**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 □ noCT-Angiography: □ yes □ no | MRT: □ yes □ noMR-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 □ noIn-house: □ yes □ noArrival time angio suite:I\_I I\_I\_I I\_I\_I\_I\_I I\_I\_I:I\_I\_I day month year hh:minTime of groin punctureI\_I I\_I\_I I\_I\_I\_I\_I I\_I\_I:I\_I\_I Day month year hh:minTransfer 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 □ noParamedics involved in in-house algorithm: □ yes □ no Neuroradiologist present during imaging: □ yes □ notPA bolus given directly in the CT/MRI : □ yes □ noCoagulation results awaited before start of thrombolysis: □ yes □ no Acute medication necessary (e.g. blood pressure treatment) □ yes □ noPatient needs special care (e.g. vomiting, cardiorespiratory problems) □ yes □ no |
| Number of physicians Neurology I\_I\_I Number of physicians (Neuro-)radiology: I\_I\_INumber physicians Anaesthesiology: I\_I\_IOther \_\_\_\_\_\_\_\_\_\_\_\_\_ I\_I\_I (please specify) | Number of physicians Emergency Unit: I\_I\_INumber of Nursing Staff: I\_I\_INumber of Paramedics: I\_I\_IAt 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