



OFFICE OF THE DIRECTOR
TOMO RIBA INSTITUTE OF HEALTH & MEDICAL SCIENCES (TRIHMS)
Naharlagun – 791 110, Arunachal Pradesh
Email - trihmsap@gmail.com

No. TRIHMS/CARDIO-53/22

Dated Naharlagun, the 28th December 2022

To

The Director
IPR, Naharlagun
Govt. of Arunachal Pradesh

Sub:- Publication of Advertisement

Sir,

Please find here with attached an advertisement no. TRIHMS/Cardio-53/2022 Dated 28th December 2022 for publication in the local dailies and bills in triplicate may be forwarded to the undersigned for payment.

Enclosed: As stated Above.

Sd/-
(Dr. Moji Jini)
Director, TRIHMS
Govt. of Arunachal Pradesh

Memo No. TRIHMS/CARDIO-53/22 Dated Naharlagun, the 28th December 2022

Copy to

1. Admin officer, TRIHMS Naharlagun
2. HoD Cardiology for information
3. Office Copy

(Dr. Moji Jini)
Director, TRIHMS
Govt. of Arunachal Pradesh



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No. TRIHMS/CARDIO-53/22

Dated Naharlagun, the 28th December 2022

ADVERTISEMENT

Applications are invited for short term project HBSR (Hospital based stroke registry) ICMR- NCDIR in TRIHMS, Naharlagun for the following posts.

Sl. No	Posts	No. of Post
1.	Medical Officer	1 (one)
2.	Project Assistant	1 (one)
3.	Data Entry Operator Cum Project Technician	1 (one)

The interested candidate should submit their resume to the Office of the Director, Tomo Riba Institute of Health and Medical Sciences on or before 09/01/2023.

For further details go to www.trihms.com

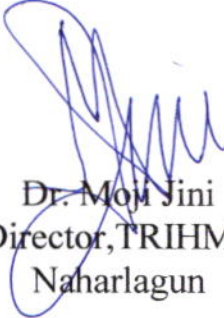
Sd-
Dr. Moji Jini
Director, TRIHMS
Naharlagun

No. TRIHMS/CARDIO-53/22

Dated Naharlagun, the 28th December 2022

Copy to:

1. Director IPR for publication in the local dailies
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Dr. Moji Jini
Director, TRIHMS
Naharlagun



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Dated Naharlagun, the 28th December 2022

Advertisement for ICMR- NCDIR in TRIHMS

Applications are invited for short term project HBSR (Hospital based stroke registry) ICMR- NCDIR in TRIHMS, Naharlagun under the Department of Cardiology and Medicine for the following posts.

1. Medical Officer
2. Project Assistant
3. Data Operator cum Project Technician

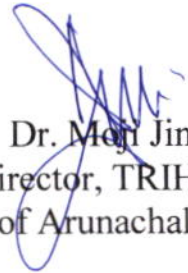
Last date for receiving of application is on 9/01/2023. The short-listed candidates shall be uploaded in the website on 13/1/2023. The interview will be conducted on 17/01/2023 in the office of the Director, TRIHMS, Naharlagun

Details of project:

1. The Project is for three years and the annual renewal is subject to performance of the Institute.
2. The Project is ICMR – NCDIR funded.
3. The project is a registry. The concept note has been attached.
4. Eligibility criteria of Project Staffs.

Sl. No.	Designation	Qualification	Monthly Remuneration
1	Medical Officer	MBBS/BDS from recognized Institute.	60,000/- Sixty thousand only
2	Project Assistant	M.Sc/B.Sc Degree in any field or Equivalent from recognized Institute.	27,000/- Twenty thousand only
3	Data Entry Operator cum Project Technician	Post-Graduation or Graduation from any academic background with basic computer knowledge.	18,000/- Eighteen thousand only

For any queries kindly mail to trihmsap@gmail.com. Details shall be updated at www.trihms.com from time to time.


Dr. Meji Jini)
Director, TRIHMS
Govt. of Arunachal Pradesh



Development of Hospital Based Stroke Registries in North-East region of India (HBSR-NER) Concept Note

Introduction and Background

Stroke is the second leading cause of death in above 60 years age group; 15 million people were affected and 5 million people were estimated to die of stroke every year, and 60 % of the total stroke patients were dependent (1), (2). In India, crude and age-adjusted rate of stroke ranges from 117-145/ lakh population and 130-152/ lakh population respectively, with a case fatality rate of 17 to 27.2% at 30 days. (4), (5),(6), (7). A third of premature stroke deaths in India occurred in the northeastern states, where death rates were three times higher than the national average (7). Ethnicity, High prevalence of hypertension and inadequate stroke care might have a role in increasing mortality rates and novel risk factors such as endemic infections might also be associated with stroke in these areas (7). Hemorrhagic stroke was the most common sub type of stroke reported in a hospital based study done in Assam and also most of these cases were of younger age group and lower socio economic group (8)

Rationale for Hospital Based Stroke Registry

Evidence on access to stroke care in different treatment settings is unavailable for planning of stroke care services. Data on clinical care parameters and Outcomes of stroke – both acute and long term may be measured by a HBSR and this will offer insight on clinical care performance of hospitals treating patients with stroke. The information from a hospital-based stroke registry will help

- To provide the better healthcare delivery
- To obtain better patient outcomes
- To facilitate preventive measures, and
- To improve healthcare policy regarding stroke

Objectives

- I. To generate reliable data on
 - a. Pattern of Stroke
 - b. Pattern of Care and Treatment

Methodology

The aim of ICMR-NCDIR National Stroke Care registry programme is to study pattern and quality of care in stroke across different treatment care settings. The objective of establishing the Hospital based stroke registry under National Stroke Registry Programme (NSRP) is to generate data on the pattern and quality of care of stroke in different treatment settings that could further lead to expansion of epidemiological, clinical and public health research in stroke in our country.



