Note! Registered information must be documented in medical records

Version **24** For registration of all victims of **TIA from 01.01.2024** 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__I__I

Name …………………………………………………………**Gender** **1**= man **2**= woman   I___I

Reporting hospital 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__II__I__II__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 <u>last</u> 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 <u>in closed care</u> for this TIA episode)

                        Arrival date at hospital (YY.MM.DD)   I___I___II___I___II___I___I

                        Time of arrival at hospital (hrs.min)   I___I___II___I___I

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

Computed tomography brain   I___I

1= yes   **2**= no   **9**= not known

CT - angiography performed in conjunction with the first CT   I___I
1= yes   **2** = no   **9**= not known

CT perfusion performed in connection with the first CT   I___I
1= yes   2 = no   9= not known

Large vessel occlusion shown on CT angiography   I___I
1= yes   **2** = no   **9**= not known

THROMBECTOMY centre/emergency services contacted for opinion on thrombectomy I___I
1= yes   **2**= no   **9**= not known

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

Patient received hospital care for this TIA episode   I___I

1= yes   **2**= no

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

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

🔔 **Initially admitted to**   I___I

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?   I___I

1= yes   **2**= no   **9**= not known

Arrival at stroke unit
(relates to the stroke unit where the patient was treated <u>in open/closed care</u> for this TIA episode)

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

TIA / Previous Amaurosis fugax   I___I

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

Atrial fibrillation, detected on arrival at hospital or during hospitalisation   I___I

(Including intermittent fibrillation or flutter)

Diabetes, previously diagnosed or recently identified   I___I

Treated for hypertension at onset of stroke   I___I

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

-- **INFORMATION** ---

Smoker informed at onset of need to quit smoking I___I

1= yes (documented in medical records) **2**= no/ not known (not performed or documentation missing from medical records) **3**= not relevant because of patient's condition

Information provided regarding driving I___I

1= yes **2**= no/ not known (not performed or documentation missing from medical records) **3**= not relevant/no driving licence or because of patient's condition

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

MRI brain scan performed I___I

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

    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

CT angiography performed but not in conjunction with the first CT

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

Carotid ultrasound performed I___I

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

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

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   **I___I**

1= yes   **2**= no

If yes, risk assessment carried out

Does the risk assessment indicate a risk of malnutrition?   **I___I**

1= yes   **2**= no

If yes, there is a risk

Have preventive measures been taken?   **I___I**

1= yes   2= no

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

1= yes   **2**= no

If yes, risk assessment carried out

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

1= yes   **2**= no

If yes, there is a risk

Have preventive measures been taken?   **I___I**

1= yes   **2**= no

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

Assessment by speech therapist during care   **I___I**

1= ja   **2**= nej   **9**= okänt

Assessment by occupational therapist during care   **I___I**

1= yes   **2**= no   **9**= not known

Assessment by physiotherapist during care   **I___I**

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, Acetylsalicylsyra)	I___I	I___I
Clopidogrel (e.g. Plavix Clopidogrel, Cloriocard, Grepid)	I___I	I___I
Dipyridamole (e.g Persantin)	I___I	I___I
Platelet inhibitors other than the above (e.g. Brilique, Efient, Prasugrel, Cilostazol,)	I___I	I___I
🔔 **Oral anticoagulants:** **Warfarin** (Waran) **If Warfarin taken at onset, enter PK (INR) value** **9.9**=not known	I___I	I___I
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
<u>during treatment</u>** (YY-MM-DD)   I___I___II___I___II___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 another hospital admissions
          ward/department

I___I = yes, at a health centre/equivalent

I___I = yes, at arranged accommodation

I___I = yes, at day rehab

I___I = no

I___I = not known

Discharge date (YY-MM-DD)   I___I___II___I___II___I___I