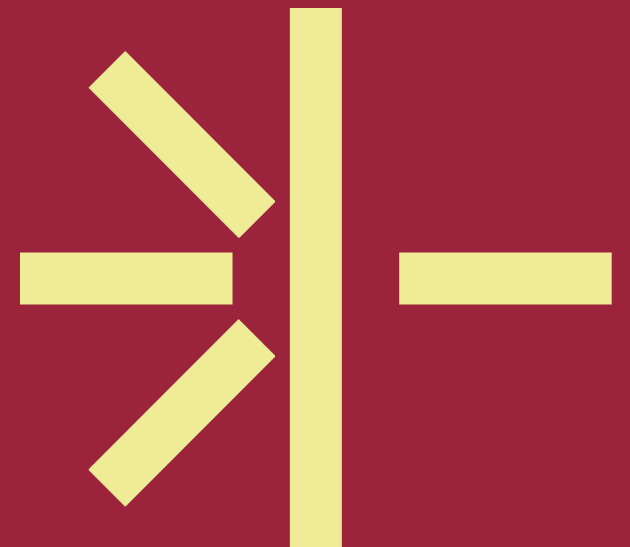




# Swiss Stroke Registry: Data management

Date: 12.03.2024

Created by Mira Katan, Alex Polymeris and  
Silvia Prince



# 01

## Admission and Treatment



# General information I

## ■ Definition stroke vs TIA

- Stroke = focal neurological symptoms with proof of corresponding ischemic infarction on neuroimaging independent of symptom duration
  - TIA = transient (duration of less than 24 h) focal neurological symptoms of presumed ischemic origin without evidence of ischemia on neuroimaging
- Patients with a clear initial diagnosis of a stroke mimic should not be entered in the SSR. Suspected strokes or TIAs which later turn out to be a stroke mimic but were initially managed as stroke or TIA [i.e., received further stroke or TIA examinations and/or treatment (e.g. intravenous thrombolysis)] should be entered as stroke or TIA in the initial “admission and treatment form” and should later be reclassified as mimic under “etiology” in the “hospitalisation form”

# How to enter suspected strokes or TIAs which later turn out to be mimics

Planned visits  
Data entry

Acute Phase  
18.03.17  
15.06.17  
"18.03.2017 11:30"

Admission and Treatment

Hospitalisation

Type of event

No Swiss residency

Date and time of arrival at hospital

Age

Sex

Ischemic stroke \*

< Bitte auswählen >

Ischemic stroke

Transient ischemic attack

Intracerebral hemorrhage

Retinal infarct

Amaurosis fugax

Acute ischemic myelopathy

Cerebral sinus vein thrombosis

Non-traumatic subarachnoid hemorrhage

Stroke or TIA mimic

**Etiology**

Etiology (modified TOAST criteria)

**Medical history**

Past cerebrovascular events

- Ischemic stroke or retinal infarction
- TIA or amaurosis fugax
- Intracranial hemorrhage

Cerebrovascular risk factors (known or newly diagnosed)

- Hypertension (>140/90 mmHg repetitively)

Stroke or TIA mimic

< Please choose >

Large artery atherosclerosis (>=50% stenosis)

Cardiac embolism (excluding PFO or other rare cardiac causes)

Small vessel disease

Cervical artery dissection

PFO (only cause and <3 vascular risk factors)

Other determined etiology

More than one possible etiology

Unknown etiology despite complete evaluation

Unknown etiology with incomplete evaluation

Stroke or TIA mimic

# General information II

- The following cases should be deleted from the SSR if entered by mistake
  - Events which occurred more than 7 days before admission in hospital
  - Asymptomatic or silent strokes
  - Incidental findings
  - Subdural hematoma
  - Traumatic subarachnoid hemorrhage
- Date and time of arrival at hospital: If available, use the arrival time in the ER or the time when the ambulance arrived. Otherwise, use the time of first blood collection. For in-hospital strokes, use the original arrival time in hospital. Time of symptom onset will be entered separately

# Clinical assessment & biometric data

- If GCS = 3 and no NIHSS available: enter the prespecified NIHSS value of 39 for comatose patients<sup>1</sup>
- If no blood pressure after admission is available, the blood pressure from the emergency rescue service can be used instead
- If a patient received intravenous thrombolysis, please enter the initial weight estimation which was used to calculate the intravenous thrombolysis dose as it might deviate from the actual weight measured later in the course of the hospitalisation