Selection of cases:

First ever and recurrent stroke cases (Ischemic stroke, Hemorrhagic stroke & SAH) presenting within 28 days of onset will be included

TIA and non-vascular stroke will be excluded

Basis of Diagnosis:

Clinical presentation and Imaging studies (CT, MRI and others)

Data abstraction and core-form:

Data shall be abstracted from all the cases of stroke admitted or attending out-patient department of the registered hospital. A stroke case can present/ admit in different departments in a hospital (Neurology, Medicine, Neurosurgery, Emergency, Radiology, Physiotherapy etc.,). All such departments/ units shall be included for data collection.

For admitted cases, data collection/ update can be done during admission, during stay at hospital & during discharge. If any stroke case is missed, data of such cases shall be collected from Medical records department. At out-patient department, whenever a stroke case is diagnosed & medications/ referral is advised, data of such cases shall be abstracted into the HBSR core form.

The core-form of HBSR will contain the following components

1. Identifying information
2. Diagnosis of Stroke - Basis of diagnosis, Final Diagnosis, Type of Stroke, ICD -10
3. Clinical Information – symptoms, signs & Severity of stroke
4. Imaging studies – CT and /or MRI findings
5. Risk Factors and Co-Morbid Conditions – Such as behavioral and metabolic risk factors
6. Treatment details – thrombolysis / surgery / medical/rehabilitation /Complications
7. Status at discharge – Alive or Dead, Functional status
8. Follow – up status at 28 days after onset of stroke
9. Vital status on follow up
10. Death – Cause of death

Once the data is abstracted into the core form, the same can be entered into the HBSR online software. The HBSR form will be hosted in an online software containing question of the above components and will have in-built quality checks like consistency, duplicity and range checks. The software will also produce summary tables for data analysis and reporting.

Follow-up: All registered case will be followed up on 28 days & 3 months. The functional status and vital status will be collected during admission, discharge, 28th day & 3 months. Discharged cases will be followed up by social investigator during hospital visits or by other means of communication like telephone, letters.



Role of Participating Centre

Collection and collation of data of all stroke reported/diagnosed/treated (at admission, 28 days & 3 months from the date of onset of stroke) with specific attention to capture complete and correct residential address, patient identification details and type of stroke, clinical status, treatment details and follow-up information (clinical and demographic). Data collection has to be done in the prescribed core form, entered on-line and transmitted preferably in real time to ICMR-NCDIR. The Centre PI and Co-PIs and the concerned staff should participate in the meetings / workshops / training programs and present the progress of work.

NCDIR team coordination, Data management, analysis

1. The Coordinating Unit will support individual centres in establishing the HBSR with inputs in technology, epidemiology and field work.
2. Meetings and workshops for the HBSR Centres on purpose of the HBSR, the core form, standardization of the methodology of collecting and transmitting data, and planning out the data collection process will be conducted.
3. The NCDIR team will develop online data collection form with in-built quality checks and result/summary table generating software.

Expected outcomes

Quality of care indicators will be assessed

- Use of intravenous thrombolysis (tPA) if an ischaemic stroke
- Access to a stroke unit (geographically defined ward area)
- Discharged on an antihypertensive agent
- Care plan provided at discharge (defined as any documentation in the medical record)
- Hospital outcomes data including date of discharge or date of death, and discharge.

Ethical Concern

The participating centre shall obtain IEC approval for the project before commencement of data collection as per the ICMR 'National Ethical Guidelines for Biomedical and Health Research involving Human Participant-2017'. NCDIR shall obtain and retain personal information of the registered stroke patients that is required for the purposes of duplicate checking and other quality checks of the data. NCDIR do not share any patient data between the institutions and with any other third party. The participating centre shall abide by the ICMR-NCDIR policy on data processing and disclosure to ensure a stable, reliable, ethical and legally compliant framework for data collection, use and dissemination by the NCDIR.

