AuSCR Fever/Sugar/Swallow (FeSS) MODULE DATA COLLECTION FORM



For any queries contact the AuSCR Office

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Note: If more convenient, use the combined data collection form for your standard AuSCR acute program and FeSS module.						
Hospital Name:	AFFIX PATIENT STICKER HERE					

	PATIENT DEMOGRAPHICS				
Patient Details					
First Name					
Last Name					
Date of Birth	Date of Birth				
Gender Male Female Intersex or indeterminate Not stated/inadequately described					
ADN	MISSION AND TRANSFER INFORMATION				
Admission Details					
Date of stroke onset	Unknown				
Time of stroke onset	(24-hour clock)				
	Time accuracy:				
	☐ Known time of onset ☐ If uncertain time of stroke, then time last seen well ☐ If wake up stroke, then time last seen well ☐ Time unknown				
Did the stroke occur while the patient was in hospital?	☐ Yes ☐ No ☐ Unknown				
Date of arrival at Emergency Department	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Time of arrival at Emergency Department	(24-hour clock)				
Was the patient transferred from another hospital?	☐ Yes ☐ No ☐ Unknown				
Date of admission to hospital					
Time of admission to hospital	(24-hour clock)				
ACUTE CLINICAL DATA					
NIHSS (National Institutes of Health Stroke Scale) at baseline (Paediatric version as appropriate) Unknown (99)					
Time of subsequent brain scan after the stroke (24-hour clock) Not documented					
Type of stroke					

OTHER CLINICAL INFORMATION							
Swallowing							
Was a formal swallow screen performed (i.e. not a test of gag reflex)? Date of screening Time of screening	Yes		(DD/N	documented IM/YYYY)			
Did the patient pass the screening?	☐ Yes	s 🗌 No	D □ No	t documented			
Was a swallowing assessment by a speech pathologist recorded?	☐ Yes	s □ No	☐ No	t documented			
Date of assessment Time of assessment]/		IM/YYYY) ☐ Accurate ☐ Estimate ate ☐ Estimate ☐ Unknown			
Was the swallow screen or swallowing assessment performed before the patient was given:							
Oral medications?	□ No □ Not documented						
Oral food or fluids?		☐ No	Not docume	nted			
Assessment and management of fever							
Was temperature recorded at least four tirday one of ward admission?	mes on	☐ Yes	□ No	☐ Not documented			
In the first 72 hours following admission, of patient develop a fever ≥ 37.5°C?	did the	☐ Yes	□No	☐ Not documented			
If yes, was paracetamol for the first elevat temperature administered within 1 hour?	ed	☐ Yes	□No	☐ Not documented			
Assessment and management of hyperglycaemia							
Was finger-prick blood glucose level recordens four times on day one of ward admission.		☐ Yes	□No	☐ Not documented			
In the first 72 hours following admission, of patient develop a finger-prick blood glucos level ≥ 10mmol/l?		☐ Yes	□No	☐ Not documented			
If yes, was insulin administered within 1 has the first elevated finger-prick blood glucos (≥ 10mmol/l)?		☐ Yes	□No	☐ Not documented			
Form completed by:							