**THROMBECTOMY DOCUMENT**   
(Pre Thrombectomy sheet)

mmm

dd

hh

mmmm

yyyy

**1**. **Date/time of onset/awareness of symptoms**

**2.** **Wake up Stroke** Yes □ No □ **Time of Onset unknown** Yes □ No □

hh

mmm

**3.** **Time of arrival to ED at RSUH**

mm

hh

**4. Time of Stroke Team assessment**

**5. Referred from another Hospital** Yes □ No □ **Name of Hospital**

mm

hh

**6. Time ambulance transfer requested from referring hospital**

hh

mm

**7. Time ambulance departed referring hospital**

**8. Was a helicopter used** Yes □ No □

**9. Modality of First Brain Imaging after Stroke**  
Plain/non-contrast CT □ CT Intracranial Angiogram □ CT Perfusion □  
Plain/non-contrast MRI □ Contrast-enhanced MRA □ MRI Perfusion □

mm

hh

**10.** **Time brain imaging requested at RSUH**

mm

hh

**11. Time brain imaging completed at RSUH**

**12. What brain imaging technique(s) was carried out prior to the intra-arterial intervention?**a. CTA or MRA Yes □ No □  
b. Measurement of ASPECTS Score Yes □ No □  
c. Assessment of ischaemic penumbra by perfusion imaging Yes □ No □  
 i. Was the perfusion CT □ MRI □ Both □

**13. Was artificial intelligence (AI) used to support the interpretation of the first brain imaging?**Yes □ No □

mm

hh

**14. Time of initial referral for intra-arterial intervention**

hh

mm

**15. Time of initial referral to anaesthesia team**

hh

mm

**16. Time of arrival at IR suite**

**17. Where was the patient transferred after the completion of the procedure?**

Intensive care unit or high dependency unit □ Stroke unit at receiving site □

Stroke unit at referring site □ Other □

**18. If transferred to ICU or HDU, what was the indication for high-level care?**

Unstable blood pressure □ Airway or cardiac instability □ Bleeding at procedure site □

Failure to wake from anaesthetic □ Agitation/need for sedation □ Renal failure □

Other □ None of the above □

**1. Specialty of anaesthetist (if present):** Neuroanaesthetics □ General anaesthetics □

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Stoke Thrombectomy Health Assessment Form:-**(please complete for **ALL** mechanical thrombectomy patients) | | | | | | | | | | | | | | | | | | |
| **Onset Time** |  | | | **NIHSS Score** | | | |  | | **mRS Score** | | |  | | **Thrombolysis** |  |
| **Bamford** | TACS |  | PACS | |  | LACS |  | | POCS | |  |
| **CT-Angio** | Left |  | Right | |  | ICA |  | | M1 | |  | M2 |  | Vertebro-basilar | |  | Dissection |  | |
| **Past Medical/Surgical History** (please tick all that apply) | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **General** | NHS No\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Weight\_\_\_\_\_ (kg)  Height \_\_\_\_\_ (cm)  Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **✓** | **Central Nervous** | Previous Stroke |  |
| Previous TIA |  |
|  | Smoker |  |  | Epilepsy |  |
|  | Alcohol |  |  | Cognitive Dysfunction |  |
| **Respiratory** | COPD |  | **Renal** | AKI |  |
| Asthma |  | Chronic Renal Failure |  |
|  | OSA |  | **Metabolic** | T1DM |  |
| T2DM |  |
| **Cardiovascular** | Hypertension |  |  | Thyroid Dysfunction |  |
|  | Hyperlipidaemia |  | **Haematology** | PE/DVT |  |
|  | IHD |  |  | Coagulopathy |  |
|  | Cardiomyopathy |  | **Malignancy**  **(state site)** |  | |
| Angina |  |
| Atrial Fibrillation |  |
|  | Other arrhythmias |  | **Previous Surgery** |  | |
| Previous MI |  |
|  | Heart Failure |  | **Anaesthetic Complications** |  | |
| Valvular Heart Dx |  |
|  | PPM/ICD/CRTD  Last checked\_\_/\_\_\_/\_\_ |  | **Last Food** | Time\_\_\_\_\_\_\_\_\_\_ | |
|  | PVD |  | **Last Drink** | Time\_\_\_\_\_\_\_\_\_\_ | |