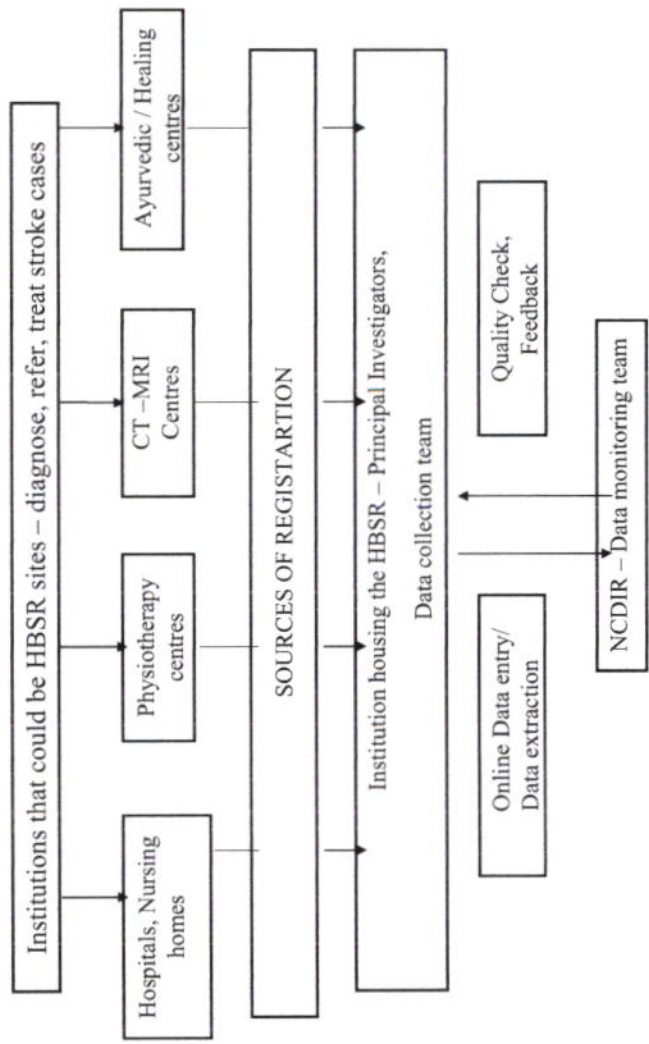


References:

1. cvd_atlas_16_death_from_stroke.pdf [Internet]. [cited 2017 Oct 9]. Available from: http://www.who.int/cardiovascular_diseases/en/cvd_atlas_16_death_from_stroke.pdf?ua=1
2. cvd_atlas_15_burden_stroke.pdf [Internet]. [cited 2017 Oct 9]. Available from: http://www.who.int/cardiovascular_diseases/en/cvd_atlas_15_burden_stroke.pdf?ua=1
3. Pandian JD, Singh G, Bansal R, Paul BS, Singla M, Singh S, et al. Establishment of population-based stroke registry in Ludhiana city, northwest India: feasibility and methodology. *Neuroepidemiology*. 2015;44(2):69–77.
4. Sridharan SE, Unnikrishnan JP, Sukumaran S, Sylaja PN, Nayak SD, Sarma PS, et al. Incidence, types, risk factors, and outcome of stroke in a developing country: the Trivandrum Stroke Registry. *Stroke*. 2009 Apr;40(4):1212–8.
5. Dalal PM, Bhattacharjee M, Vairale J, Bhat P. Mumbai stroke registry (2005-2006)--surveillance using WHO steps stroke instrument--challenges and opportunities. *J Assoc Physicians India*. 2008 Sep;56:675–80.
6. Nagaraja D, Gururaj G, Girish N, Panda S, Roy AK, Sarma GRK, et al. Feasibility study of stroke surveillance: data from Bangalore, India. *Indian J Med Res*. 2009 Oct;130(4):396–403.
7. Ke C, Gupta R, Xavier D, et al. Divergent trends in ischaemic heart disease and stroke mortality in India from 2000 to 2015: a nationally representative mortality study. *Lancet Glob Health*. 2018;6(8):e914-e923. doi:10.1016/S2214-109X(18)30242-0
8. Mahanta BN, Mahanta TG, Gogoi P. Clinico-epidemiological profile of stroke patients admitted in a tertiary care Hospital of Assam. *Clinical Epidemiology and Global Health*. 2018 Sep 1;6(3):122-9

