

## DUQUE DATA COLLECTION FOR ACUTE STROKE

Definitions	
<b>Acute stroke</b>	Acute stroke is defined as rapidly developed clinical signs of focal (or global) disturbance of cerebral function lasting more than 24 hours (except in cases of sudden death or if the development of symptoms is interrupted by a surgical intervention), with no apparent cause other than a vascular origin: it includes patients presenting clinical signs and symptoms suggestive of subarachnoid haemorrhage, intracerebral haemorrhage or cerebral ischemic necrosis. Global clinical signs are accepted only in cases of subarachnoid haemorrhage or in patients with deep coma. Brain lesions detected by CT-scan but not accompanied by acute focal signs are not accepted as stroke, nor are extradural and subdural haemorrhages. This definition does not include Transient Ischemic Attack (TIA) or stroke events in cases of blood disease (e.g. leukaemia, polycythaemia vera), brain tumour or brain metastases (WHO criteria).
<b>Telemedicine</b>	The delivery of health care services, where distance is a critical factor, by health care professionals using information and communications technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interest of advancing the health of individuals and their communities (World Health Organization).

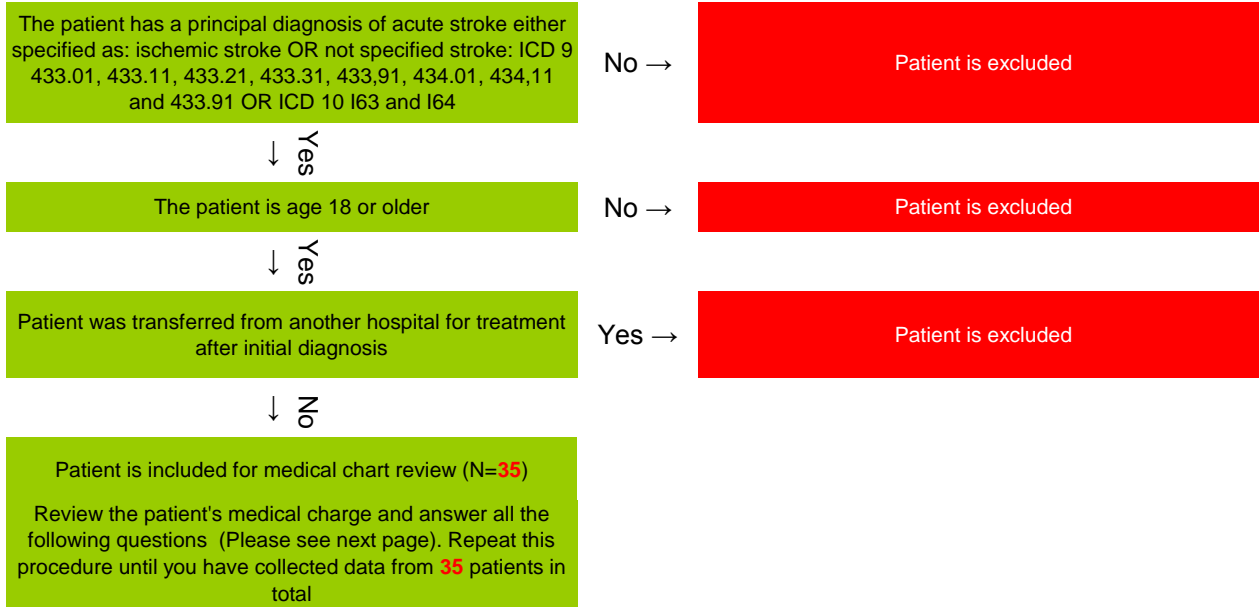
Diagnostic criteria	
	Patients age 18 years and older, with a principal diagnosis code of acute ischemic stroke OR not specified stroke: Include patients with a principal diagnostic code of: ICD 9 433.01, 433.11, 433.21, 433.31, 433.91, 434.01, 434.11 and 433.91 OR ICD 10 I63 and I64

**Identifying medical records from patients for inclusions in the DUQuE study**

<b>Precondition</b>	Patients having acute stroke syndromes thought to be acute ischemic stroke in nature represent a large proportion of acute medical admissions, but are not necessarily easy to identify / locate unless admitted to a specialised stroke unit/bed. Please follow the guide below carefully to ensure consecutive inclusion of <b>35</b> acute ischemic stroke patients according to the specified inclusion and exclusion criteria, and the overall scientific soundness of the DUQuE study. Thank you!
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Follow the chart below to identify all patients age 18 years or older who were discharged from the hospital with a principal diagnosis of either ischemic stroke OR not specified stroke: ICD 9 433.01, 433.11, 433.21, 433.31, 433.91, 434.01, 434.11 and 433.91 OR ICD 10 I63 and I64

Find the patients medical record, go through each of the patients medical record and answer the questions. Keep going until you have **35** patients included in total. Please see the "Manual for chart reviewers" for more information on patient sampling.