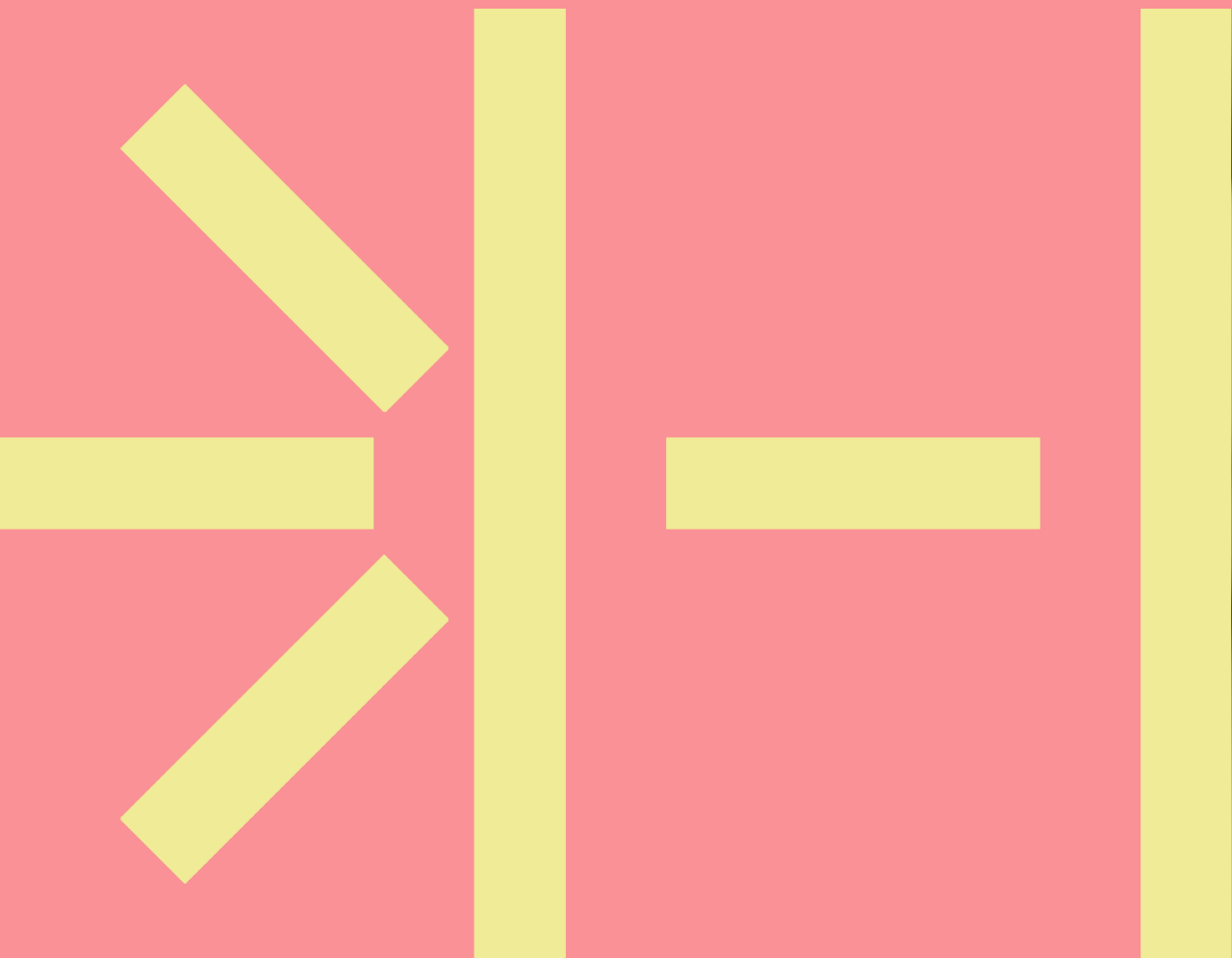
1. Lyden P. *Stroke* 2017; 48:513-9.

# Acute treatment

- If the patient received neither intravenous thrombolysis nor endovascular treatment:  
Antiplatelets or anticoagulation will be entered as acute treatment (even if the patient received this treatment before the event and it is to be continued)
- Total rtPA dose: Total dose (bolus and infusion)

02

Hospitalisation





# Comment

- In case a patient was enrolled in a study and passed away during the hospitalisation, please add information about study participation under comments of the hospitalisation form

03

Follow-Up



# 3-month outcome

- Mimic patients who received intravenous thrombolysis should be called for a simple follow up after 3 months for quality purposes

# 04

Special case HSM



# Special case HSM

- If a TIA/stroke patient had another stroke during the hospitalisation:
  - TIA followed by a stroke with intervention: enter as stroke with intervention and document TIA in the comment field under Admission and Treatment
  - TIA followed by a stroke without intervention: enter as TIA and enter the stroke under Hospitalisation
  - Stroke with intervention followed by another stroke with intervention: enter the first stroke and intervention as usual. The second stroke should be entered under Hospitalisation and any intervention (e.g. endovascular treatment) if possible as well. Other interventions (e.g. intravenous thrombolysis) which cannot be entered should be documented in the comment field under Hospitalisation

