

## List of AuSCR acute variables collected in each AuSCR program

The list below reflects variables collected in AuSCR programs as of March 2023.

Master Data List reference and variable name	Red	Black	Paed	ED	FeSS
1.000 Hospital name	✓	✓	✓	✓	✓
1.020 Auditor name	✓	✓	✓	✓	x
2.000 Patient record ID number	✓	✓	✓	✓	✓
2.030 Statistical linkage key	✓	✓	✓	✓	✓
2.050 Title	✓	✓	✓	✓	x
2.060 First name	✓	✓	✓	✓	✓
2.070 Last name	✓	✓	✓	✓	✓
2.090 Date of birth	✓	✓	✓	✓	✓
2.100 Age	x	x	✓	x	✓
2.110 Medicare number	✓	✓	✓	x	x
2.120 Hospital Medical Record Number (MRN)	✓	✓	✓	✓	x
2.130 Gender	✓	✓	✓	✓	✓
2.150 Country of birth	✓	✓	✓	✓	x
2.160 Language spoken	✓	✓	✓	x	x
2.170 Interpreter needed	✓	✓	✓	x	x
2.180 Is the patient of Aboriginal/Torres Strait Islander origin?	✓	✓	✓	✓	x
2.190 Phone number	✓	✓	✓	x	x
2.200 Mobile number	✓	✓	✓	x	x
2.210 Address type	✓	✓	✓	x	x
2.220 Street address	✓	✓	✓	x	x
2.230 Suburb	✓	✓	✓	x	x
2.240 Postcode	✓	✓	✓	✓	x
2.250 State	✓	✓	✓	✓	x
2.260 Country	✓	✓	✓	x	x
2.280 First name	✓	✓	✓	x	x
2.290 Last name	✓	✓	✓	x	x
2.291 Same as patient address?	✓	✓	✓	x	x
2.300 Address type	✓	✓	✓	x	x
2.310 Street address	✓	✓	✓	x	x
2.320 Suburb	✓	✓	✓	x	x
2.330 Postcode	✓	✓	✓	x	x
2.340 State	✓	✓	✓	x	x
2.350 Country	✓	✓	✓	x	x
2.360 Phone number	✓	✓	✓	x	x
2.370 Mobile number	✓	✓	✓	x	x
2.390 Emergency contact relationship to participant	✓	✓	✓	x	x
2.391 Other relative (specify)	✓	✓	✓	x	x
2.400 First name	✓	✓	✓	x	x
2.410 Last name	✓	✓	✓	x	x
2.420 Address type	✓	✓	✓	x	x
2.430 Street address	✓	✓	✓	x	x
2.440 Suburb	✓	✓	✓	x	x
2.450 Postcode	✓	✓	✓	x	x
2.460 State	✓	✓	✓	x	x

