

Rapidly Improving Stroke Symptoms(RISS)Study
CASE REPORT FORM



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CASE REPORT FORM

Study P.I.s

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Form completed by (initials):

Patient-ID:

Rapidly Improving Stroke Symptoms(RISS)Study
CASE REPORT FORM

Cover Page

Patient number/study-ID

Contacts

Demographics

Timing

Enrollment

Inclusion/Exclusion

Type of symptoms at presentation

Head CT

Medical history/Previous Medications

NIHSS prior to the event

mRS prior to the event

Vitals ECG

Labs

Baseline NIHSS

Serial NIHSS assessment

NIHSS every 20 minutes until the patient remains in the 4.5 hours and a treatment decision is made

Treatment Decision

NIHSS at the time of treatment decision

2 hours

NIHSS at 2 hours from time of treatment decision

24hours from symptom onset

NIHSS at 24hrs

Day 7 or Discharge

NIHSS at Day 7th or Discharge

Modified Rankin Score at Day 7th or Discharge

Day 90

NIHSS at day 90

Modified Rankin Score at day 90

Form completed by (initials):

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Patient-ID:

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Rapidly Improving Stroke Symptoms(RISS)Study
CASE REPORT FORM

Date of qualifying event:

d d m m y y y y

Patient-ID:

(SU/KC) Initials 0 0 1

Full name:

Phone number:.....

Address:.....

Date of birth:

d d m m y y y y

Gender: Male Female

Race/Ethnicity: White African/American Asian Hispanic Other

Symptom onset time (24 hours):

Admission to ED time(24 hours):

Best estimates of time from symptoms onset to ED admission:
minutes

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INCLUSION CRITERIA:

Age 16 years or older

YES NO

Clinical syndrome suggestive of acute ischemic stroke

YES NO

Time from onset of symptoms less than 4.5 hours

YES NO

Head CT scan negative for ICH
(or other conditions responsible for neurological deficit)

YES NO

Able to give consent or surrogate consent

YES NO

Life expectation more than 6 months

YES NO

TYPE OF SYMPTOMS AT PRESENTATION:

Weakness

YES NO

Visual Change

YES NO

Dizziness/ Vertigo

YES NO

Sensory change

YES NO

Aphasia

YES NO

Dysarthria

YES NO

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HEAD CT SCAN

Hemorrhage

YES NO

Non-stroke lesions

YES NO

Acute Ischemic lesion

YES NO

• Focal parenchymal hypodensity

YES NO

• Cortical swelling with sulcal effacement
and loss of gray-white matter differentiation

YES NO

• Hyperdense MCA sign

YES NO

Previous Infarctions

YES NO

New event supposed hemispheric side: Right Left

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MEDICAL HYSTORY/ VASCULAR RISK FACTOR

Hypertension	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diabetes Mellitus	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Smoking	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Atrial Fibrillation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dyslipidemia	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Previous Stroke/TIA	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Previous MI/CAD	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Family History of Stroke/TIA	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Family History of MI/CAD	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Illicit Drugs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Alcohol	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Obesity	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Sleep Apnea	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

specify:.....
.....

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PRIOR MEDICATIONS

(List all medication patients was taking previous admission to hospital):

Antiplatelet Drugs:

- | | | |
|------------------------|------------------------------|-----------------------------|
| Aspirin | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Clopidogrel | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Aspirin + Dipyridamole | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Oral Anticoagulants:

- | | | |
|------------|------------------------------|-----------------------------|
| Warfarin | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Dabigatran | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Antihypertensive Drugs:

- | | | |
|--------------------------|------------------------------|-----------------------------|
| Beta blockers | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Calcium Channel Blockers | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ACE Inhibitors | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Diuretics | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Antidiabetic Drugs:

- | | | |
|--------------------------|------------------------------|-----------------------------|
| Insulin | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Oral hypoglycemic agents | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Statins: YES NO

Other: YES NO

specify:.....
.....
.....