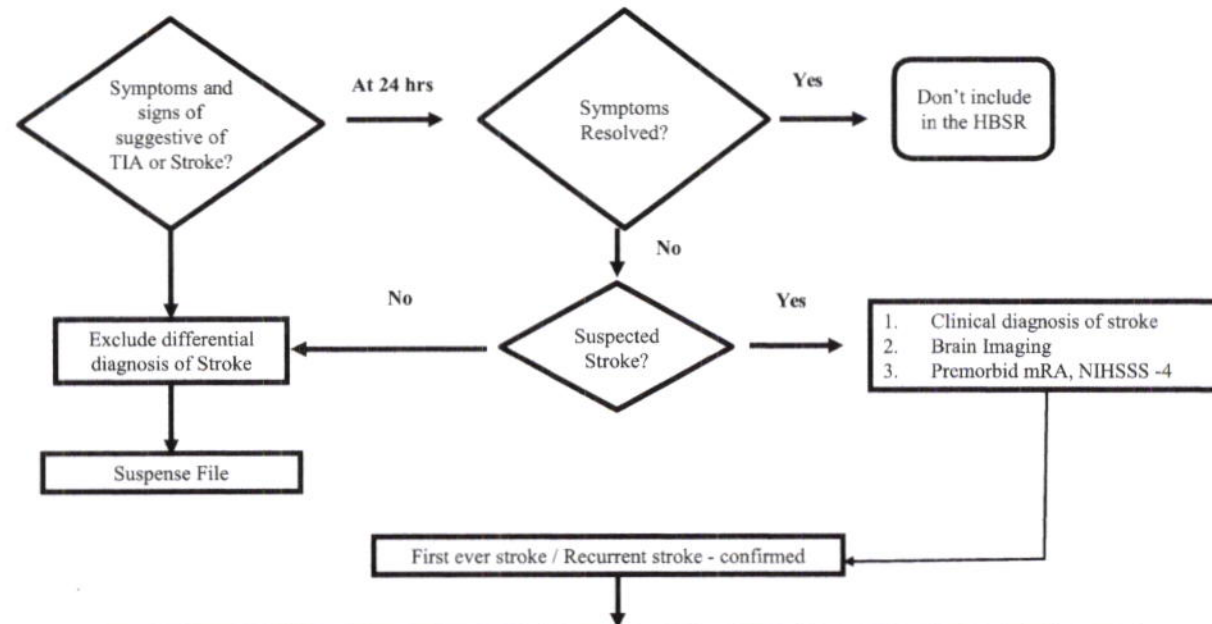


Establishing a Hospital Based Stroke Registry



Framework for Registering a Stroke Case

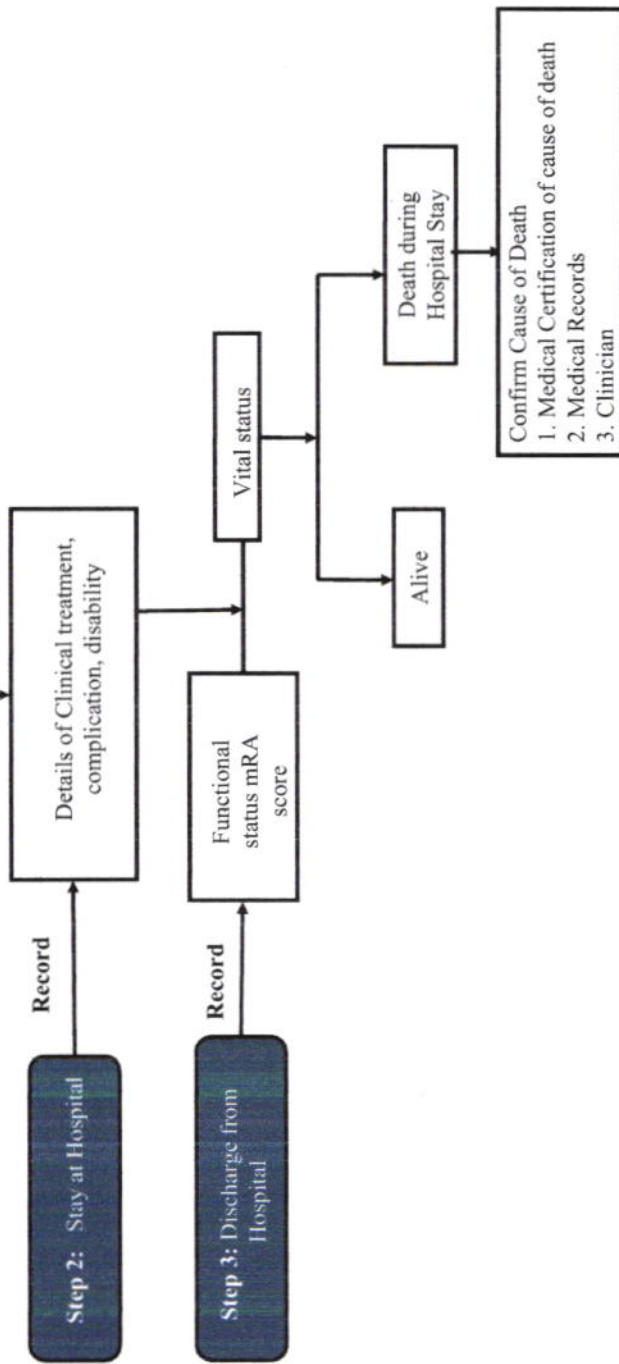
Flow Chart – Guide to Stroke Registration in HBSR

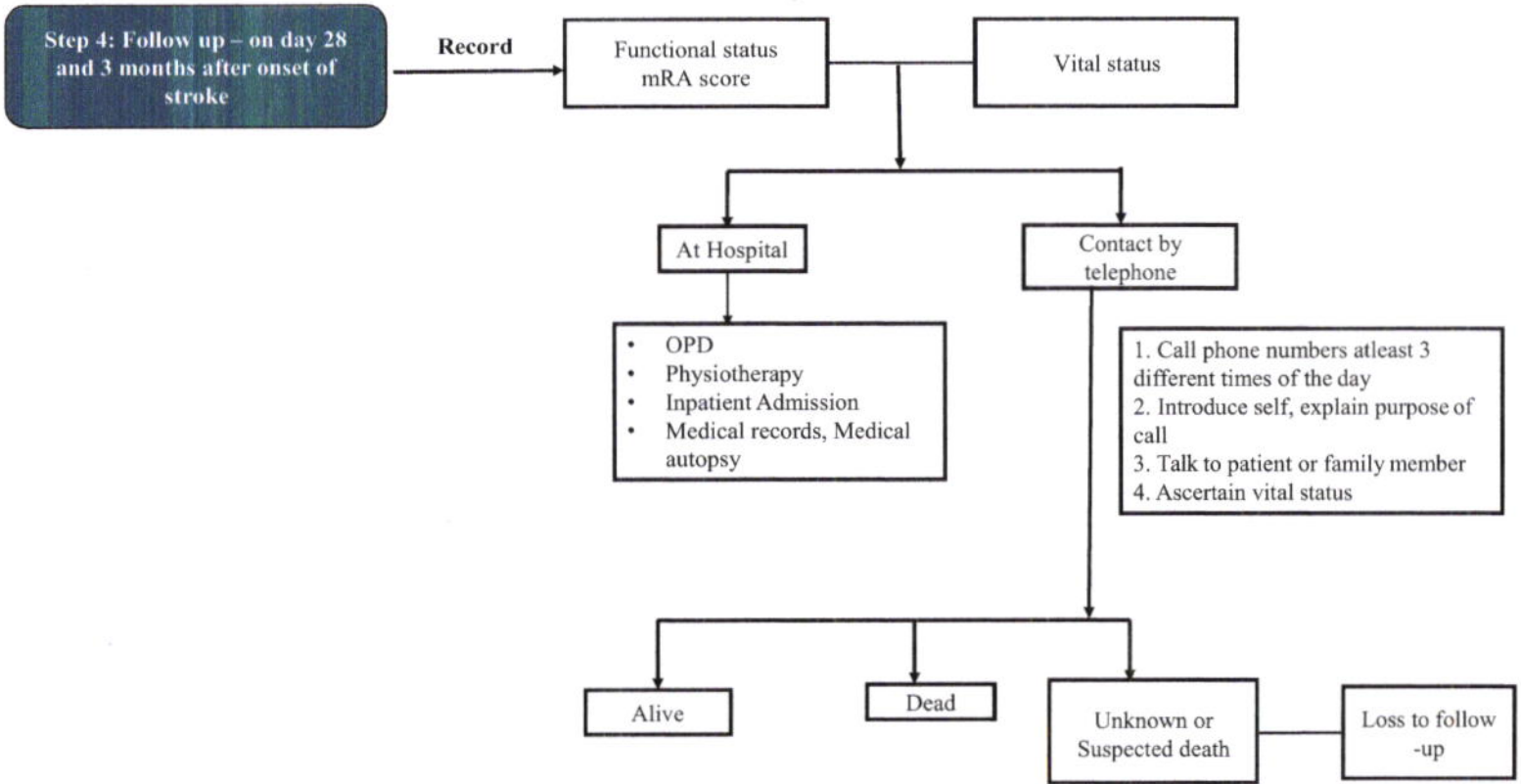


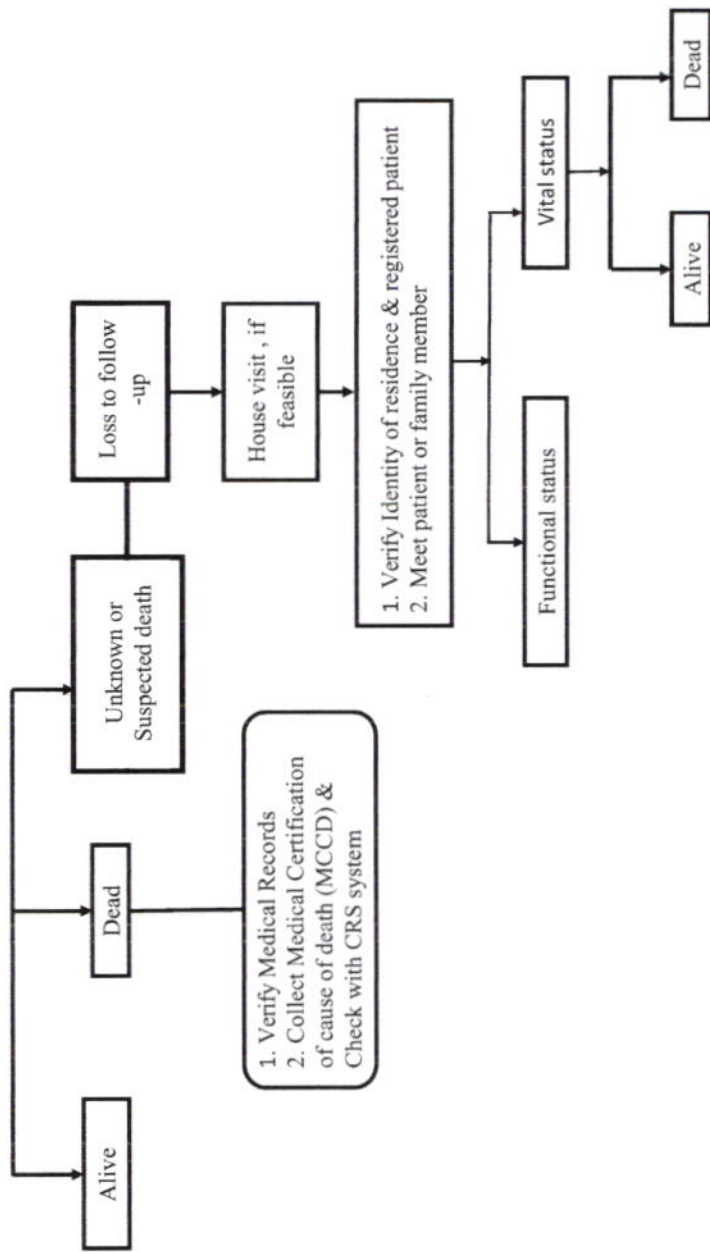
Step 1: REGISTER as STROKE CASE & Assign Hospital Registration Number



Step 1: REGISTER as STROKE CASE & Assign Hospital Registration Number







I. IDENTIFYING INFORMATION

1. Name of Participating Centre : Code

2. HBSR Registration Number :

3. Registration at Reporting Institution : Out Patient In Patient

3.1 Name of Source of Registration : Code

3.2 Name of Department / Unit / Physician : Code

3.3 Hospital Registration Number:

4. Full Name:
(Title) (First) (Middle) (Last)

5. Place of residence (*place of usual residence where the patient has been residing for the past 1 year*):

5.1 Urban Areas (Town / Cities)

5.2 Non-Urban Areas (Town / Cities)

House No.

House No.

Road / Street Name

Name of Gram Panchayat / Village etc.

Area / Locality

.....

Ward / Corporation / Division

Name of Sub-Unit of District (*Taluk/ Tehsil/ Other*)

.....

.....

Name of the City / Town

Name of PHC / Sub-Centre

Name of District (*in capitals*)

Postal Pin Code

Telephone . 1.

Telephone . 2.

Mobile No. 1.

Email :

2.

5.3 Other address:

Address :

District :

Pin Code :

Telephone No.: : 1..... 2..... 3.....

6. Duration of stay [at the place of usual residence (*in years*)]

7. Age (*years*):

8. Date of Birth:

9. Sex: Male Female Others



10. Number of languages spoken (Multiple options can be chosen)

- Assamese Bengali Gujarati Hindi Kannada Kashmiri Malayalam
 Marathi Oriya Punjabi Sanskrit Sindhi Tamil Telugu
 Urdu English Konkani Bhutia Manipuri Mizo Nepali
 Lepcha Rajasthani Others (specify)..... Unknown

II. DIAGNOSIS OF STROKE

11.1 Patient last known or seen well : Date Time: : am/pm

11.2 Date of onset of this episode of stroke : Date Time: : am/pm

11.3 Is it a wake-up stroke ? (symptoms of stroke first noticed on waking up from sleep) Yes No

11.4 Symptoms noticed at onset : Weakness/paresis of limbs Dysphasia/aphasia
 Altered level of consciousness Others, specify.....

11.5 Date of recognition of first stroke symptoms/ signs by medical professional: Date Time : : am/pm

11.6 From where did the patient come to reach the reporting hospital for treatment of their stroke?

- Home Other departments within reporting hospital
 Other place of stroke onset Others, specify
- Outpatient healthcare setting Unknown
 Inpatient health care setting

11.7 Date and time of arrival at Reporting Institution : Date Time: : am/pm

12. Date of diagnosis of stroke at the Reporting institution: Date

13. Diagnosis or history of recent TIA? Yes No Date

14. Clinical Information

14.1 Clinical findings at Reporting Institution :

- Unilateral or bilateral motor impairment (including lack of coordination) Unilateral or bilateral sensory impairment
 Aphasia/dysphasia (non-fluent speech) Hemianopia (half-sided impairment of visual fields)
 Forced gaze (conjugate deviation) Apraxia
 Ataxia Neglect
 None of the above Others, Specify.....

14.2 Other clinical features :

- Dizziness, vertigo Localized headache
 Blurred vision of both eyes Diplopia
 Dysarthria (slurred speech) Impaired cognitive function (including confusion)
 Impaired consciousness Seizures
 Dysphagia



15.1 Stroke severity score at admission at Reporting Institution (*Record score for individual scale*):

Level of consciousness(0-3)

LOC Questions(0-2)

LOC Commands(0-2)

Best gaze(0-2)

Visual fields(0-3)

Facial palsy(0-3)

Motor arm
 Left (0-4)
 Right (0-4)

Motor leg
 Left (0-4)
 Right (0-4)

Limb ataxia(0-2)

Sensory(0-2)

Best language(0-3)

Dysarthria(0-2)

Extinction and inattention(0-2)

NIHSS Score (0-42)

15.2 Status of the person prior to occurrence of stroke (*pre morbid modified Rankin scale*)

Symptoms	Score
Patient doesn't have any symptoms (0)	<input type="checkbox"/>
Patient is able to carry out all usual duties and activities without any assistance (1)	<input type="checkbox"/>
Patient can look after own affairs without assistance (2)	<input type="checkbox"/>
Patient requires some assistance in doing activities and can walk by himself or herself without any support (3)	<input type="checkbox"/>
Patient needs assistance for walking and attending own needs (4)	<input type="checkbox"/>
Patient is bedridden/incontinent and requires constant care (5)	<input type="checkbox"/>

16. Diagnostic procedure

	Yes	No	Unknown	Imaging Date	
First CT brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am/pm
Imaging findings :					
MRI-brain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am/pm
Imaging findings :					
CT-Angio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am/pm
Imaging findings :					
MR-Angio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am/pm
Imaging findings :					
CT-Perfusion / MR-Perfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am/pm
Imaging findings :					



Carotid ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transthoracic echocardiogram (TTE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transesophageal Echo, Holter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others, specify

17. CT/MRI imaging done at Reporting Institution :

Yes No

Date

Time : : am/pm

Imaging findings :

17.1 Imaging time at Reporting Institution (*time of registration to imaging time at Reporting Institution*)

0-45 min >45 min to 3 hours >3 to ≤6 hours > 6 hours to ≤ 24 hours >24 hours

18. Basis of diagnosis (*Select all applicable*) :

Clinical

CT

MRI

Others, specify.....

