STROKE TEAM TO COMPLETE

**THROMBECTOMY PATHWAY**

mmm

**Time & date of referral for intervention\*** **/** **: : / /**

**Onset time\***  **:** **:** **Unknown\*** □ **Wake up Stroke\*** □

**Time thrombolysed : Not throbolysed** □

**Referred from (name of Hospital)\*** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & mobile number of referring doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time of referral to interv neuroradiologist :**

**Time of referral to anaesthetist :**

**Time ambulance departed referring hospital\* : : Helicopter used\*** Yes □ No □

**Time of arrival to ED at RSUH : He**

**Time of Stroke Team assessment :**

T**ime of first brain imaging at RSUH\* ­­­­­ :**

**Start consent form** □ done

**Empty bladder/put on convene/pad if time** □ done

**Hospital gown if time** □ done

**If not for thombectomy state why:\***

□ Not required/no large artery occlusion

□ No salvageable penumbra

**Time of arrival at IR suite :**

**SEAT nurse:** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Stroke consultant** \_­­­­­­­­­­­­\_\_\_\_\_\_\_\_

**STROKE TEAM and/or ANAESTHETIST TO COMPLETE**

**Specialty of anaesthetist (if present)\*:** Neuroanaesthetics □ General anaesthetics □

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Stoke Thrombectomy Health Assessment Form:-**(please complete for **ALL** mechanical thrombectomy patients) | | | | | | | | | | | | | | | | | | | | | |
| **NIHSS on arrival** |  | | **NIHSS now** | | | |  | | **mRS Score** | | |  | | **Thrombolysis** | | |  |
| **Bamford** | TACS |  | PACS |  | LACS |  | | POCS | |  |
| **CT-Angio** | Left |  | Right |  | ICA |  | | M1 | |  | M2 | |  | Basilar |  | Other | | |  | Dissection |  | |
| **Past Medical/Surgical History** (please tick all that apply) | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **General** | Weight\_\_\_\_\_ (kg)  Height \_\_\_\_\_ (cm) |  | **Last Food** | Time\_\_\_\_\_\_\_\_\_\_ |  |
| **Last Drink** | Time\_\_\_\_\_\_\_\_\_\_ |  |
| Allergies: |  | **Previous Anaesthetic Complications** |  |  |
| **Lifestyle** | Smoker |  | **Renal** | AKI |  |
|  | Alcohol |  |  | CKD |  |
|  | mRS |  | **Metabolic** | T1DM/ T2DM |  |
| **Respiratory** | COPD/ Asthma |  |  | Hyperlipidaemia |  |
|  | OSA |  |  | Thyroid Dysfunction |  |
|  | Other |  | **Haematology** | Anaemia |  |
| **Cardiovascular** | Hypertension |  |  | Coagulopathy |  |
|  | Angina/ MI |  |  | DVT/PE |  |
|  | Heart Failure |  | **Central Nervous** | Previous Stroke |  |
|  | Atrial Fibrillation |  |  | Previous TIA |  |
|  | PPM/ICD/CRTD |  |  | Epilepsy |  |
|  | Other arrhythmia |  | **Malignancy** | Site: |  |
|  | Other heart problem |  | **Previous Surgery** | Site: |  |

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| --- | --- |
| **Medication History** | **Drugs given** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Drug** | **Dose** | **Drug** | **Dose** |  | **Drug** | **Dose** | **Time** |
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| **Clinical Assessment** | | | | | | | |
| **General:**  **Chest:**  **Heart:**  **Legs:**  **Skin and Joints:** | | | | | | | |
| **Investigations** | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hb |  | Na |  | Gluc |  |
| WCC |  | K |  |  |  |
| PLt |  | U |  |  |  |
| INR |  | Cr |  |  |  |
| **Observations** | | | | | |
| Time: - RR Sats HR BP Temp BM | | | | | |

RADIOGRAPHER TO COMPLETE

Lead Operator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (□ Interv. neuroradiologist □ Interv. radiologist □ Trainee)\*

