

Data Set for WSSC Intra-Arterial Thrombolysis Registry

Center and Patient Related Fields:

- *Center Identification (first letter of state and initials of hospital name) _____
(e.g. University of Colorado Hospital = C.UCH)
- *Patient Number at Center (starting with 001) _____
- *Patient Birthdate (YYYY/MM/DD) _____
- *Patient Sex: M F
- *Patient Race: White Black Hispanic Asian American-Indian Other
- *Symptom onset:
 - Date (YYYY/MM/DD) _____
 - Time (military) _____
- *Hospital admission
 - Date (YYYY/MM/DD) _____
 - Time (military) _____
- *Hospital discharge
 - Date (YYYY/MM/DD) _____
 - Time (military) _____

***Admission Clinical Fields**

- Barthel scale pre-stroke _____
- *Modified Rankin scale pre-stroke. _____
- *NIH stroke scale score on admission _____
- Was patient on: Antiplatelet agents _____ If so, which agents? _____
Anticoagulants _____ If so, what was the INR? _____

Initial CT Scan Fields

- *Date and Time of CT (YYYY/MM/DD) _____ Time (military) _____
- *Normal or abnormal
- *If abnormal:
 - Any clinically relevant lesion? _____
 - Hyperdense MCA sign _____
 - Lesion location (specify) _____
 - Any hemorrhage? _____
 - Early infarct signs? _____
 - loss of insular ribbon
 - isodense lentiform nuclei
 - sulcal effacement, edema or mass effect
 - Old infarct seen?
 - Other pathology (specify) _____

Did you fill this out from your own read of the scan or from a report? (circle)

***Follow up CT (Immediate 24-48 hours) Fields**

- Date and Time of CT (YYYY/MM/DD) _____ Time (military) _____
- Normal or abnormal
- If abnormal:
 - Ischemic infarction
 - Edema or mass effect
 - Any hemorrhage? If so:
 - hemorrhagic transformation?
 - parenchymal hematoma?
 - subdural hematoma?
 - subarachnoid hemorrhage?

other pathology (specify)

Were any of these lesions clinically relevant?

Did you fill this out from your own read of the scan or from a report? (circle)

***Follow up CT (Early 24-48 hours) Fields**

Date and Time of CT (YYYY/MM/DD) _____ Time (military) _____

Normal or abnormal

If abnormal:

Ischemic infarction

Edema or mass effect

Any hemorrhage? If so:

hemorrhagic transformation?

parenchymal hematoma?

subdural hematoma?

subarachnoid hemorrhage?

other pathology (specify)

Were any of these lesions clinically relevant?

Did you fill this out from your own read of the scan or from a report? (circle)

***Follow up CT (Late 24-48 hours) Fields**

Date and Time of CT (YYYY/MM/DD) _____ Time (military) _____

Normal or abnormal

If abnormal:

Ischemic infarction

Edema or mass effect

Any hemorrhage? If so:

hemorrhagic transformation?

parenchymal hematoma?

subdural hematoma?

subarachnoid hemorrhage?

other pathology (specify)

Were any of these lesions clinically relevant?

Did you fill this out from your own read of the scan or from a report? (circle)

***Angiography Fields**

*Angiography begun

date (YYYY/MM/DD) _____

time (military) _____

*Angiography ended

date (YYYY/MM/DD) _____

time (military) _____

*Angio findings fields: Location of lesions (side and TIMI perfusion grade, 0-3)

TIMI 0-complete occlusion, 1-contrast penetration with minimal perfusion,

2-partial recanalization, 3-complete recanalization
CommonCarotid (left-right-both; specify TIMI for each lesion) _____
ICA (left-right-both; specify TIMI for each lesion) _____
MCA proximal one-third (left-right-both; specify TIMI for each lesion) _____
MCA mid one-third (left-right-both; specify TIMI for each lesion) _____
MCA distal one-third (left-right-both; specify TIMI for each lesion) _____
MCA upper, middle, or lower division (left-right-both; specify TIMI) _____
ACA (left-right-both; specify TIMI for each lesion) _____
Vertebral (left-right-both; specify TIMI for each lesion) _____
Basilar (specify TIMI) _____
PCA (left-right-both; specify TIMI for each lesion) _____

***Microcatheter fields**

Mechanical disruption utilized? _____

***Thrombolytic fields**

Thrombolytic treatment begun

Date (YYYY/MM/DD) _____

Time (military) _____

Thrombolytic treatment ended

Date (YYYY/MM/DD) _____

Time (military) _____

Agent (specify) _____

Total dose _____

*Was heparin used? YES NO

Total dose during procedure? _____

Was a bolus given? YES NO

Was heparin continued following procedure? YES NO

Maximal rate of infusion? _____

Duration of infusion? _____

***Angiography/Thrombolysis complication fields (seen during procedure)**

Allergic reaction _____

Procedural complications of the angiography (specify) _____

Additional cerebrovascular complications (sepcify) _____

***Discharge Fields**

*Discharge Date (YYYY/MM/DD) _____

***Clinical outcome scales:**

Modified Rankin

NIH stroke scale

***Discharge location**

Home

Rehabilitation

Nursing Home

Other _____

***Follow up Fields (30 days)**

Was follow up done? YES NO

If not, why:

Refusal

Inability to contact

Intervening medical event

Death

Other (specify)

How follow up obtained:

In person

By phone

Chart review

Other

Who gave the follow-up?

Patient

Relative

Non-relative, care-taker

Physician

Hospital/office records

Other (specify)

Were there adverse events or new medical problems (that affect outcome scores) from the time of hospital discharge to the 90-day follow-up? If so, specify.

*Clinical outcome scales:

Modified Rankin

NIH stroke scale