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2.470 Country	✓	✓	✓	x	x
2.480 Phone number	✓	✓	✓	x	x
2.490 Mobile number	✓	✓	✓	x	x
2.510 Alternative contact relationship to participant	✓	✓	✓	x	x
2.511 Other relative (specify)	✓	✓	✓	x	x
3.070 Validated stroke screen performed	x	x	x	x	x
3.080 Type	x	x	x	x	x
4.00 Onset date	✓	✓	✓	✓	✓
4.010 Unknown	✓	✓	✓	✓	✓
4.020 Date accuracy	✓	✓	✓	✓	x
4.030 Onset time	✓	✓	✓	✓	✓
4.040 Time accuracy	✓	✓	✓	✓	✓
4.090 Date of discovery	x	x	x	✓	x
4.100 Date accuracy	x	x	x	✓	x
4.101 Unknown	x	x	x	✓	x
4.120 Time of discovery	x	x	x	✓	x
4.130 Time accuracy	x	x	x	✓	x
4.131 Unknown	x	x	x	✓	x
4.140 Did the stroke occur while the patient was in hospital?	✓	✓	✓	x	✓
4.150 Date of arrival to emergency department	✓	✓	✓	✓	✓
4.160 Date accuracy	✓	✓	✓	✓	x
4.170 Time of arrival to emergency department	✓	✓	✓	✓	✓
4.180 Time accuracy	✓	✓	✓	✓	x
4.181 Unknown	✓	✓	✓	✓	✓
4.190 Direct admission to hospital (bypass ED)	x	✓	✓	x	x
4.200 Did the patient arrive by ambulance?	✓	✓	✓	✓	x
4.210 Prehospital notification by paramedics?	x	x	x	✓	x
4.220 Was the patient transferred from another hospital?	✓	✓	✓	x	✓
4.240 Date of transfer	x	x	x	✓	x
4.250 Not documented	x	x	x	✓	x
4.260 Time of transfer	x	x	x	✓	x
4.270 Not documented	x	x	x	✓	x
4.290 Date of admission to hospital	✓	✓	✓	x	✓
4.300 Not admitted	✓	✓	✓	x	x
4.310 Date accuracy	✓	✓	✓	x	x
4.320 Time of admission to hospital	✓	✓	✓	x	✓
4.330 Time accuracy	✓	✓	✓	x	x
4.331 Unknown	✓	✓	✓	x	✓
4.380 Treated in a stroke unit at any time during their stay?	✓	✓	✓	x	x
5.040 Need for IV thrombolysis	x	✓	✓	✓	x
5.050 Need for stroke unit care	x	✓	✓	✓	x
5.060 Need for rehabilitation	x	✓	✓	x	x
5.070 Need for brain imaging	x	✓	✓	✓	x
5.080 Need for ICU	x	✓	✓	✓	x
5.090 Need for specialist medical assessments	x	✓	✓	✓	x
5.100 Need for surgical interventions	x	✓	✓	✓	x
5.110 Need for diagnostic tests	x	✓	✓	✓	x

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5.120 Need for coordinated care by a stroke service	x	✓	✓	x	x
5.121 Need for endovascular therapy	x	✓	✓	✓	x
5.130 Unknown	x	✓	✓	✓	x
5.140 Other (specify)	x	✓	✓	✓	x
6.010 History of atrial fibrillation	x	x	x	x	x
6.020 Previous stroke	✓	✓	✓	x	x
6.211 Cardiac disease	x	x	✓	x	x
6.212 Anaemia	x	x	✓	x	x
6.213 Infection	x	x	✓	x	x
6.221 Other (specify)	x	x	✓	x	x
6.470 Functional status prior to stroke (mRS)	x	x	x	✓	x
6.480 Unknown/derive	x	x	x	✓	x
6.490 Can the patient walk on their own (i.e. without the assistance of another person, but may include walking aid)?	x	x	x	✓	x
6.500 If the patient can't walk on their own, can they walk if someone is helping them?	x	x	x	✓	x
6.510 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)?	x	x	x	✓	x
6.520 If the patient can perform simple personal activities do they need help with more complex usual activities (driving, golf, finances, household bills, work tasks)?	x	x	x	✓	x
6.530 If the patient has no disability, do they have any symptoms?	x	x	x	✓	x
7.000 What was the triage category (Australasian Triage Scale; ATS) for this patient in ED?	x	x	x	✓	x
7.010 Not admitted through ED	x	x	x	✓	x
7.250 NIHSS at baseline	✓	✓	✓	✓	✓
7.410 Did the patient have a brain scan after this stroke?	x	✓	✓	✓	x
7.430 Date of first brain scan after the stroke	✓	✓	✓	✓	x
7.440 Time of first brain scan after the stroke	✓	✓	✓	✓	x
7.450 Not documented	✓	✓	✓	✓	x
7.451 Was this brain scan diagnostic?	x	x	✓	x	x
7.460 What type of brain scan was performed?	x	x	✓	x	x
7.471 CT angiography	x	x	✓	✓	x
7.472 CT perfusion	x	x	✓	✓	x
7.473 Diffusion weighted imaging	x	x	✓	✓	x
7.474 MR angiography	x	x	✓	✓	x
7.475 Perfusion weighted imaging	x	x	✓	✓	x
7.476 No advanced imaging	x	x	✓	✓	x
7.480 Date of subsequent brain scan after the stroke	x	✓	✓	x	x
7.490 Not applicable (no further scans)	x	✓	✓	x	x
7.500 Time of subsequent brain scan after the stroke	x	✓	✓	x	x
7.510 Time of subsequent brain scan - not documented	x	✓	✓	x	x
7.520 What type of brain scan was performed?	x	x	✓	x	x
7.531 CT angiography	x	x	✓	x	x
7.532 CT perfusion	x	x	✓	x	x