DUQUE DATA COLLECTION SHEET FOR STROKE						
Field Number	Field Prompt	Answer categories	Definition and notes	Guidance for answering		
<b>L01 COUNTRY AND HOSPITAL INFORMATION</b>						
L0101	Country		Country: please specify the country below			
		1 2 3 4 5 6 7 8	Czech Republic England France Germany Poland Portugal Spain Turkey	Fill in a number from 0-7		
L0102	Hospital Name		Please specify the hospital name			
		Text	Please fill in the name of the hospital	Name of hospital		
Field Number	Field Prompt	Answer categories	Definition and notes	Guidance for answering		Patient id
<b>L02 PATIENT DEMOGRAPHY</b>						
L0201	Patient date of birth		Please specify the patient's date of birth			01
		DD:MM:YYYY 9	Date of birth (DD-MM-YYYY) Not specified	Fill in exact date or fill in "9"		
L0202	Patient gender		Please specify the gender of the patient			
		0 1 9	Male Female Not specified	Fill in 0, 1 or 9		
<b>L03 ADMISSION</b>						
L0301	Date and time of symptom onset		The exact time (preferable within 10 minutes) when symptoms began.			
		DD:MM:YYYY 9	Date (DD:MM:YYYY) Date not specified	Fill in exact date OR "9"		
		HH:MM 99	Time (HH:MM) Time not specified	Fill in exact time OR "99"		
L0302	Date and time of admission to the hospital		This field should be completed - all patients should have an admission date and time. This refers to when the patient was first admitted to you hospital. Even if precise times are unknown, you should enter the date of admission to hospital.			
		DD:MM:YYYY 9	Date (DD:MM:YYYY) Date not specified	Fill in exact date OR "9"		
		HH:MM 99	Time (HH:MM) Time not specified	Fill in exact time OR "99"		

L0303	Admission ward	The purpose of this question is to determine where immediate care took place. Refers to the unit to which the patient is admitted either from the Accident and Emergency (A&E) ward or directly by ambulance service and where patient spend <u>the majority of first 24 hours</u> in hospital.		Fill in a number from 0-9	
		0	A unit for the assessment of non-specific acute medical admissions or a diagnostic unit		
		1	A specialised stroke unit / bed as defined by your hospital		
		2	Neurological department		
		3	A facility normally used primarily for patients after initial care on Specialised Stroke Unit /Bed, and is not the usual place of care for acute stroke patients		
		4	A general medical ward or a geriatric ward without specialised stroke expertise.		
		5	Critical care unit, intensive care unit or high dependency unit		
		6	Other ward; To record for patients admitted to any other wards (Intensive Care Unit, Critical Care Unit OR High Dependency Unit) OR who had a stroke while already in hospital.		
		7	The patient spend the majority of the first 24 hours in an A&E department or an observation ward		
L0304	Date and time arrival at specialised stroke unit	This field should be completed, only for patients who were admitted to a Specialised Stroke unit / bed as defined by your hospital. The patient should have an admission date and time.		Fill in exact date and time OR if this is not available fill in "0" or "1"	
		DD:MM:YYYY	Date (DD:MM:YYYY)		
		HH:MM	Time (HH:MM)		
		0	Exact date and time not specified but within the first 48 hours after admission		
1	Exact date and time not specified but AFTER the first 48 hours after admission OR Date and time not specified				
<b>L04 DIAGNOSTIC</b>					<b>01</b>
L0401	Serum cholesterol	Was a serum cholesterol sample taken after admission?		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
		9	Not specified		
		if yes, please specify the serum cholesterol value in mmol/L (5mmol/L≈ 20mg/dL). If the value is not know please fill in "99"		Fill in the value in mmol/L OR "99"	mmol/L
L0402	LDL-cholesterol	Was a LDL-cholesterol sample taken after admission.		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
		9	Not specified		
		If yes, please specify the LDL- cholesterol value in mmol/L (5mmol/L≈ 20mg/dL). If the value is not know please fill in "99"		Fill in the value in mmol/L OR "99"	mmol/L
L0403	Triglycerides	Was a triglyceride sample taken after admission?		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
		9	Not specified		
		if yes, please specify the triglyceride value in mmol/L (5mmol/L≈ 20mg/dL). If the value is not know please fill in "99"		Fill in the value in mmol/L OR "99"	mmol/L

