|  |  |
| --- | --- |
| 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](mailto:ssnap@kcl.ac.uk)

**PLEASE COMPLETE ALL SECTIONS**