

## SSNAP TIA dataset 3.0.0 (not mandatory)

The TIA section is not mandatory. However, if answering this for a patient, the aim should be to answer all of sections 1 and 2 (which has been identified as the key information). Section 3 contains supplementary questions.

### Version control

Version	Date	Changes
1.1.1	12/12/2012	Official TIA dataset following pilot versions
2.1.1	07/12/2020	Updated to KCL logo
3.0.0	01/10/2024	New answer option added: 1.6 Answer options clarified: 1.8

Hospital / Team

Auto-completed on web tool

Patient Audit Number

Auto-completed on web tool

### Demographics

1.1. Hospital Number *(not available to answer on webtool for teams in Northern Ireland)*

1.2. NHS Number *(not available to answer on webtool for teams in Northern Ireland)*

1.3. Surname *(not available to answer on webtool for teams in Northern Ireland)*

1.4. Forename *(not available to answer on webtool for teams in Northern Ireland)*

1.5. Date of birth *(not available to answer on webtool for teams in Northern Ireland)*

Age on arrival

*(teams in Northern Ireland must put age on arrival instead)*

1.6. Gender      Male     Female     Indeterminate

1.7. Postcode of usual address

*(teams in Northern Ireland can only put the first portion of the postcode on the webtool)*

1.8. Ethnicity  or Not Known

## TIA patient's key information

- 2.1. The patient was an: Inpatient  Outpatient
- 2.2. Date/time of onset of symptoms:
- 2.3. Date/time first seen by healthcare professional
- 2.4. Date/time referral received:
- 2.5. Date/time first seen in a neurovascular clinic:       
or Not seen in neurovascular clinic
- 2.6. ABCD<sup>2</sup> score
- 2.7. Date/time investigations/treatment completed:
- 2.8. Date/time antiplatelet given:       
or Antiplatelet not given  or Antiplatelet contraindicated

## TIA patient's supplementary information

- 3.1. Did the patient have any of the following co-morbidities prior to this episode?
- 3.1.1. Congestive Heart Failure: Yes  No
- 3.1.2. Hypertension: Yes  No
- 3.1.3. Atrial fibrillation: Yes  No
- 3.1.4. Diabetes: Yes  No
- 3.1.5. Stroke/TIA: Yes  No
- 3.1.6. Was the patient on antiplatelet medication prior to admission? Yes  No  No but
- 3.1.7. Was the patient on anticoagulant medication prior to admission? Yes  No  No but
- 3.2. Which healthcare professional first saw the patient? GP  A&E  Other
- 3.2.1. If other, please specify:
- 3.3. Date/time of first brain imaging       
or Not imaged  or Imaging not indicated
- 3.3.1. What was the initial brain imaging modality? CT  MRI
- 3.4. Did the patient have significant and treatable carotid stenosis?  
Yes  No  Not imaged  Imaging not indicated
- 3.5. It is not a requirement that the patient provides explicit consent for their patient identifiable details to be included in SSNAP at this stage. However, where efforts have been made to seek consent from the patient, please state if the patient gave consent for their identifiable information to be included in SSNAP?
- Yes, patient gave consent
- No, patient refused consent
- Patient was not asked