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| Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Text  Description automatically generated |
| Patient DOB: \_ \_ / \_ \_ / \_ \_ \_ \_ |
| NHS No.: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Hospital No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **To be answered by the first hospital** |
| **2.11.0** **Was the patient referred for intra-arterial intervention for acute stroke?** |
| [ ]  Yes, accepted at this team | [ ]  Yes, accepted at another team | [ ]  Yes, but declined | [ ]  Not referred |
| **To be answered by referring hospital**  |
| **2.11.0a Date and time of initial referral for intra-arterial intervention** | DD/MM/YYYY HH:MM |
| **2.11.0b Date and time ambulance transfer requested** | DD/MM/YYYY HH:MM |
| **2.11.0c Date and time ambulance departed transferring hospital** | DD/MM/YYYY HH:MM |
| **2.11.0d Was a helicopter used?** | [ ]  Yes | [ ]  No |

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| **To be answered by thrombectomy-performing centre** |
| **2.11 Did the patient receive an intra-arterial intervention for acute stroke?** | [ ]  Yes | [ ]  No |
| **2.11a If no, reason a procedure (arterial puncture) not begun:** |
| [ ]  Pre-procedure imaging demonstrated reperfusion – procedure not required  | [ ]  Pre-procedure imaging demonstrated the absence of salvageable brain tissue  | [ ]  Other Reason  |

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| **2.11.1 Was the patient enrolled into a clinical trial of intra-arterial intervention?** | [ ]  Yes | [ ]  No |

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| **2.11.2 What brain imaging technique(s) was carried out prior to the intra-arterial intervention?** *Select all that apply* |
| **2.11.2a** CTA or MRA | [ ]  Yes | [ ]  No |
| **2.11.2b** Measurements of ASPECTS score | [ ]  Yes | [ ]  No |
| **2.11.2c** Assessment of ischaemic penumbra by perfusion imaging | [ ]  Yes | [ ]  No |
| **2.11.2c i** Was the perfusion:  | [ ]  CT | [ ]  MR | [ ]  Both |

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| **2.11.3** **How was anaesthesia managed during the intra-arterial intervention?** *Select only the most appropriate response* |
| [ ]  Local anaesthetic only (anaesthetist NOT present) | [ ]  General anaesthetic from the outset |
| [ ]  Local anaesthetic only (anaesthetist present) | [ ]  General anaesthetic by conversion from lesser anaesthesia |
| [ ]  Local anaesthetic and conscious sedation (anaesthetist NOT present) | [ ]  Other |
| [ ]  Local anaesthetic and conscious sedation (anaesthetist present) |  |
| **2.11.3a Speciality of anaesthetist (if present)** |
| [ ]  Neuroanaesthetics | [ ]  General anaesthetics | [ ]  Not present |

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| **2.11.4** **What was the speciality of the lead operator?**  | **2.11.4a What was the speciality of the second operator?** |
| *Select only the most appropriate response* |
| [ ]  Interventional neuroradiologist | [ ]  Interventional neuroradiologist |
| [ ]  Cardiologist  | [ ]  Cardiologist |
| [ ]  Interventional radiologist | [ ]  Interventional radiologist |
| [ ]  Training fellow/specialty trainee | [ ]  Training fellow/specialty trainee |
| [ ]  Other | [ ]  Other |
|  | [ ]  No second operator |
|  |
| **2.11.4b What intervention lab was used?** | [ ]  Biplane | [ ]  Monoplane |
| **2.11.4c If monoplane, why?** | [ ]  Biplane in use | [ ]  Biplane being serviced | [ ]  Other |

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| **2.11.5** **Which method(s) were used to reopen the culprit occlusion?** *Select all that apply* |
| **2.11.5a** Thrombo-aspiration system: | [ ]  Yes | [ ]  No |
| **2.11.5b** Stent retriever: | [ ]  Yes | [ ]  No |
| **2.11.5c** Proximal balloon/flow arrest guide catheter: | [ ]  Yes | [ ]  No |
| **2.11.5d** Distal access catheter: | [ ]  Yes | [ ]  No |

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| **2.11.6** **Date and time of:** |
| **2.11.6a Arterial puncture:** | DD/MM/YYYY HH:MM |
| 2.11.6b First deployment of device for thrombectomy or aspiration: | DD/MM/YYYY HH:MM or Not performed |
| **2.11.6b i Reason deployment of device not performed:** *Select only the most appropriate response* |
| [ ]  Procedure begun but unable to access the target intracranial vessel | [ ]  Unable to obtain arterial access |
| [ ]  Medical condition caused the procedure to be abandoned | [ ]  Other reason |
| **2.11.6c End of procedure (time of last angiographic run on treated vessels):** | DD/MM/YYYY HH:MM |
|  |
| **2.11.6d Were any of the following procedures required?** *Select all that apply* |
| Cervical carotid stenting | [ ]  Yes | [ ]  No |
| Cervical carotid angioplasty | [ ]  Yes | [ ]  No |
|  |
| **2.11.6e How many passes were required?** | [*1-10*] |
|  |
| **2.11.7 Were there any procedural complications?** *Select all that apply* |
| **2.11.7a** Distal clot migration/embolisation within the affected territory | [ ]  Yes | [ ]  No |
| **2.11.7b** Embolisation to a new territory | [ ]  Yes | [ ]  No |
| **2.11.7c** Intracerebral haemorrhage | [ ]  Yes | [ ]  No |
| **2.11.7d** Subarachnoid/intraventricular haemorrhage | [ ]  Yes | [ ]  No |
| **2.11.7e** Arterial dissection or perforation | [ ]  Yes | [ ]  No |
| **2.11.7f** Vasospasm | [ ]  Yes | [ ]  No |
| **2.11.7g** Other | [ ]  Yes | [ ]  No |

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| **2.11.8** **Angiographic appearance of culprit vessel and result assessed by operator (modified TICI score):** |
| **2.11.8a** Pre intervention: | [ ]  0  | [ ]  1 | [ ]  2a | [ ]  2b | [ ]  2c | [ ]  3 |
| **2.11.8c** Post intervention:  | [ ]  0  | [ ]  1 | [ ]  2a | [ ]  2b | [ ]  2c | [ ]  3 |

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| **2.11.9** **Where was the patient transferred after completion of the procedure?** *Select only the most appropriate response* |
| [ ]  Intensive care unit or high dependency unit | [ ]  Stroke unit at referring site |
| [ ]  Stroke unit at receiving site | [ ]  Other |
| **2.11.9a If transferred to ICU or HDU, what was the indication for high-level care?** *Select only the most appropriate response* |
| [ ]  Unstable blood pressure | [ ]  Agitation/need for sedation |
| [ ]  Airway or cardiac instability | [ ]  Renal failure |
| [ ]  Bleeding or procedure site | [ ]  Other |
| [ ]  Failure to wake from anaesthetic | [ ]  None of the above |

For further assistance, please contact the SSNAP Helpdesk (09:00-17:00 Mon-Fri)

0116 464 9901 [www.strokeaudit.org](http://www.strokeaudit.org) ssnap@kcl.ac.uk

**PLEASE COMPLETE ALL SECTIONS**