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PATIENT

DEMOGRAPHICS

First Name: _______________ **Initial(s)**: _____ **Last Name**: _______________

Date of Birth: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

dd Mon yyyy

Postal Code *(home postal code when the stroke occurred)*: ________________

Sex:
- ☐ Male
- ☐ Female
- ☐ UTD

Race:
- ☐ Asian
- ☐ Black
- ☐ Caucasian
- ☐ First Nations
- ☐ Hispanic
- ☐ Pacific Islander
- ☐ South Asian
- ☐ UTD

IDENTIFICATION NUMBERS

Personal Health Number: _____________________

(It is not mandatory to have a personal health number if the patient is from out of country)

Personal Health Number Type:
- ☐ Alberta
- ☐ British Columbia
- ☐ Manitoba
- ☐ New Brunswick
- ☐ Newfoundland and Labrador
- ☐ Northwest Territories
- ☐ Nova Scotia
- ☐ Ontario
- ☐ Prince Edward Island
- ☐ Quebec
- ☐ Saskatchewan
- ☐ Yukon Territory
- ☐ Canadian Forces Service Number
- ☐ Department of Veteran Affairs
- ☐ Military Healthcare Number
- ☐ RCMP Regiment Number
- ☐ Treaty Number
- ☐ Out of Country

Medical Record Number (*at your hospital)*: _____________________

STROKE

INTAKE

Date of Onset: ___ / ___ / ___ (dd / Mon / yyyy) **Time of Onset:** ___ : ___ (HH : mm)

Stroke Occurred in:

☐ Community
☐ Hospital

Stroke Recognition Date: ___ / ___ / ___ (dd / Mon / yyyy)

Stroke Recognition Time: ___ : ___ (HH : mm)

EMS TIMESTAMP

Do not fill in if stroke occurred in hospital

	Date	**Time**
911 Call	___ / ___ / ___ (dd / Mon / yyyy)	___ : ___ (HH : mm)
EMS Dispatch	___ / ___ / ___ (dd / Mon / yyyy)	___ : ___ (HH : mm)
EMS on Scene	___ / ___ / ___ (dd / Mon / yyyy)	___ : ___ (HH : mm)
EMS Depart Scene	___ / ___ / ___ (dd / Mon / yyyy)	___ : ___ (HH : mm)

TREATMENT *(at your hospital)*

Arrival Date: __ __ / __ __ / __ __ __ __
dd Mon yyyy

Arrival Time: __ __ : __ __
HH mm

Arrival Method:
- ☐ EMS (all ground)
- ☐ STARS (all rotary air)
- ☐ STARS – EMS (ground rendezvous to rotary air)
- ☐ Fixed Wing (EMS ground – Fixed wing – EMS ground)
- ☐ In-Patient Stroke
- ☐ Private
- ☐ Other
- ☐ UTD

Discharge Date: __ __ / __ __ / __ __ __ __
dd Mon yyyy

Discharge Time __ __ : __ __
HH mm

Discharge Disposition (*discharge from acute care):*

☐ Death	☐ Home with home care	☐ Transfer to another hospital
☐ Long Term Care	☐ Home with ESD	☐ Rehab hospital
☐ Home	☐ Transfer within hospital	☐ Rehab within hospital

Pre-Treatment NIHSS: ___________
☐ UTD

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ACUTE IMAGING

Dates and times for the acute image FIRST SLICE

	Date	Time
CT	__ __ / __ __ / __ __ __ __ (dd Mon yyyy)	__ __ : __ __ (HH mm)
CTA	__ __ / __ __ / __ __ __ __ (dd Mon yyyy)	__ __ : __ __ (HH mm)
CTP	__ __ / __ __ / __ __ __ __ (dd Mon yyyy)	__ __ : __ __ (HH mm)
MRI	__ __ / __ __ / __ __ __ __ (dd Mon yyyy)	__ __ : __ __ (HH mm)
Other	__ __ / __ __ / __ __ __ __ (dd Mon yyyy)	__ __ : __ __ (HH mm)

PROCESSES

Circle one for each process

Team Pre-notified by EMS	Yes	No	UTD
Patient Registered as Unknown	Yes	No	UTD
Direct to CT	Yes	No	UTD
Treatment with Telemedicine	Yes	No	UTD

CLINICAL TRIAL(S)

Clinical trials the patient is/was enrolled in at your hospital

______________________ ______________________

______________________ ______________________

______________________ ______________________

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THROMBOLYSIS

Complete this section if Thrombolysis was administered at your hospital

Thrombolysis Date: __ __ / __ __ / __ __ __ __ (dd / Mon / yyyy)

Thrombolysis Time: __ __ : __ __ (HH : mm)

