

SCOTTISH STROKE CARE AUDIT FORM

– Carotid Intervention

Version 3.9 Updated August 2013

(NB: Please complete for all patients who have undergone a carotid intervention procedure. For identification, please attach Patient ID Label or complete the abbreviated demographics section below)

Demographics

CHI Number:

Date of Birth: / /

Gender: *Female / Male / Not Known*

Surname: _____

Forename: _____

Patient Postcode:

Ethnicity: _____
(NB write the most detailed information available about patient ethnicity here)

GP Practice/ Surgery: _____

GP Name: _____
If GP Practice out with Scotland:

Other GP Practice: _____

Other GP Name: _____

Intervention

1. Date of carotid intervention: / /

2. Side: *Left / Right / Not Recorded / Unknown / Ambiguous/Illegible*

3. Type of Carotid Intervention: *Carotid endarterectomy / Angioplasty + stent / Angioplasty without stent / Not Recorded / Unknown / Ambiguous/Illegible / Other (specify) _____*

Responsible Interventionist: 4a. Name: _____ 4b. Location: _____

4c. Specialty: *Surgeon / Radiologist / Cardiologist / Not Recorded / Unknown / Ambiguous/Illegible*

Referral source for carotid intervention

5a. Name : _____ 5b. Health Board : _____

5c. Specialty: *General practitioner (GP) / Stroke consultant/ Neurologist / Cardiologist / Cardiac Surgeon / Ophthalmologist / Other hospital physician / Not Recorded / Unknown / Ambiguous/Illegible / Other - _____*

5d. Source: *Neurovascular (NV) clinic (outpatient)/ Stroke ward or unit (inpatient)/ Primary care / Ophthalmologist / Other secondary Care / Not Recorded / Unknown / Ambiguous/Illegible / Other - _____*

6. Date of first assessment by referrer: / /

7. Date referred for carotid intervention: / /

8. Date first seen by interventionist: / /

History

9. Did the patient have a TIA/ stroke/ ocular event in the 6 months prior to carotid intervention?

10. Date of carotid territory TIA/ stroke/ monocular event that led to the patient first seeking medical assistance: / /

11. Date of most recent recorded carotid territory TIA/ stroke/ monocular event prior to carotid intervention: / /

Carotid Imaging 1

12. Method of imaging used for assessment: *Carotid duplex / Magnetic resonance angiography (MRA) – time of flight / MRA gadolinium enhanced / MRA type not stated / MRA type unclear / Computerised tomographic angiography (CTA) / Conventional angiography / Selected carotid angiography / Arch angiography / Not Recorded / Unknown / Ambiguous/Illegible*

13. Date first carotid imaging was performed: / /

Discharge

14. Final date of discharge from inpatient care following carotid intervention: / /

New question
15. Where was the patient being cared for at date of discharge? *Acute Stroke Unit / Integrated Stroke Unit / Stroke Rehabilitation Unit / Generic Rehabilitation Unit / Vascular Surgery Ward / Other Surgical Specialty Ward / General Surgical Ward / General Medical Ward / Medicine of the Elderly / Not Recorded / Unknown / Ambiguous/Illegible / Other (specify) _____*

Optional Information

New question
16. Do you want to complete the remainder of this form?

Optional information that can be collected in addition to the core Carotid Intervention data on the above proforma.

Carotid Imaging

Most severe/ significant ICA Stenosis result noted on imaging:

17. Left Result: Percentage (a) / Percentage range (a) & (b) / Velocity (c) / Not Recorded / Unknown / Ambiguous/Illegible

(a) Percentage: Low reading (or only reading): % (b) Percentage: High Reading % (c) Velocity: cm/sec

(d) Description: Mild / Moderate / Severe / Occluded/ Significant / Critical / Indeterminate / Insignificant / None / Not Recorded / Unknown / Ambiguous/Illegible / Other: _____

18. Right Result: Percentage (a)/ Percentage range (a) & (b) / Velocity (c) / Not Recorded / Unknown / Ambiguous/Illegible

(a) Percentage: Low reading (or only reading): % (b) Percentage: High Reading % (c) Velocity: cm/sec

(d) Description: Mild / Moderate / Severe / Occluded/ Significant / Critical / Indeterminate / Insignificant / None / Not Recorded / Unknown / Ambiguous/Illegible / Other: _____

19. Method of measurement used for assessment: North American Symptomatic Carotid Endarterectomy Trial (NASCET) / European Carotid Surgery Trial (ECST) / Common Carotid (CC) / Not Stated

20. Was a confirmatory measurement taken? 21. Method(s) of imaging used for confirmatory measurement: *Circle all that apply*
 Carotid duplex / Magnetic resonance angiography (MRA) – time of flight / MRA gadolinium enhanced / MRA type not stated / MRA type unclear / Computerised tomographic angiography (CTA) / Conventional angiography / Selected carotid angiography / Arch angiography / Not Recorded / Unknown / Ambiguous/Illegible

Follow up to intervention

22. Was the patient reviewed by an interventionist within 4 months of intervention?

23. Date reviewed by interventionist: //

24. Post intervention stroke within 30 days noted by an interventionist?

25. Modified Rankin Score at review appointment by interventionist:

26. Was the patient reviewed by an independent medical specialist within 4 months of intervention?

If no, there is no requirement to complete the remainder of this form.

27. Date reviewed by independent medical specialist: //

28. Specialty? GP / Stroke consultant / Neurologist / Cardiologist / Cardiac Surgeon / Ophthalmologist / Other hospital physician / Not Recorded / Unknown / Ambiguous/Illegible / Other _____

29. Method of review? Face to face in a clinic / Telephone / Review of Medical Records only / Not Recorded / Unknown / Ambiguous/Illegible / Other _____

30. Post intervention stroke within 30 days noted by an independent medical specialist?

31. Modified Rankin Score at review appointment by independent medical specialist: