Notification Form

*Instruction: Where check boxes ☐ are provided, check (V) one or more boxes. Where radio buttons ○ are provided, check (V) one box only. * indicates compulsory field.*	Office use (ID)	/

1.	Name of Hospital	
2.	Date of Notification	__ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

A. PATIENT DEMOGRAPHICS

1.	*Patient Name				
2.	*Patient Identification No	MyKad/MyKid			
		Other ID Document Type (Passport, Armed Force)		Other ID Document Number	
3.	*Date of Birth	__ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*			
4.	*Age at onset	__ __ __ years old *(Auto-calculated)*			
5.	*Sex	○ Male ○ Female			
6.	*Ethnicity	○ Malay ○ Chinese ○ Indian	○ Bumiputera Sarawak: _____ ○ Bumiputera Sabah: _____ ○ Other Malaysian: _____ ○ Foreigner, specify country: _____		

B. CLINICAL DETAILS

1	***Hospital arrival**	a. Patient arrived to the hospital from	○ From home / scene → answer (i) i. If from home / scene, mode of arrival: ○ EMS / ambulance ○ private transportation ○ From another stroke treating centre ○ From any other hospital		
		b. Date & time of hospital arrival (Door time)	__ __ / __ __ / __ __ __ __ __ __ : __ __ *(dd/mm/yyyy hh:mm) (24 hr clock)*		
2	***Stroke onset**	a. In patient stroke	○ No ○ Yes		
		b. Stroke onset	○ Known onset →	i. Date & time of symptom onset	__ __ / __ __ / __ __ __ __ __ __ : __ __ *(dd/mm/yyyy hh:mm) (24 hr clock)*
				ii. Time of onset to door	__ __ __ minutes *(Auto-calculated if in patient stroke = No)*
			○ Unknown onset / wake up stroke →	iii. Date & time when patient went to bed / last seen well	__ __ / __ __ / __ __ __ __ __ __ : __ __ *(dd/mm/yyyy hh:mm) (24 hr clock)*
				iv. Time of onset to door	__ __ __ minutes *(Auto-calculated if in patient stroke = No)*
		c. Date & time of medical/ neurology team review	__ __ / __ __ / __ __ __ __ __ __ : __ __ *(dd/mm/yyyy hh:mm) (24 hr clock)*		
3	***Hospital admission**	a. Admitted?	○ No ○ Yes ↓ (answer b & c)		
		b. Date of admission	__ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*		
		c. Location of admission (day 1)	○ ICU ○ Stroke unit ○ Other monitored bed with telemetry ○ Standard bed		
4	***Risk factors**	Previous known history (select all that apply)	☐ None ☐ Diabetes mellitus ☐ Hyperlipidemia ☐ Previous TIA / ischemic stroke ☐ Atrial fibrillation / flutter (proxysmal / persistent / permanent) ☐ Valvular heart disease ☐ Chronic kidney disease ☐ Malignancy ☐ Gout ☐ Obesity ☐ Unknown	☐ Hypertension ☐ Smoker ↓ ○ Current ○ Former (>30 days) ☐ Previous hemorrhagic stroke ☐ Coronary artery disease / previous MI ☐ Congestive heart failure ☐ Hormonal contraception ☐ Covid positive in last 6 months ☐ HIV ☐ Family history of stroke ☐ Obstructive sleep apnoea (OSA) ☐ Other: _____	

5	***Prior medication** Treatment before admission / event (select all that apply)	☐ None	
		☐ *Antiplatelet →	☐ Aspirin (ASA) ☐ Cardiprin ☐ Clopidogrel ☐ Prasugrel ☐ Ticlopidine ☐ Cilostazol ☐ Ticagrelol ☐ Dipyridamole ☐ Other antiplatelet, specify: _____
		☐ *Anticoagulant →	☐ Warfarin ☐ Heparin/low molecular weight heparin ☐ Dabigatran ☐ Rivaroxaban ☐ Apixaban ☐ Edoxaban ☐ Other anticoagulant, specify: _____
		☐ Antidiabetic →	☐ Specify: _____
		☐ Anti-hypertensives →	☐ Specify: _____
		☐ Statin →	☐ Specify: _____
		☐ Other →	☐ Specify: _____
		☐ Unknown	
6	*Vital signs, neurological assessment & blood investigation at presentation	a. GCS	__ __ ○ Not done
		b. Systolic blood pressure	__ __ __ mmHg ○ Not done
		c. Diastolic blood pressure	__ __ __ mmHg ○ Not done
		d. Blood glucose	__ __. __ mmol/L OR ○ Lo ○ Hi ○ Not done
		e. LDL cholesterol	__ __. __ mmol/L ○ Not done
		f. NIHSS	__ __ ○ Not done
		g. Baseline mRS (prior to stroke)	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Not done

7 *Imaging

a.* Brain imaging type (select all that apply)

#	Brain imaging type	Date & Time of imaging *(dd/mm/yyyy hh:mm) (24 hr clock)*	Door to CT/MRI *(Auto-calculated)*
i.	☐ Imaging done in another hospital		
ii.	☐ Non-contrast CT	__ __/__ __/__ __ __ __ __ __ : __ __	__ __ __ minutes
	☐ CT Angiography	__ __/__ __/__ __ __ __ __ __ : __ __	__ __ __ minutes
		1. Large vessel occlusion (LVO):	○ No ○ Yes
		2. Middle vessel occlusion / Distal Vessel Occlusion (MEVO / DVO):	○ No ○ Yes
		3. If Yes for either (1) or (2), select all that apply:	
		3a. ☐ Side	○ Right ○ Left ○ Bilateral
		3b. ☐ Vessel occluded	
		3b i) ☐ MCA:	○ M1 ○ M2 ○ M3 ○ M4
		3b ii) ☐ ACA:	○ A1 ○ A2 ○ A3
		3b iii) ☐ Basilar:	○ Proximal ○ Mid ○ Distal
		3b iv) ☐ Vertebral	
		3b v) ☐ PCA	
		3b vi) ☐ ICA	○ Intracranial ○ Extracranial
		4. ICAD	○ No ○ Yes ↓ Location: _____
iv.	☐ CT Perfusion	__ __/__ __/__ __ __ __ __ __ : __ __	__ __ __ minutes
v	☐ MR DWI / Flair	__ __/__ __/__ __ __ __ __ __ : __ __	__ __ __ minutes
vi.	☐ MR Angiography	__ __/__ __/__ __ __ __ __ __ : __ __	__ __ __ minutes
		1. Large vessel occlusion (LVO):	○ No ○ Yes
		2. Middle vessel occlusion / Distal Vessel Occlusion (MEVO / DVO):	○ No ○ Yes
		3. If Yes for either (1) or (2), select all that apply:	
		3a. ☐ Side	○ Right ○ Left ○ Bilateral
		3b. ☐ Vessel occluded	
		3b i) ☐ MCA:	○ M1 ○ M2 ○ M3 ○ M4
		3b ii) ☐ ACA:	○ A1 ○ A2 ○ A3
		3b iii) ☐ Basilar:	○ Proximal ○ Mid ○ Distal
		3b iv) ☐ Vertebral	

7	*Imaging			3b v) ☐ PCA	
				3b vi) ☐ ICA	o Intracranial o Extracranial
				4. ICAD	o No o Yes ↓
					Location: _____
		vii.	☐ MR Perfusion	__ __ / __ __ / __ __ __ __ __ __ : __ __	__ __ __ minutes
		viii.	☐ Not done		
		b. (Optional) Non-contrast CT / MRI findings:		1. ☐ Side	o Right o Left o Bilateral
				2. Area of infarct (select all that apply)	
				2a. Cortical	☐ MCA ☐ ACA ☐ PCA ☐ Cerebellar
				2b. Brainstem	☐ Midbrain ☐ Pontine ☐ Medulla
				2c. Subcortical	☐ Basal ganglia ↓ ☐ Corona radiate ☐ Centrum Semiovale
					☐ Internal capsule ☐ Caudate ☐ Putamen ☐ ☐ Caudate
		c. Old infarcts seen on the imaging (select all that apply)		☐ Cortical ☐ Subcortical (basal ganglia, internal capsule) ☐ Brainstem	☐ None ☐ Not available
		d. ASPECT Score		o 0 o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8 o 9 o 10	
8	*Stroke classifications	a. WHO classification		o Ischemic stroke o Transient ischemic attack (TIA) o Undetermined (the imaging finding is not available) o Determined	o Intracerebral haemorrhage o Subarachnoid haemorrhage
				i. If TIA, ABCD2 score	o 0 o 1 o 2 o 3 o 4 o 5 o 6 o 7
				ii. If ischemic stroke	
				a. OCSP classification	o TACI o PACI o LACI o POCI
				b. TOAST classification	o Large artery atherosclerosis o Small vessel occlusion o Cardioembolism o Other determined aetiologies o Undetermined aetiology
9	*IV thrombolysis treatment	a. Treated with IV thrombolysis in current admission		o No	o Yes
		i. If No		a. Reasons for not doing thrombolysis	☐ Already received IV thrombolysis in other hospital ☐ Out of time window ☐ Mild deficit ☐ Contraindicated to IVT ☐ Unknown onset ☐ Consent not given ☐ Cost of treatment ☐ Transferred to other hospital for IV thrombolysis → answer (b)
					b. Transfer date & time: __ __ / __ __ / __ __ __ __ __ __ : __ __ *(dd/mm/yyyy hh:mm) (24 hr clock)*
					☐ Only mechanical thrombectomy required ☐ Thrombolytic drug not available ☐ Uncontrolled BP ☐ Active bleeding ☐ Warfarin with INR >1.7 ☐ Patient on NOAC < 48hour ☐ Haemorrhagic transformation ☐ Stroke >1/3 of hemisphere ☐ Other: _____
		ii. If Yes		a. IVT agent (select one)	o Alteplase o Streptokinase o Tenecteplase o Staphylokinase
		ii. If Yes		b. Treatment dose	__ __ __ . __mg
				c. If Alteplase is used, select dose	o 0.9mg/kg o 0.6mg/kg o other dose (pls state) _____ mg/kg

			d. Bolus date & time (time at which first IV shot given)	__ __ / __ __ / __ __ __ __ __ __ : __ __ *(dd/mm/yyyy hh:mm) (24 hr clock)*	
			e. CT/MRI to needle time (in minutes)	__ __ __ __ *(Auto-calculated)*	
			f. Stroke onset to thrombolysis time (minutes)	__ __ __ __ *(Auto-calculated)*	
			g. Location of IV thrombolysis bolus administration	○ CT / MRI room ○ Emergency room	○ Stroke unit / ICU ○ Other: _____
10	*Mechanical thrombectomy treatment	a. Treated with mechanical thrombectomy in your hospital	○ No	○ Yes	○ Service not available
		i. If No	a. Reason for not doing thrombectomy	☐ Already received mechanical thrombectomy in other hospital ☐ Out of time window ☐ Mild deficit ☐ Unknown onset ☐ Large core (ASPECT<5 + core volume >70ml ☐ No large vessel occlusion ☐ Premorbid disability ☐ Consent not given ☐ Cost of treatment ☐ Transferred to other hospital for mechanical thrombectomy b. Transfer date & time (door out): __ __ / __ __ / __ __ __ __ __ __ : __ __ *(dd/mm/yyyy hh:mm) (24 hr clock)* ☐ Other: _____	
		ii. If Yes	a. Groin puncture date & time	__ __ / __ __ / __ __ __ __ __ __ : __ __ *(dd/mm/yyyy hh:mm) (24 hr clock)*	
			b. Reperfusion date & time	__ __ / __ __ / __ __ __ __ __ __ : __ __ *(dd/mm/yyyy hh:mm) (24 hr clock)*	
			c. Door to groin puncture time (in minutes)	__ __ __ __ *(Auto-calculated)*	
			d. Groin puncture to reperfusion time (in minutes)	__ __ __ __ *(Auto-calculated)*	
			e. TICI score	○ Grade 0 ○ Grade 1 ○ Grade 2A ○ Grade 2B ○ Grade 2C ○ Grade 3	
			f. Number of passes	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10	
			g. Device used	☐ Stent retriever ☐ Aspiration ☐ Angioplasty	
11	*Post Acute Care	a. Fever (equal or more than 37.5) in the first 72 hours of admission	○ No	○ Yes	
		b. Glucose level of equal or more than 10mmol/L in first 48 hours of admission	○ No	○ Yes	
		c. VTE prophylaxis (select all that apply)	☐ Unfractionated heparin (UFH) ☐ Intermittent pneumatic compression devices (IPC) ☐ Oral factor Xa inhibitor prescribed for VTE only	☐ Low molecular weight heparin (LMWH) ☐ Warfarin prescribed for VTE only ☐ Other, specify: _____ _____	☐ Graduated compression stockings (GCS) ☐ Venous foot pumps (VFP) ☐ None

