**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 □

|  |
| --- |
| **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) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **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 |



**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)mmhhyyyymmmmdd**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**  mmhhmmhhyyyymmmmdd**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 □mmhh**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: |  |  |