

Registration

Name:

TAJ:

Phone number:

Age:

Sex:

Patient location when stroke was detected:

Dates and times

Admission to the first hospital

First imaging performed

Admission to the stroke unit

Stroke onset time:

Name of the first hospital:

Admission

Medical history

Hypertension:

Diabetes mellitus:

Coronary artery disease (CAD) :

Heart failure:

Heart surgery:

Valve replacement:

Cardiologic device implanted:

Atrial fibrillation:

Type of Atrial fibrillation:

Previous cerebrovascular event:

Type of previous stroke (TOAST criteria):

Previous thrombolysis/thrombectomy for ischaemic stroke:

Malignancy:

Lipid metabolism disorder:

Renal failure:

Hematologic disease:

Pulmonary disease:

Smoking status:

Alcohol consumption:

Medication on admission

Antiplatelet therapy:

Anticoagulant therapy:

Lipid lowering therapy:

Antihypertensive therapy:

Antidiabetic therapy:

Antiarrhythmic therapy:

Osmotic diuretic:

Ulcer Prophylaxis:

Parameters on admission

Blood pressure:

Heart rate:

Body temperature:

Oxygen saturation:

Blood sugar level:

GCS:

Height:

Weight:

ECG

ECG on admission:

QRS:

PR:

QTC:

Imagings

First Imaging

Type of imaging:

Lesion on first imaging:

Size of lesion:

Side of lesion

Localisation of lesion:

If perfusion CT was performed, perfusion volume

If early ischemic signs evaluated, **CT ASPECT score:**

If early ischemic signs evaluated, **CT-Angio ASPECT score:**

If early ischemic signs evaluated, **Alberta CT-A collateral flow score:**

Large vessel occlusion present:

Side of occlusion:

Site of occlusion:

Control Imaging 1,2,3

Date:

Type of imaging:

Lesion on control imaging:

Size of lesion:

Side of lesion:

Localisation of lesion:

Diagnostic workup

Carotid duplex scan

Right ICA:

Right CCA:

Left ICA:

Left CCA:

If significant stenosis/occlusion is present:

Dissection:

Subclavian steal:

Dysphagia screening in the first 24h

- 0—Able to consume a normal diet
- 1—Dysphagia with certain solid foods
- 2—Able to swallow semi-solid soft foods
- 3—Able to swallow liquids only
- 4—Unable to swallow saliva (complete dysphagia)

Echocardiography

Transthoracic echocardiogram (TTE)

Transesophageal Echocardiography (TEE)

Ejection fraction:

Size of left atrium:

Source of embolism (thrombus, calcification, thickening):

Laboratory

	Laboratory 1	Laboratory 2	Laboratory 3
INR			
aPTT			
HbA1c			
Glucose			
LDL			
Triglycerides			
Total cholesterol			
C-reactive protein			
Creatinine			
Karbamid/urea			
GFR			
GOT			

GPT			
Gamma-GT			
Bilirubin			
Hematocrit			
Hemoglobin			
Platelet			
White blood cells			
Troponin			
D-dimer			
pO2			
pCO2			
PH			
Natrium			
Kalium			

Acute intervention

Cardiology intervention needed:

Neursurgical intervention needed:

ICU intervention needed:

Intensive therapy given:

Intensive care unit (ICU) length of stay:

Serious adverse event:

- Date:
- Grade, intervention:

Intervention

Thrombolysis

Thrombolysis performed:

If the previous answer is NO, Contraindications:

OUT OF TIME FRAME

HIGH BLOOD PRESSURE

CONTRAINDICATION ON CT

HIGH BLEEDING RISK

CONTRAINDICATING CLINICAL FEATURES

OTHER

CONTRAINDICATING LABORATORY VALUES OR ACTIVE ANTICOAGULANT EFFECT

Admission to treatment "bolus time":

Dose of rtPA:

Complications during thrombolysis treatment:

Thrombectomy

Thrombectomy performed

Thrombolysis performed before thrombectomy:

Transfer needed to the site of neurosurgical intervention:

If thrombectomy is not performed, why:

Transportation start:

Admission to the cath lab:

Intervention onset:

Desobliteration/Revascularization time:

Revascularization type:

Aspiration catheter used

Stentriever catheter used:

Guiding wire:

Guiding sheath:

Micro-catheter:

Micro-guidewire:

Punction site:

Number of steps:

Extracranial arterial stenosis present:

Ipsilateral ICA:

Contralateral ICA:

Ballon angioplasty performed:

Stent implantation:

Anesthesia or Sedation:

Recanalisation after occlusion (TICI score):

Complications:

Discharge

Medication on discharge from the department of neurology

Antiplatelet therapy:

Anticoagulant therapy:

Lipid lowering therapy:

Etiology

Type of stroke based on clinical presentation (TOAST criteria)

Discharge from the department of neurology

Discharge date from neurology department:

Discharge destination:

Inhospital death (neurology department):

Death was stroke related:

If previous answer is unrelated, cause of death: