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) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: |  |

|  |  |
| --- | --- |
|  **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 □