

Patient Name: _____
 Patient DOB: __/__/____
 NHS No.: _____
 Hospital No.: _____



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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:

<input type="checkbox"/> Pre-procedure imaging demonstrated reperfusion – procedure not required	<input type="checkbox"/> Pre-procedure imaging demonstrated the absence of salvageable brain tissue	<input type="checkbox"/> Other Reason
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2.11.1 Was the patient enrolled into a clinical trial of intra-arterial intervention? Yes No

2.11.2 What further brain imaging was performed at the receiving site prior to the intra-arterial intervention?
Select all that apply

2.11.2a CTA or MRA	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.11.2b Measurements of ASPECTS score	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.11.2c Assessment of ischaemic penumbra by perfusion imaging	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.11.2c i Was the perfusion scan:	<input type="checkbox"/> CT <input type="checkbox"/> MR <input type="checkbox"/> Both

2.11.3 How was anaesthesia managed during the intra-arterial intervention? *Select only the most appropriate response*

<input type="checkbox"/> Local anaesthetic only (anaesthetist NOT present)	<input type="checkbox"/> General anaesthetic from the outset
<input type="checkbox"/> Local anaesthetic only (anaesthetist present)	<input type="checkbox"/> General anaesthetic by conversion from lesser anaesthesia
<input type="checkbox"/> Local anaesthetic and conscious sedation (anaesthetist NOT present)	<input type="checkbox"/> Other
<input type="checkbox"/> Local anaesthetic and conscious sedation (anaesthetist present)	

2.11.3a Speciality of anaesthetist (if present)

Neuroanaesthetics General anaesthetics Not present

2.11.4 What was the speciality of the lead operator?	2.11.4a What was the speciality of the second operator?
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Select only the most appropriate response

<input type="checkbox"/> Interventional neuroradiologist	<input type="checkbox"/> Interventional neuroradiologist
<input type="checkbox"/> Cardiologist	<input type="checkbox"/> Cardiologist
<input type="checkbox"/> Interventional radiologist	<input type="checkbox"/> Interventional radiologist
<input type="checkbox"/> Training fellow/specialty trainee	<input type="checkbox"/> Training fellow/specialty trainee
<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> 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

2.11.5 Which method(s) were used to reopen the culprit occlusion? Select all that apply		
2.11.5a Thrombo-aspiration system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.11.5b Stent retriever:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.11.5c Proximal balloon/flow arrest guide catheter:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.11.5d Distal access catheter:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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	
<input type="checkbox"/> Procedure begun but unable to access the target intracranial vessel	<input type="checkbox"/> Unable to obtain arterial access
<input type="checkbox"/> Medical condition caused the procedure to be abandoned	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cervical carotid angioplasty	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.11.6e How many passes were required?	[1-10]
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2.11.7 Were there any procedural complications? Select all that apply		
2.11.7a Distal clot migration/embolisation within the affected territory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.11.7b Embolisation to a new territory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.11.7c Intracerebral haemorrhage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.11.7d Subarachnoid/intraventricular haemorrhage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.11.7e Arterial dissection or perforation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.11.7f Vasospasm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.11.7g Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2.11.8 Angiographic appearance of culprit vessel and result assessed by operator (modified TICl score):						
2.11.8a Pre intervention:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 3
2.11.8c Post intervention:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 3

2.11.9 Where was the patient transferred after the completion of the procedure? Select only the most appropriate response	
<input type="checkbox"/> Intensive care unit or high dependency unit	<input type="checkbox"/> Stroke unit at referring site
<input type="checkbox"/> Stroke unit at receiving site	<input type="checkbox"/> Other
2.11.10 Where was the target occlusion? Select only the most appropriate response	
<input type="checkbox"/> Anterior/carotid territory	
<input type="checkbox"/> Posterior/vertebrobasilar territory	

For further assistance, please contact the SSNAP Helpdesk (09:00-17:00 Mon-Fri)
0116 464 9901 www.strokeaudit.org ssnap@kcl.ac.uk

PLEASE COMPLETE ALL SECTIONS