<b>L0404</b>	CT or MRI scan	<b>CT or MRI scan was performed upon arrival in hospital</b>		Fill in 0 - 2 OR 9	
		0	CT scan performed		
		1	MRI scan performed		
		2	No scan performed		
		9	Not specified		
<b>L0405</b>	Date and time of in-hospital CT or MRI scan	<b>The date of the in-hospital CT or MRI scan (DD:MM.YYYY)</b>		Fill in exact date and time OR if this is not available fill in a number from 0-3 or "9"	
		DD:MM:YYYY	Date (DD:MM:YYYY)		
		HH:MM	Time (HH:MM)		
		0	Exact time not specified but within the first 3 hours after admission		
		1	Exact time not specified but within the first 6 hours after admission		
		2	Exact time not specified but within the first 12 hours after admission		
		3	Exact time not specified but within the first 24 hours after admission		
		9	Exact date and time not specified but AFTER the first 24 hours after admission OR Date and time not specified		
<b>L0406</b>	Face (weakness/sensory loss)	<b>Did the patient suffer from face weakness/sensory loss?</b>		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
		9	Not specified OR the patient died before diagnostic test		
<b>L0407</b>	Arm (weakness/sensory loss)	<b>Did the patient suffer from arm weakness/sensory loss?</b>		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
		9	Not specified OR the patient died before diagnostic test		
<b>L0408</b>	Leg (weakness/sensory loss)	<b>Did the patient suffer from leg weakness/sensory loss?</b>		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
		9	Not specified OR the patient died before diagnostic test		
<b>L0409</b>	Dysphasia	<b>Did the patient suffer from dysphasia?</b>		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
		9	Not specified OR the patient died before diagnostic test		
<b>L0410</b>	Hemianopsia	<b>Did the patient suffer from hemianopsia?</b>		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
		9	Not specified OR the patient died before diagnostic test		
<b>L0411</b>	Inattention/neglect	<b>Did the patient suffer from inattention/neglect?</b>		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
		9	Not specified OR the patient died before diagnostic test		
<b>L0412</b>	Brainstem/cerebellar signs	<b>Did the patient suffer from brainstem/cerebellar signs?</b>		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
		9	Not specified OR the patient died before diagnostic test		

L05 PATIENT HISTORY			01
L0501	Previous AMI	Any previously validated episode of acute myocardial infarction?	
		0 No 1 Yes 9 Not specified	Fill in 0, 1 or 9
L0502	Previous angina	Any symptoms due to cardiac ischemia developing or already in existence at least two weeks prior to admission, and continuing up to admission?	
		0 No 1 Yes 9 Not specified	Fill in 0, 1 or 9
L0503	Previous heart failure	Any previously validated diagnosis of heart failure on any therapeutic regime?	
		0 No 1 Yes 9 Not specified	Fill in 0, 1 or 9
L0504	Hypertension	Is the patient already receiving treatment (drug, dietary or lifestyle) for hypertension or with recorded BP > 140/80 on at least two occasions prior to admission?	
		0 No 1 Yes 9 Not specified	Fill in 0, 1 or 9
L0505	Hypercholesterolaemia	Does the patient have an elevation of serum cholesterol requiring dietary or drug treatment?	
		0 No 1 Yes 9 Not specified	Fill in 0, 1 or 9
L0506	Peripheral vascular disease	Does the patient show presence of peripheral vascular disease, either presently symptomatic or previously treated by intervention or surgery?. Include known renovascular disease and aortic aneurysm.	
		0 No 1 Yes 9 Not specified	Fill in 0, 1 or 9
L0507	Cerebrovascular disease	Does the patient have a history of cerebrovascular ischemia? To include transient cerebral ischemic episodes as well as events with deficit lasting >24 hours.	
		0 No 1 Yes 9 Not specified	Fill in 0, 1 or 9
L0508	Asthma or COPD	Any form of obstructive airways disease?	
		0 No 1 Yes 9 Not specified	Fill in 0, 1 or 9