|  |  |
| --- | --- |
| **Medication History** | **Drugs given** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Drug** | | **Dose** | | **Drug** | | | **Dose** |  | | **Drug** | | **Dose** | **Time** | |
|  | |  | |  | | |  |  | |  |  | |
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| **Clinical Assessment:**  *Please tick if there is evidence of any of the following: -* | | | | | | | | | | | | | | |
| CNS | ✓ | | Respiratory | | ✓ | Cardiovascular | | | ✓ | | General | | | ✓ |
| GCS | /15 | | LRTI | |  | Coronary Syndrome | | |  | | Frailty | | |  |
| Seizures |  | | Pneumonia | |  | Heart Failure | | |  | | Dehydration | | |  |
| Visual deficit |  | | Pneumothorax | |  | Malignant Arrhythmias | | |  | | Tissue/bone injury | | |  |
| Motor deficit |  | | PE | |  | Hypertension(SBP>180) | | |  | | Local infection | | |  |
| Dysphagia |  | | DVT | |  | Heart Murmur | | |  | | Systemic sepsis | | |  |
| Dysarthria |  | |  | |  |  | | |  | |  | | |  |
| Neglect |  | |  | |  |  | | |  | |  | | |  |
| **Pathway** | | | | | | | | | | | | | | |
| **Inform Anaesthetist**  **IV access**   **VBG ECG Consent WHO Checklist Hospital Gown Transfer to IR**  \\\\\\\\\\\ | | | | | | | | | | | | | | |
| **Investigations** | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Na |  | Hb |  | ECG |  |
| K |  | WCC |  | Pregnancy Test (*If age < 55*) |  |
| Urea |  | Plt |  | CXR (If indicated) |  |
| Creatinine |  | INR |  | Echo (Previous) |  |
| eGFR |  | APTT |  |  |  |
| **Observations** | | | | | |
| Time: - RR Sats HR BP Temp BM | | | | | |

Table

Description automatically generated

**Thrombectomy**

**Post operation sheet**

**Femoral approach**

*Insert label*

Operator:

|  |  |
| --- | --- |
| * Informed Consent |  |
| * WHO complete |  |
| Aseptic Technique / Puncture site | Left Right |
| General Anaesthetic | Local Anaesthetic |
| On Table CT time: |  |
| **Pressure bags:**   * 1% Lidocaine * Nimotop 0.02% 3mg/15mls * 1Litre Hartmanns * Heparin Sodium 1,000IU/ml * 2 Litre Hartmanns * Visipaque 320 * Heparin Sodium BP 500IU/500ml | |

Nurse:

Anaesthetist:

Radiographer:

Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Arteries Injected: | |  | | |
| Aortic Arch: | |  | | |
| Right side: | | CCA ICA VA | | |
| Left side: | | CCA ICA VA | | |
| Sheath: Long Short | | | | |
| Guiding catheter: | | | | |
| Intermediate catheter: | | | | |
| **THROMBECTOMY DOCUMENT** (Thrombectomy procedure sheet- Lead operator Interventional Neuroradiologist)  mm  hh  yyyy  mmmm  dd  **1. Date and time of groin puncture:**  **2. Was the patient enrolled into a clinical trial of intra-arterial intervention?** Yes □ No □ If Yes – name of trial  **3. What intervention lab was used:** Biplane □ Monoplane □  **4. If monoplane, why?** Biplane in use □ Biplane being serviced □ Other □  **5. Which method(s) were used to reopen the culprit occlusion?** a. Thrombo-aspiration system Yes No  b. Stent retriever Yes No  c. Proximal balloon/flow arrest guide catheter Yes No  d. Distal access catheter Yes No  **6. Date and time of**  **a. arterial puncture**  mm  hh  mm  hh  yyyy  mmmm  dd  **b. First deployment of device for thrombectomy or aspiration**  **Not performed**  i. Deployment of device not performed because:  Unable to obtain arterial access □  Procedure begun but unable to access the target intracranial vessel □  Medical condition caused the procedure to be abandoned □  Other reason □  mm  hh  **c. End of procedure (last angiographic run on treated vessel):  d. Were any of the following procedures required (*select all that apply*)?** Cervical Carotid stenting Yes No  Cervical Carotid angioplasty Yes No  **e. How many passes were required?**  **7. Were there any procedural complications? *(select all that apply)*** a. Distal clot migration/embolisation within the affected territory Yes No  b. Embolisation to a new territory Yes No  c. Intracerebral haemorrhage Yes No  d. Subarachnoid/intraventricular haemorrhage Yes No  e. Arterial dissection or perforation Yes No  f. Vasospasm Yes No  g. Other Yes No  **8. Angiographic appearance of culprit vessel and result assessed by operator (modified TICI score – circle appropriate score)**  a. Pre intervention 0 1 2a 2b 2c 3  b. Post intervention 0 1 2a 2b 2c 3  **Any other:**   |  |  |  | | --- | --- | --- | | Closure Device | 6fr 8fr No | Doctor: | | | | | |
| 1. | Bed rest until am/pm | |  |  |
| 2. | Angioseal post procedure care | | 2 hours flat |  |
| 2 hours sitting |  |
| 3. | Neuro Observations | |  |  |
| 3. | NBM until | |  |  |
| 4. | Groin check every hour | |  |  |
| 5. | BP Parameters | | Between - mmHg  Mean |  |
| 6. | Contact Doctor if patient deteriorates | |  |  |
| 7. | Post procedure medication: | |  |  |