

SSNAP TIA dataset (not mandatory)

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

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.

Hospital

Patient Audit Number

Demographics

1.1. Hospital Number

1.2. NHS Number or No NHS Number

1.3. Surname

1.4. Forename

1.5. Date of birth

1.6. Gender Male Female

1.7. Postcode of usual address

1.8. Ethnicity or 99 - 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. ABCD² 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
If 3.1.3 (atrial fibrillation) is Yes:
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