11	*Post Acute Care	d. Screening for atrial fibrillation/flutter	○ Not screened ○ Known AF	○ No AF detected	○ Detected during hospitalization
		e. Swallowing assessment done	○ No	○ Yes	
		f. Patient received physiotherapy	○ No	○ Yes	○ Not required
		g. Patient received occupational therapy	○ No	○ Yes	○ Not required
		h. Patient received speech therapy	○ No	○ Yes	○ Not required
		i. Smoking cessation programme	○ No	○ Yes	○ Not required (non smoker)
12	*Post stroke complications	a. Post stroke complications (select all that apply)	☐ None ☐ Recurrence / extension of stroke ☐ Pulmonary embolism (PE) ☐ Delirium	☐ Pneumonia ☐ Deep vein thrombosis (DVT) ☐ Drip site sepsis ☐ Others, specify: _____	☐ Pressure sores ☐ Urinary tract infection ☐ Seizure
		b. Hemorrhagic transformation		○ No	○ Yes
		c. Neurosurgical intervention (decompressive craniectomy etc)		○ No	○ Yes
13	Secondary prevention work- up	a. Secondary prevention work-up (select all that apply)	☐ Echocardiography ☐ Carotid ultrasonography ☐ Fasting lipid profile	☐ Holter ☐ TCD ☐ Young stroke workup	☐ CTA/MRA ☐ Diabetes screening ☐ Cancer screening

C. DISCHARGE			
1	*Treatments prescribed upon discharge (select all that apply)	☐ None	
		☐ *Antiplatelet →	☐ Aspirin (ASA) ☐ Cardiprin ☐ Clopidogrel ☐ Prasugrel ☐ Ticlopidine ☐ Cilostazol ☐ Ticagrelol ☐ Dipyridamole ☐ Other antiplatelet, specify: _____
		☐ *Anticoagulant →	☐ Warfarin ☐ Heparin/low molecular weight heparin ☐ Dabigatran ☐ Rivaroxaban ☐ Apixaban ☐ Edoxaban ☐ Other anticoagulant, specify: _____
		☐ Antidiabetic →	☐ Specify: _____
		☐ Anti-hypertensives →	☐ Specify: _____
		☐ Statin →	☐ Specify: _____
		☐ Other →	☐ Specify: _____
		☐ Unknown	
2	*NIHSS on discharge	__ __	○ Not done
3	*mRS on discharge	○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ Not done	
4	*Discharge destination	○ Home ○ Transferred within the same centre ○ Transferred to another centre ○ Social care facility/nursing care ○ Patient died	
5	*Date of discharge / death	__ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*	
6	*Length of hospital stay	__ __ __ days *(Auto-calculated)*	