19. Type of stroke :

Ischemic

Intracerebral haemorrhage

Subarachnoid Haemorrhage

Venous

Undetermined

20. TOAST CRITERIA (*for acute ischemic stroke*) :

Large-artery atherosclerosis

Cardioembolism

i. Rheumatic Valvular

ii. Non - Rheumatic Valvular

iii. Non - valvular

iv. CAD

Small-artery occlusion (*lacune*)

Stroke of other determined etiology

Stroke of undetermined etiology

i. Patient extensively evaluated

ii. Patient not evaluated

iii. Patient with two competing etiologies

21.1 Type of Intracerebral haemorrhage :

Primary

Secondary

21.2 Type of Circulation of Stroke :

Anterior Circulation Stroke

Posterior Circulation Stroke

22. Final diagnosis :

First Ever

Recurrent

Final diagnosis (*in words*)

Type of stroke

Territory affected

Etiology

Risk Factor and co-morbidities

23. ICD-10 description : ICD -10 code: .



III. RISK FACTORS AND CO-MORBID CONDITIONS

24. Underlying diseases or co-morbid conditions:

	Yes	No	Unknown	Duration (completed months)	Newly detected / OPD
Previous Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Previous Transient Ischemic Attack (anytime in the past)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Atrial Fibrillation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Carotid stenosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Myocardial Infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Ischemic Heart Disease (other than Atherosclerotic MI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Valvular heart Disease					
1. Rheumatic Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
2. Non Rheumatic Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Valve Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Peripheral Arterial Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Chronic Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Haemoglobin : <input type="text"/> g/dl or <input type="text"/> mmol/L					
Hypercholesterolemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Hyper homocysteinemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Other:					
1.....					
2.....					
3.....					

25. Other risks / conditions (current or history of):

	Yes	No	Unknown
Family History of Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokeless Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Abuse or Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy or within 6 weeks after a delivery or termination of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormone replacement therapy / Hormonal drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNS TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others, specify.....

None

Height cm

Weight kgs

BMI Underweight Normal Overweight

Obese



IV. TREATMENT DETAILS

26. Treatment status before onset of stroke:	Yes	No	Unknown	Duration (in months)
Antiplatelets, specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Antihypertensive drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lipid lowering drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Antidiabetic agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Others.....				

26.1 Medications taken for this episode of stroke, prior to admission / presenting to OPD at the Reporting Institution:
 Yes No Unknown

If 'Yes' in Q. 26.1. Answer Q. 26.2 to Q. 26.7 :

26.2 Antiplatelet	26.3 Anticoagulant	26.4 Thrombolytic treatment
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aspirin <input type="checkbox"/>	Heparin IV <input type="checkbox"/>	IV tPA <input type="checkbox"/>
Aspirin/dipyridamole <input type="checkbox"/>	Full dose LMW heparin <input type="checkbox"/>	IA tPA <input type="checkbox"/>
Clopidogrel <input type="checkbox"/>	Warfarin <input type="checkbox"/>	Mechanical Thrombectomy <input type="checkbox"/>
Others.....	Newer Oral Anti-coagulant <input type="checkbox"/>	Others.....
	Others.....	

26.5 Antidiabetics	26.6 Anti Hypertensives	26.7 Lipid lowering agents /Statins
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

27. Thrombolytic treatment at Reporting Institution

27.1 Was Thrombolytic treatment given? Yes No

IV tPA IA tPA Mechanical thrombectomy

Others, specify..... Unknown

27.2 Time of initiating thrombolytic treatment after symptom onset

Date : Time : : am/pm

27.3 Reasons for not receiving Thrombolysis	Yes	No	Unknown
Delay in arrival to hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delay in the imaging time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes mellitus with h/o previous ischemic stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onset of symptoms unknown to decide on treatment initiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SBP > 185 or DBP > 110 mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucose < 50 or > 400 mg/dl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke severity – NIHSS ≥ 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspicion of subarachnoid haemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT findings of major infarct signs - > 50 % involvement of MCA territory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure at onset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent surgery/trauma (≤14 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent intracranial or spinal surgery, head trauma(<3 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of intracranial haemorrhage/brain aneurysm/vascular malformation/brain tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- Active internal bleeding (*within last 3 weeks*)
- Platelets <100,000/PTT> 40 sec after heparin use/ PT > 15 or INR > 1.7/known bleeding diathesis
- Left heart thrombus
- Increased risk of bleeding
- Severe comorbid diseases or condition
- Stroke –rapidly improving
- Medicine not available
- Patient could not afford medicine
- Others, specify.....

27.4 CT done after 24 hours after Thrombolysis : Yes No Unknown

27.5 Patient developed complications due to Thrombolysis:

- None
- Asymptomatic Intracerebral Haemorrhage (*ICH*) within 36 hours
- Symptomatic ICH within 36 hours of thrombolysis
- Life threatening, serious systemic haemorrhage within 36 hours of thrombolysis
- Other serious complications.....

28. Other pharmacologic treatment

28.1 Name the medications received and time of initiation after stroke onset while in hospital :

	Yes			No			Unknown			If yes, when was it initiated after stroke onset?		
	Yes	No	Unknown	Within 24 hrs.	24 - 48 hrs.	After 48 hrs.						
Antiplatelets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
If yes, specify name.....												
Anticoagulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Antihypertensive drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Lipid lowering drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Antidiabetic agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

29. Surgical / interventional treatment Yes No Time of intervention after stroke onset

- Hemicraniectomy (in hours)
- Suboccipital craniectomy (in hours)
- Hematoma evacuation (in hours)
- Carotid artery endarterectomy (in days)
- Carotid stenting (in days)
- Endovascular coiling / clipping (in hours)

Any other.....

