AuSCR EMERGENCY DEPARTMENT (ED) MODULE DATA COLLECTION FORM



For any queries contact the AuSCR Office Phon	e: 1800 673 053 Email: admin@auscr.com.au
Hospital Name:Auditor Name:	AFFIX PATIENT IDENTIFICATION STICKER HERE

PATIENT DEMOGRAPHICS				
Patient details				
Title				
First Name				
Last Name				
Date of Birth				
Hospital MRN				
Gender Male Female Intersex or indeterminate Not stated/inadequately descri	bed			
Country of birth				
Is the patient of Aboriginal and/or Torres Strait Islander original Dut not Torres Strait Islander original Origin? ☐ Horres Strait Islander but not Aboriginal origin ☐ Both Aboriginal and Torres Strait Islander origin ☐ Neither Aboriginal nor Torres Strait Islander origin ☐ Indigenous not otherwise described ☐ Missing/Not stated				
Contact information				
Post Code State State				
ADMISSION AND TRANSFER INFORMATION				
Admission details				
Onset date Unknown Accurate Estimate				
Onset time (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 Date of discovery ☐ ☐ ☐ Unknown ☐ Accurate ☐ Estimate				
Time of discovery Cad-hour clock Time unknown				
Date of arrival at Emergency Department				
Time of arrival at Emergency Department (24-hour clock) Time unknown Time accuracy: Accurate Estimate				
Did the patient arrive by ambulance?				

Prehospital notification by paramedics?	☐ Yes ☐ No	Unknown		
Date of transfer		□ Not documented	Ė	
Time of transfer	: (24-hour cloc	Not documented		
What was the reason for transfer?				
Need for IV	=	☐ No		
Need for stroke unit	=	∐ No		
Need for brain imaging	_	∐ No		
Need for	<u>=</u>	∐ No		
Need for specialist medical assessr		∐ No		
Need for surgical intervent Need for diagnostic t		∐ No □ No		
Need for endovascular the	_	□ No		
Unkn	<u> </u>	□ No		
	Other Discourse			
PRE STROKE HISTORY				
Dependency prior to admission				
Functional status prior to stroke (mRS)	0	1 <u>23</u>	4 🗌 5	
If Unknown, use the following questions to do	etermine mRS:			
(a) Can the patient walk on their own (i.e. another person, but may include walki		☐ Yes – go to (c)	☐ No – go to (b)	
(b) If the patient can't walk on their own c helping them?	an they walk if someone is	☐ Yes – mRS = 4	☐ No – mRS = 5	
(c) If the patient can walk on their own (includes walking aids) do they need help with simple usual personal activities (toilet, bathing, dressing, cooking, household tasks, simple finances)?				
(d) If the patient can perform simple personelle help with more complex usual activitie household bills, work tasks)?		☐ Yes – mRS = 2	☐ No – go to (e)	
(e) If the patient has no disability do they	have any symptoms?	☐ Yes – mRS = 1	\square No – mRS = 0	
	ACUTE CLINICAL DATA			
What was the triage category for this patient	(ATS 1 to 5)? ATS			
NIHSS (National Institutes of Health Stroke Scale) at baseline	Unknowr	n (99)		
Did the patient have a brain scan after the stroke?	☐ Yes ☐ No			
Date of first brain scan after the stroke		(DD/MM/YYYY)		
Time of first brain scan after the stroke (24-hour clock) Not documented				
Was advanced imaging performed?				
CT angiography				
CT perfusion				
Diffusion weighted imaging				
MR angiography				
Perfusion weighted imaging				
No Data Data				
Type of stroke TIA Ischae	mic 🗌 Haemorrhage 🔲	Undetermined		

TELEMEDICINE AND REPERFUSION					
Was a stroke telemedicine consultation conducted?					
Date/(DD/MM/YYYY)					
Time (24-hour clock) Unknown					
Telemedicine setting and reason					
Did the patient receive intravenous thrombolysis? ☐ Yes ☐ No ☐ Unknown					
Date of delivery (DD/MM/YYYY)					
Time of delivery (24-hour clock) Unknown					
Drug used					
Was there a serious adverse event related to thrombolysis? ☐ Yes ☐ No					
Type of adverse event: Intracranial haemorrhage					
Extracranial haemorrhage					
Angioedema 🗌 Yes 🔲 No					
Other Yes No					
OTHER CLINICAL INFORMATION					
Swallowing					
Was a formal swallow screen performed (i.e. not a test of gag reflex)? ☐ Yes ☐ No ☐ Not documented					
Was the swallow screen or swallowing assessment performed before the patient was given:					
Oral medications?					
Oral food or fluids?					
Mobilisation					
Was the patient able to walk independently on admission? (i.e. may include walking aid, but without assistance from another person)					
DISCHARGE INFORMATION					
What was the discharge destination? Discharge/transfer to (an)other acute hospital Note: As the inclusion criteria for the ED Dataset specify only those patients transferred for further acute stroke care at another hospital, no other discharge destination should be recorded for these patients.					
Form completed by: Contact Number Contact Number					