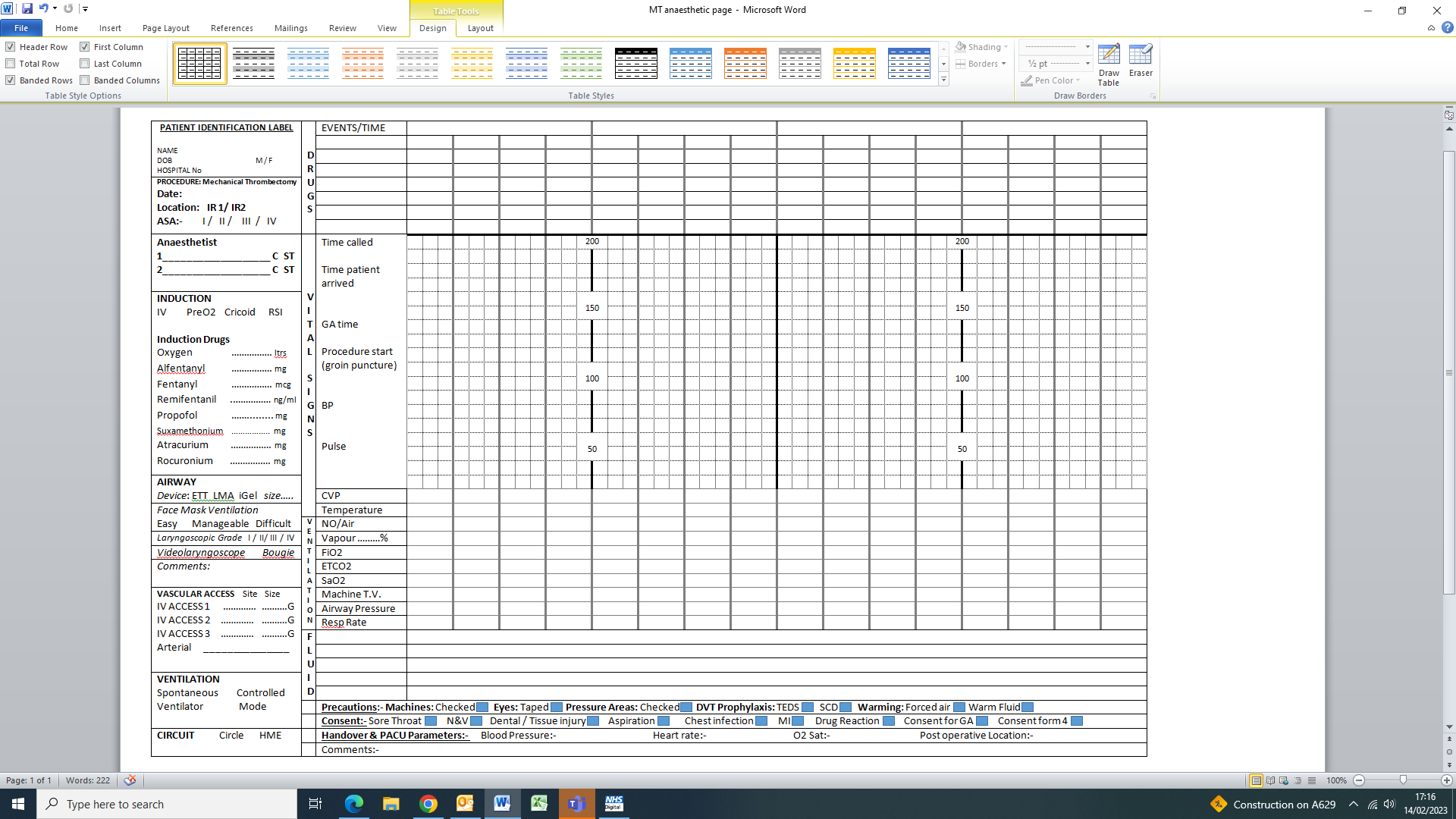
Operator 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (□ Interv. neuroradiologist □ Interv. radiologist □ Trainee)\*

Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Radiographer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Pre-OP checks | □ Informed Consent  □ WHO complete |
| What intervention lab was used?\* | □ Biplane □ Monoplane  If Monoplane used why?\*  □ Biplane in use □ Biplane being serviced □ Other |
| Puncture site | □ Femoral □ Radial  □ Left □ Right |
| Anaesthesia\* | □ General Anaesthetic □ Local Anaesthetic only  □ Conscious Sedation □ LA/ Sed converted to GA |
| On Table CT time: |  |
| Pressure bags:   * 1% Lidocaine □ 2 Litre Hartmanns * Nimotop 0.02% 3mg/15mls □ Visipaque 320 * 1Litre Hartmanns □ Heparin Sodium BP 500IU/500ml * Heparin Sodium 1,000IU/ml | |

Anaesthetist: \_\_\_\_\_\_\_\_\_\_\_\_\_ ODA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| □ Right side | □ CCA □ ICA □ VA |
| □ Left side | □ CCA □ ICA □ VA |
| Sheath: □ Long □ Short | |
| Guiding catheter: | |
| Intermediate catheter: | |
| **Time consent signed by INR : :**  **Time patient on table :**  **Time INR scrubbed :**  **Time of groin puncture\* :** | |



|  |  |  |  |
| --- | --- | --- | --- |
| (Thrombectomy procedure sheet- Lead operator Interventional Neuroradiologist)  **Time of arterial puncture\* :**  **First deployment of device for thrombectomy or aspiration\* :**  **End of procedure (last angiographic run on treated vessel)\* :**  **How many device passes were required?\***  **Cervical Carotid stenting\*** Yes No  **Cervical Carotid angioplasty** Yes No  **Other stent or angioplasty** Yes No(specify if yes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Thrombectomy not performed\*** □Not applicable  □ Unable to obtain arterial acces □ Procedure begun but unable to access the target vessel  □ Medical condition caused the procedure to be abandoned □ Other reason \_\_\_\_\_\_\_\_\_\_\_\_  **Which method(s) were used to reopen the culprit occlusion?\*** a. Thrombo-aspiration system Yes No  b. Stent retriever Yes No  c. Proximal balloon/flow arrest guide catheter Yes No  d. Distal access catheter Yes No  **Were there any procedural complications? (select all that apply)\***a. Distal clot migration/embolisation within the affected territory Yes No  b. Embolisation to a new territory Yes No  c. Intracerebral haemorrhage Yes No  d. Subarachnoid/intraventricular haemorrhage Yes No  e. Arterial dissection Yes No  Arterial dissection Yes No  If yes which vessel is dissected/perforated:  f. Vasospasm Yes No  g. Other Yes No  **Angiographic appearance of culprit vessel and result assessed by operator (modified TICI score – circle appropriate score)\***  a. Pre intervention 0 1 2a 2b 2c 3  b. Post intervention 0 1 2a 2b 2c 3  **Devices used:**  MT Device 1 (specify) : Vessel: No of passes:  MT Device 2: (specify): Vessel: No of passes:  MT Device 3: (specify): Vessel: No of passes:  MT Device 3: (specify): Vessel: No of passes:  **Free text operator’s note** | | | |
| 1. | Closure Device (specify) | 6fr 8 fr none |  |
| 2. | Bed rest until |  |  |
| 3. | Angioseal post procedure care | 2 hours flat |  |
| 2 hours sitting |  |
| 3. | Neuro Observations |  |  |
| 4. | NBM until |  |  |
| 5. | Groin check/ Radial check every hour till |  |  |
| 6. | BP Parameters | Between - mmHg |  |
| 7. | Contact Doctor if patient deteriorates |  |  |
| 8. | Post procedure medication |  |  |

**Where was the patient transferred after the completion of the procedure?\***

Stroke unit RSUH □ Stroke unit at referring site □ ITU or HDU □ Other □

**If transferred to ICU or HDU, what was the indication for high-level care?\***

Unstable BP □ Airway or cardiac instability □ Bleeding at procedure site □ Failure to wake from anaesthetic □Agitation/need for sedation □ Renal failure □ Other □ None of the above □