30. Non- medical test / management :

30.1 Swallowing Test :

Has the ability to swallow been tested within 24 hours of admission to Reporting Institution ?

Yes No Not examined due to patient's state Don't know



30.2 Did patient have dysphagia ? Yes No

30.3 If patient had dysphagia, whether he/ she was put on nasogastric tube feeds? Yes No

30.4 Did the patient receive any of the following therapies while in hospital?	Yes	No	Unknown	Explain
Swallowing management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep vein thrombosis prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Course during hospital stay

31.1 Did the patient deteriorate during hospitalisation ?

Developed new stroke event Complications developed during hospitalisation No

31.2 If option 1, what is the type of stroke?

Ischemic Intracerebral haemorrhage Subarachnoid Haemorrhage
Venous Undetermined

31.3 Final diagnosis of new stroke event:

.....
.....

31.4 ICD-10 description: ICD -10 code: I

31.5 Date of new stroke event:

31.6 If option 2, what are the complications during hospitalisation?

	Yes	No	Unknown
Intracerebral haemorrhage due to antithrombotic therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progression of current stroke (in terms of expansion /extension of stroke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac event, specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary Tract Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decubitus ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep Venous Thrombosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Embolism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post stroke depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others, specify			

V. DISCHARGE INFORMATION

32. Date of discharge

33. How many days was the patient admitted in the hospital?

34. Vital status at discharge: Alive Dead Unknown



35. Functional Status at discharge (*modified Rankin scale at discharge*)

Symptoms	Score
Patient doesn't have any symptoms (0)	<input type="checkbox"/>
Patient is able to carry out all usual duties and activities without any assistance (1)	<input type="checkbox"/>
Patient can look after own affairs without assistance (2)	<input type="checkbox"/>
Patient requires some assistance in doing activities and can walk by himself or herself without any support (3)	<input type="checkbox"/>
Patient needs assistance for walking and attending own needs (4)	<input type="checkbox"/>
Patient is bedridden/incontinent and requires constant care (5)	<input type="checkbox"/>
Patient is dead (6)	<input type="checkbox"/>

36. Pharmacologic medication prescribed at OPD / at discharge

	Yes	No	Unknown
Antihypertensives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiplatelets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticoagulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidiabetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Counselling regarding management at discharge

	Yes	No	Unknown
Counselling for regular follow up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling for compliance of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokeless tobacco cessation counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling to abstain alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling to abstain from drug abuse & addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice on rehabilitation services advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. FOLLOW UP

At day 28 after onset of stroke

38.1 Due date of follow-up :

38.2 Actual date of follow-up :

38.3 Method of follow-up:

Hospital visit	<input type="checkbox"/>
By post	<input type="checkbox"/>
By telephone	<input type="checkbox"/>
By house visit	<input type="checkbox"/>
Others, specify.....	<input type="checkbox"/>
Unknown	<input type="checkbox"/>

At 3 months after onset of stroke

Due date of follow-up :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Actual date of follow-up :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Method of follow-up:					
Hospital visit	<input type="checkbox"/>				
By post	<input type="checkbox"/>				
By telephone	<input type="checkbox"/>				
By house visit	<input type="checkbox"/>				
Others, specify.....	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>				

39. Vital status

Alive Dead Unknown

Alive Dead Unknown

39.1 Any history of new stroke episode reported to other hospital?

Yes No

Yes No

40. Functional Status (*modified Rankin scale*)

Symptoms Score

Patient doesn't have any symptoms (0)	<input type="checkbox"/>
Patient is able to carry out all usual duties and activities without any assistance (1)	<input type="checkbox"/>
Patient can look after own affairs without assistance (2)	<input type="checkbox"/>

Symptoms Score

Patient doesn't have any symptoms (0)	<input type="checkbox"/>
Patient is able to carry out all usual duties and activities without any assistance (1)	<input type="checkbox"/>
Patient can look after own affairs without assistance (2)	<input type="checkbox"/>



Patient requires some assistance in doing activities and can walk by himself or herself without any support (3)
 Patient needs assistance for walking and attending own needs (4)
 Patient is bedridden/incontinent and requires constant care (5)
 Patient is dead (6)

Patient requires some assistance in doing activities and can walk by himself or herself without any support (3)
 Patient needs assistance for walking and attending own needs (4)
 Patient is bedridden/incontinent and requires constant care (5)
 Patient is dead (6)

VII. DETAILS OF DEATH

41. If dead, Date of death

42. Cause of Death information available :

Death Certificate (MCCD)
 Medical Records
 Verbal autopsy
 Not available
 Unknown

Death Certificate (MCCD)
 Medical Records
 Verbal autopsy
 Not available
 Unknown

43. Cause of death

Related to stroke
 Not related to stroke
 Others, specify.....
 Unknown

Related to stroke
 Not related to stroke
 Others, specify.....
 Unknown

43.1 Cause of death from MCCD

Immediate
 Antecedent cause
 Underlying cause

 Other contributing conditions

Immediate
 Antecedent cause
 Underlying cause

 Other contributing conditions

44. Matching death with PBSR record : (to be completed by PBSRs only)

Incidence Registration Number

45. Name of person completing the form :

46. Date of completion of form :

47. Date of data entry :

Signature :

* Mark within boxes with "✓" as indicated



