drainage | | L_1 |
| 1= yes 2= | no 9 = not k | known | |
| Tracheosto | my | | II |
| 1= yes 2= | no 9 = not k | nown | |
| - | asm treatme | | |
| 1= yes 2= | no 9 = not k | known | |

The following applies to all choices of response related to ADL/Accommodation: 9= not known 1 1 Accommodation 1 = own accommodation without home help (home help does **not** mean home nursing or advanced home nursing) 2= own accommodation with home help (home help does **not** mean home nursing or advanced home nursing) 3= arranged accommodation (e.g. service flat with full board, temporary accommodation, nursing home or equivalent) 5= other Those living alone 1 1 1 = patient lives entirely alone **2**= Patient shares the household with spouse/cohabitee <u>or</u> other individual e.g. sibling, child or parents Requires assistance (includes assistance with personal ADL and/or household ADL) 1= patient can cope on his/her own without assistance 2= patient requires assistance from another person Mobility | | 1 = patient could move around without supervision both indoors and outdoors (use of walking-aid permitted) 2= patient was able to move around by himself/herself indoors but not outdoors (use of walking-aid permitted) 3 = patient was assisted by another person when moving around, or was bedridden **Toilet visits** 1 = patient managed toilet visits without any help **2**= patient was unable to get to the bathroom or go to the toilet without help, used a bedpan or incontinence pads or required assistance when wiping him/herself or getting dressed Clothes 1 1 1 = patient was able to get dressed without help, including outdoor clothes, socks and shoes, or only needed help when tying shoelaces

2= patient needed someone to fetch his/her clothes or needed help with dressing/undressing, or remained undressed

| | El | MERGENCY CARE DISCHARGE | |
|---|----------------------------|--|--|
| Level of consci | iousness when | discharged from Neurosurgical | Clinic II |
| 1 = fully awake (l 9 = not known | RLS 1) 2 = drow | vsy but responding to stimulus (RI | LS 2-3) 3 = unconscious (RLS 4-8) |
| Hemi symptom Clinic | s/ dysphasia/ cr | ranial nerve palsy when dischar | rged from the Neurosurgical II |
| 1= yes | 2 = no | 9 = not known | |
| Date of dischar YYMMDD | ge (final date of c | lischarge after acute phase) | IIIIIII |
| | | e for discharging hospital spital code not known | IIII |
| | | | |

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)

- I____I = yes, with a doctor or nurse at the neurosurgery clinic
- I____I = yes, for a radiological examination
- I____I = yes, at a special stroke clinic
- I____I = yes, at another hospital ward/unit
- I____I = yes, at a health centre/equivalent
- I____I = yes, at a day rehabilitation centre
- I____I = yes, at special accommodation
- l___l = no
- I____I = not known

| Riksstroke hospital codes | |
|---------------------------|-----|
| Akademiska NK | 710 |
| Sahlgrenska NK | 716 |
| NUS Umeå NK | 718 |
| SUS Lund NK | 741 |
| KS Solna NK | 743 |
| Örebro NK | 746 |
| Linköping NK | 747 |