L0509	Chronic renal failure	Is the creatinine chronically >200 micro mol/L ?		Fill in 0, 1 or 9	
		0	No		
L0510	Liver disease	Any validated diagnosis of liver disease?		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
L0511	Cancer	Any validated diagnosis of cancer disease?		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
L0512	Dementia	Any validated diagnosis of dementia?		Fill in 0, 1 or 9	
		0	No		
		1	Yes		
L0513	Diabetes	Please specify the patient's status and treatment regarding know diabetes prior to this admission		Fill in a number from 0-4 OR 9	
		0	A patient not known to be diabetic at the time of admission.		
		1	Diabetic not receiving insulin or oral medication.		
		2	Diabetic receiving oral medication prior to admission.		
		3	Diabetic receiving insulin without additional oral medication.		
		4	Diabetic receiving insulin and oral medication prior to admission.		
		9	Not specified		
<b>L06 MOBILISATION &amp; MEDICATION</b>					<b>01</b>
L0601	Mobilisation - The patient gets out of bed	This refers to first mobilisation performed post admission in your hospital. The patient must get out of bed assisted or unassisted either sitting, standing or walking.		Fill in a number from 0-3 OR 9	
		0	Patient was not mobilised (Including patient declined mobilisation)		
		1	Patient was unassisted when mobilised		
		2	Patient was assisted when mobilised		
		3	Mobilised, but not know if assisted or not		
		9	Not specified		
L0602	Date and time of mobilisation	The time of onset of first mobilisation after admission, this should be recorded		Fill in exact date and time OR if this is not available fill in "0" or "1"	
		DD:MM:YYYY	Date (DD:MM:YYYY)		
		HH:MM	Time (HH:MM)		
		0	Exact date and time not specified but within the first 48 hours after admission		
		1	Exact date and time not specified but AFTER the first 48 hours after admission OR Date and time not specified		
L0603	In-hospital aspirin / other antiplatelet	Secondary prevention using aspirin or other antiplatelet agents		Fill in a number from 0-4 OR 9	
		0	No use of aspirin or other antiplatelet agents		
		1	Use of aspirin or other antiplatelet agents		
		2	Patient declined treatment		
		3	Contraindicated, mark if applicable and specify later		
		4	For patients who die or are transferred to another hospital.		
		9	Not known if the patient had aspirin or other antiplatelet agents		
		If contraindicated, please specify the reason below		Fill in a number from 0-6 OR 9	
		0	Known allergy		
		1	Active peptic ulceration		
		2	History of recent intracranial bleeding		
		3	History of recent gastrointestinal bleeding		
		4	Pregnancy and/or lactation		
		5	Bleeding disorders including haemophilia, von Willebrand's disease, thrombocytopenia and severe liver disease		
		6	Other contraindication not specified		
		9	Not specified		

<b>L0604</b>	Date and time of aspirin / antiplatelet agent	<b>The time of onset of aspirin / antiplatelet agent</b>		Fill in exact date and time OR if this is not available fill in "0", "1" or "9"	
		DD:MM:YYYY	Date (DD:MM:YYYY)		
		HH:MM	Time (HH:MM)		
		0	Exact time not specified but within the first 24 hours after admission		
1	Exact time not specified but within the first 48 hours after admission				
9	Exact date and time not specified but AFTER the first 24 hours after admission OR Date and time not specified				
<b>L07 DISCHARGE OR DEATH</b>					
<b>L0701</b>	Date of discharge from hospital OR death	Discharge data should be completed for all patients, discharge date includes date of transfer to another hospital. If the patients is transferred to another hospital for the day e.g. for treatment, the patient is not regarded as discharged. Date of death should ONLY be completed if the patient died while in hospital.		Fill in exact date OR "9"	01
		DD-MM-YYYY	Date of discharge (DD:MM:YYYY)		
		9	Date of discharge not specified		
<b>L0702</b>	Date of discharge from specialised stroke unit	This field should be completed, only for patients who were admitted to a Specialised Stroke Unit / Bed as defined by your hospital. Discharge from a Specialised Stroke Unit / Bed includes date of transfer to another non stroke specialised ward in the same hospital. If the patients is transferred to another hospital for the day e.g. for treatment, the patient is not regarded as discharged.		Fill in exact date OR "99"	
		DD-MM-YYYY	Date of discharge from specialised stroke unit (DD:MM:YYYY)		
		9	Date of discharge from specialised stroke unit not specified		