**Pat. ID:** I0I0I1I - I\_I\_I\_I **Year of Birth** I\_I\_I\_I\_I

**Index Event:**

|  |  |
| --- | --- |
| Syptom onset known? | □ Yes : I\_I\_I I\_I\_I I\_I\_I\_I\_I I\_I\_I:I\_I\_I  day month year hh:min |
|  | □ No,time of recognition:  I\_I\_I I\_I\_I I\_I\_I\_I\_I I\_I\_I:I\_I\_I  day month year hh:min |
| Hospital admission | I\_I\_I I\_I\_I I\_I\_I\_I\_I I\_I\_I:I\_I\_I  day month year hh:min |
| mRS prior to index stroke | □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 |
| NIHSS at admission | I\_I\_I |

**Questions regarding stroke diagnostic and therapy**

|  |  |
| --- | --- |
| CCT: □ yes □ no  CT-Angiography: □ yes □ no | MRT: □ yes □ no  MR-Angiography: □ yes □ no |
| Large Vessel Occlusion:  □ no □ yes, if yes -> | □ Carotid-T □ M1 □ M2 □ A1  □ Basilar artery □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Coagulation-POCT: □ yes □ no |  |
| Thrombolysis: □ yes □ no  if yes, start:  I\_I\_I I\_I\_I I\_I\_I\_I\_I I\_I\_I:I\_I\_I  day month year hh:min | Thrombectomy: □ yes □ no  In-house: □ yes □ no  Arrival time angio suite:  I\_I I\_I\_I I\_I\_I\_I\_I I\_I\_I:I\_I\_I  day month year hh:min  Time of groin puncture  I\_I I\_I\_I I\_I\_I\_I\_I I\_I\_I:I\_I\_I  Day month year hh:min  Transfer for thrombectomy: □ yes □ no |

**Pat. ID:** I0I0I1I - I\_I\_I\_I

**Questions regarding STROKE TEAM-Workflow**

|  |  |
| --- | --- |
| Direct patient transfer from EMS stretcher to CT table: □ yes □ no  Paramedics involved in in-house algorithm: □ yes □ no  Neuroradiologist present during imaging: □ yes □ no  tPA bolus given directly in the CT/MRI : □ yes □ no  Coagulation results awaited before start of thrombolysis: □ yes □ no  Acute medication necessary (e.g. blood pressure treatment) □ yes □ no  Patient needs special care (e.g. vomiting, cardiorespiratory problems) □ yes □ no | |
| Number of physicians Neurology I\_I\_I  Number of physicians (Neuro-)radiology: I\_I\_I  Number physicians Anaesthesiology: I\_I\_I  Other \_\_\_\_\_\_\_\_\_\_\_\_\_ I\_I\_I  (please specify) | Number of physicians Emergency Unit: I\_I\_I  Number of Nursing Staff: I\_I\_I  Number of Paramedics: I\_I\_I  At least one team member participated before in stroke team training: □ yes □ no |
| Nursing responsibility: □ Emergency Nursing Staff  □ Neurology Nursing Staff  □ “Thrombolysis Nurse” | Medical Responsibility:□ Specialist  □ Medical Specialist in Training  □ Neurology  □ Internal Medicine  □ Anaesthesiology  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please specify) |
| Intracerebral bleeding in follow-up imaging:  □ yes □ no  if yes: clinical symptoms □ yes □ no | Extracerebral bleeding □ yes □ no |

Please send this form to: University Hospital Frankfurt, Department of Neurology Fax: 069/6301 5628 / email: [heike.braun@kgu.de](mailto:heike.braun@kgu.de)