Thrombolysis Physician: ______________________

Thrombolysis Location:
- ☐ Emergency Bay
- ☐ CT Scanner/Imaging Area
- ☐ In-Patient Unit
- ☐ Angio Suite
- ☐ Other
- ☐ UTD

Thrombolytic Drug:
- ☐ Alteplase (tPA)
- ☐ Tenectepalse (TNK-tPA)
- ☐ Desmoteplase
- ☐ Urokinase
- ☐ Other

Est. Patient Weight (*kg*): ___________

Drug Dose (*mg*): ___________

ENDOVASCULAR

Complete this section if Endovascular was administered at your hospital

Interventionist: ______________________

Medical/Neurologist: ______________________

Groin Puncture Date: __ __ / __ __ / __ __ __ __ (dd / Mon / yyyy)

Groin Puncture Time: __ __ : __ __ (HH : mm)

1st Reperfusion Date: __ __ / __ __ / __ __ __ __ (dd / Mon / yyyy)

1st Reperfusion Time: __ __ : __ __ (HH : mm)

TICI Scale (final):
- ☐ Grade 0 (No perfusion)
- ☐ Grade 2a (Less than 50%)
- ☐ Grade 2b (More than 50%)
- ☐ Grade 3 (Open)

Endovascular Device Used:
- ☐ EKOS US Catheter
- ☐ MERCI Retriever
- ☐ SOLITAIRE Stentriever
- ☐ TREVO Stentriever
- ☐ Other

In-Patient

NIHSS at 24hr: ___________
☐ UTD

Quality Metrics

Circle one for each process

DVT Prophylaxis	Yes	No	UTD
Dysphagia Swallowing Screen	Yes	No	UTD

Adverse Events

	Neurological Worsening?
☐ DVT/PE	☐
☐ EVD Placement	☐
☐ Hemicraniectomy	☐
☐ Pneumonia	☐
☐ Recurrent Stroke	☐
☐ Sub-Occipital Craniectomy	☐
☐ Symptomatic ICH (HI1)	☐
☐ Symptomatic ICH (HI2)	☐
☐ Symptomatic ICH (PH1)	☐
☐ Symptomatic ICH (PH2)	☐
☐ Symptomatic ICH (SAH)	☐
☐ Symptomatic ICH (rPH1)	☐
☐ Symptomatic ICH (rPH2)	☐
☐ Symptomatic ICH (UTD)	☐
☐ Symptomatic ICH (Other)	☐
☐ UTI	☐

90-Day Outcome

☐ **90-Day Follow-Up UTD**

Outcome Modality:
☐ Telephone
☐ In-Person
☐ UTD

Determination Date: __ __ / __ __ / __ __ __ __
dd Mon yyyy

Disability Scales

Modified Rankin Scale (mRS): ___________

Barthel index (BI): ___________

90-Day NIHSS: ___________

Death

Complete this section if the patient has passed away

Date of Death: __ __ / __ __ / __ __ __ __
dd Mon yyyy

☐ **Death Occurred in Hospital** (*including in the Emergency Department*):

Referring Site #1 (if applicable)

Complete this section if the patient was transferred to your hospital from a non-stroke centre

Hospital/Healthcare Centre: ____________________

Medical Record Number (*at the referring site*): ____________________

Arrival Date: __ __ / __ __ / __ __ __ __
dd Mon yyyy

Arrival Time: __ __ : __ __
HH mm

Arrival Method:
- ☐ EMS (all ground)
- ☐ STARS (all rotary air)
- ☐ STARS – EMS (ground rendezvous to rotary air)
- ☐ Fixed Wing (EMS ground (fixed wing – EMS ground)
- ☐ In-Patient Stroke
- ☐ Private
- ☐ Other
- ☐ UTD

Discharge Date: __ __ / __ __ / __ __ __ __
dd Mon yyyy

Discharge Time: __ __ : __ __
HH mm

Discharge Disposition (*discharge from acute care*):
- ☐ Transfer to another hospital

Referring Site #2 (if applicable)

Complete this section if the patient was transferred to your hospital from a non-stroke centre

Hospital/Healthcare Centre: ____________________

Medical Record Number (*at the referring site*): ____________________

Arrival Date: ☐☐ / ☐☐ / ☐☐☐☐
dd Mon yyyy

Arrival Time: ☐☐ : ☐☐
HH mm

Arrival Method:

- ☐ EMS (all ground)
- ☐ STARS (all rotary air)
- ☐ STARS – EMS (ground rendezvous to rotary air)
- ☐ Fixed Wing (EMS ground (fixed wing – EMS ground)
- ☐ In-Patient Stroke
- ☐ Private
- ☐ Other
- ☐ UTD

Discharge Date: ☐☐ / ☐☐ / ☐☐☐☐
dd Mon yyyy

Discharge Time: ☐☐ : ☐☐
HH mm

Discharge Disposition (*discharge from acute care*):

- ☐ Transfer to another hospital