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7.533 Diffusion weighted imaging	X	X	✓	X	X
7.534 MR angiography	X	X	✓	X	X
7.535 Perfusion weighted imaging	X	X	✓	X	X
7.536 No advanced imaging	X	X	✓	X	X
7.550 Type of stroke	✓	✓	✓	✓	✓
7.580 Cause of stroke	✓	✓	X	X	X
7.591 Mechanism (ischaemic)	X	X	✓	X	X
7.592 Other (specify)	X	X	✓	X	X
7.593 Mechanism (haemorrhage)	X	X	✓	X	X
7.594 Other (specify)	X	X	✓	X	X
7.6001 Acute occlusion site - Left	X	✓	✓	X	X
7.6002 Acute occlusion site - Right	X	✓	✓	X	X
7.6003 Acute occlusion site - ICA-EC	X	✓	✓	X	X
7.6004 Acute occlusion site - ICA-IC	X	✓	✓	X	X
7.6005 Acute occlusion site - MCA-M1	X	✓	✓	X	X
7.6006 Acute occlusion site - MCA-M2	X	✓	✓	X	X
7.6007 Acute occlusion site - MCA-M3	X	✓	✓	X	X
7.6008 Acute occlusion site - ACA	X	✓	✓	X	X
7.6009 Acute occlusion site - PCA	X	✓	✓	X	X
7.6010 Acute occlusion site - BA	X	✓	✓	X	X
7.6011 Acute occlusion site - VA	X	✓	✓	X	X
7.6012 Acute occlusion site - No occlusion	X	✓	✓	X	X
7.6013 Acute occlusion site - Not documented	X	✓	✓	X	X
7.6014 Acute occlusion site - Other	X	✓	✓	X	X
8.000 Was a stroke telemedicine consultation conducted?	✓	✓	✓	✓	X
8.010 Date	X	X	X	✓	X
8.020 Time	X	X	X	✓	X
8.021 Unknown	X	X	X	✓	X
8.130 Did the patient receive intravenous thrombolysis	✓	✓	✓	✓	X
8.140 Date of delivery	✓	✓	✓	✓	X
8.150 Time of delivery	✓	✓	✓	✓	X
8.160 Drug	X	X	X	✓	X
8.190 Was there a serious adverse event related to thrombolysis?	✓	✓	✓	✓	X
8.201 Type of adverse event - Intracranial haemorrhage	✓	✓	✓	✓	X
8.202 Type of adverse event - Extracranial haemorrhage	✓	✓	✓	✓	X
8.203 Type of adverse event - Angiodema	✓	✓	✓	✓	X
8.204 Type of adverse event - Other	✓	✓	✓	✓	X
8.250 Was other reperfusion (endovascular) provided?	X	✓	✓	X	X
8.260 Treatment date for other reperfusion	X	✓	✓	X	X
8.261 NIHSS before endovascular treatment	X	✓	✓	X	X
8.280 Time groin puncture	X	✓	✓	X	X
8.290 Time of completing recanalisation/procedure	X	✓	✓	X	X
8.420 Final eTICI	X	✓	✓	X	X
8.430 24 hour NIHSS	X	✓	✓	X	X

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8.470 Was there haemorrhage within the infarct on follow-up imaging	x	✓	✓	x	x
8.480 Haemorrhage details	x	✓	✓	x	x
9.070 Was a formal swallowing screen performed (i.e. not a test of gag reflex)?	✓	✓	x	✓	✓
9.080 Date of swallow screen	✓	✓	x	x	✓
9.090 Accuracy	✓	✓	x	x	✓
9.100 Time of swallow screen	✓	✓	x	x	✓
9.101 Unknown	✓	✓	x	x	✓
9.110 Accuracy	✓	✓	x	x	✓
9.120 Did the patient pass the screening?	✓	✓	x	x	✓
9.130 Was a swallow assessment by a speech pathologist recorded?	✓	✓	x	x	✓
9.140 Date of swallowing assessment	✓	✓	x	x	✓
9.150 Accuracy	✓	✓	x	x	✓
9.160 Time of swallowing assessment	✓	✓	x	x	✓
9.161 Unknown	✓	✓	x	x	✓
9.170 Accuracy	✓	✓	x	x	✓
9.180 Was the swallow screen or assessment performed before the patient was given oral medications?	✓	✓	x	✓	✓
9.190 Was the swallow screen or assessment performed before the patient was given oral food or fluids?	✓	✓	x	✓	✓
9.360 Was the patient able to walk independently on admission? (i.e. may include walking aid, but without assistance from another person)	✓	✓	✓	✓	x
9.37 Was the patient mobilised in this admission?	✓	✓	✓	x	x
9.38 Date of first documented mobilisation	✓	✓	✓	x	x
9.39 Accuracy	✓	✓	✓	x	x
9.40 Method of mobilisation documented	✓	✓	✓	x	x
10.020 Antiplatelets given as hyperacute therapy (for ischaemic stroke or TIA)?	✓	✓	✓	x	x
10.030 Date	✓	✓	✓	x	x
10.040 Accuracy	✓	✓	✓	x	x
10.050 Time	✓	✓	✓	x	x
10.051 Unknown	✓	✓	✓	x	x
10.060 Accuracy	✓	✓	✓	x	x
10.070 Was temperature recorded at least four times on day one of ward admission?	x	x	x	x	✓
10.100 In the first 72 hours following admission did the patient develop a fever $\geq 37.5^{\circ}\text{C}$ ?	x	x	x	x	✓
10.150 Was paracetamol for the first elevated temperature administered within 1 hour?	x	x	x	x	✓
10.210 Was finger-prick blood glucose level recorded at least four times on day one of ward admission?	x	x	x	x	✓
10.240 In the first 48 hours following ward admission did the patient develop a glucose level of 10 mmol/l or more?	x	x	x	x	✓
10.250 Was insulin administered within 1 hour of the first elevated finger-prick glucose ( $\geq 10$ mmol/L)?	x	x	x	x	✓
13.020 On discharge was the patient prescribed antithrombotics?	✓	✓	✓	x	x

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13.030 Aspirin	X	X	✓	X	X
13.040 Clopidogrel	X	X	✓	X	X
13.050 Dipyridamole MR	X	X	✓	X	X
13.055 Other antiplatelet drug	X	X	✓	X	X
13.060 Warfarin	X	X	✓	X	X
13.070 Dabigatran	X	X	✓	X	X
13.080 Rivaroxaban	X	X	✓	X	X
13.090 Apixaban	X	X	✓	X	X
13.100 Other anticoagulant	X	X	✓	X	X
13.12 On discharge was the patient prescribed antihypertensives?	✓	✓	X	X	X
13.21 On discharge was the patient prescribed lipid-lowering treatment?	✓	✓	X	X	X
14.00 Patient deceased during hospital care?	✓	✓	✓	X	X
14.01 Date of death	✓	✓	✓	X	X
14.02 Accuracy	✓	✓	✓	X	X
14.07 Is the date of discharge known?	✓	✓	✓	X	X
14.08 Date of discharge	✓	✓	✓	X	X
14.09 Accuracy	✓	✓	✓	X	X
14.15 What is the discharge diagnosis ICD 10 Classification Code?	✓	✓	✓	X	X
14.151 Other (specify)	✓	✓	✓	X	X
14.152 What is the Medical Condition ICD 10 Classification Code?	✓	✓	✓	X	X
14.153 What is the Medical Complication ICD 10 Classification Code?	✓	✓	✓	X	X
14.154 What is the Medical Procedure ICD 10 Classification Code?	✓	✓	✓	X	X
14.16 What is the discharge destination/mode?	✓	✓	✓	✓	X
14.161 Please specify (if discharged/transferred to residential aged care service)	✓	✓	X	X	X
14.19 Is there evidence that a care plan outlining post discharge care in the community was developed with the team and the patient (or family if patient has severe aphasia or cognitive impairments)?	✓	✓	X	X	X