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___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)

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
1 = yes  2 = no

The patient was treated within specialist open care/outpatient care at the stroke unit
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

(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 (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

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

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

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

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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

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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

<table>
<thead>
<tr>
<th>At the onset</th>
<th>At discharge*</th>
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### Antihypertensive drugs

(applies to all groups, independent of indication)

### Statins

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

### Platelet inhibitors:

- ASA (e.g. Trombly, Acetylsalicylsyra)
- Clopidogrel (e.g. Plavix Clopidogrel, Cloriocard, Grepid)
- Dipyridamole (e.g. Persantin)

**Platelet inhibitors other than the above**

(e.g. Brilique, Efient, Prasugrel, Cilostazol,)

### Oral anticoagulants:

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

- Apixaban (Eliquis)
- Dabigatran etexilate (Pradaxa)
- Rivaroxaban (Xarelto)
- Edoxaban (Lixiana)

**Date for introduction or reintroduction of oral anticoagulants during treatment** (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)

| 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 |

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

| I___I II I II | I___I |