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NIHSS - Prior to the event -

- 1a. Level of Consciousness (0-3) _____
- 1b. LOC Questions (0-2) _____
- 1c. LOC Commands (0-2) _____

- 2. Best Gaze (0-2) _____
- 3. Visual (0-3) _____
- 4. Facial Palsy (0-3) _____
- 5.&6. Motor Arm and Leg:
 - 5a. Motor Left Arm (0-4 or UN) _____
 - 5b. Motor Right Arm (0-4 or UN) _____
 - 6a. Motor Left Leg (0-4 or UN) _____
 - 6a. Motor Left Leg (0-4 or UN) _____

- 7. Limb Ataxia (0-2 or UN) _____

- 8. Sensory (0-2) _____

- 9. Best Language (0-3) _____

- 10. Dysarthria (0-2 or UN) _____

- 11. Extinction & Inattention (0-2) _____

TOTAL = _____

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PRIOR mRS : 0 1 2 3 4 5 6

VITALS at admission:

Systolic Blood pressure at admission (mm/Hg): _____

Diastolic Blood pressure at admission (mm/Hg): _____

Heart Rate at admission (beat per minute): _____

(Attach copy of ECG at admission)

LABORATORY	Normal Values	Patient Baseline
White-cell count (per mm3)	<i>4.000-10.000</i>	
Hemoglobin (g/dL)	<i>12-16</i>	
Hematocrit (%)	<i>36-48</i>	
Red Blood Cells (million per liter)	<i>4.2-6.1</i>	
Platelets (per mm3)	<i>150.000-450.000</i>	
INR	<i>0.9-1.2</i>	
Prothrombin time, PT, (sec)	<i>12.2-14.8</i>	
Activated partial thromboplastin time, aPTT, (sec)	<i>23.8-33.6</i>	
BUN (mg/dl)	<i>7-21</i>	
Creatinine (mg/dL)	<i>0.7-1.3</i>	
Cardiac Troponin, Tn, (ng/ml)	<i>0.00-0.04</i>	
Glucose (mg/dL)	<i>54-118</i>	
Sodium (mEq/L)	<i>135 - 145</i>	
Potassium (mEq/L)	<i>3.5 - 5.0</i>	
Chloride (mEq/L)	<i>98 - 108</i>	
Calcium (mEq/dl)	<i>8.4 - 10.2</i>	

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NIHSS Baseline time: _____

1a. Level of Consciousness (0-3) _____

1b. LOC Questions (0-2) _____

1c. LOC Commands (0-2) _____

2. Best Gaze (0-2) _____

3. Visual (0-3) _____

4. Facial Palsy (0-3) _____

5.&6. Motor Arm and Leg:

 5a. Motor Left Arm (0-4 or UN) _____

 5b. Motor Right Arm (0-4 or UN) _____

 6a. Motor Left Leg (0-4 or UN) _____

 6b. Motor Right Leg (0-4 or UN) _____

7. Limb Ataxia (0-2 or UN) _____

8. Sensory (0-2) _____

9. Best Language (0-3) _____

10. Dysarthria (0-2 or UN) _____

11. Extinction & Inattention (0-2) _____

TOTAL = _____

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NIHSS-1 time _____:

(repeat evaluation every 20 minutes until the patients remains within the 4.5 hours from symptom onset)

- 1a. Level of Consciousness (0-3) _____
- 1b. LOC Questions (0-2) _____
- 1c. LOC Commands (0-2) _____

- 2. Best Gaze (0-2) _____

- 3. Visual (0-3) _____

- 4. Facial Palsy (0-3) _____

- 5.&6. Motor Arm and Leg:
 - 5a. Motor Left Arm (0-4 or UN) _____
 - 5b. Motor Right Arm (0-4 or UN) _____
 - 6a. Motor Left Leg (0-4 or UN) _____
 - 6b. Motor Right Leg (0-4 or UN) _____

- 7. Limb Ataxia (0-2 or UN) _____

- 8. Sensory (0-2) _____

- 9. Best Language (0-3) _____

- 10. Dysarthria (0-2 or UN) _____

- 11. Extinction & Inattention (0-2) _____

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TOTAL = ____

NIHSS-2 time _____:

(repeat evaluation every 20 minutes until the patients remains within the 4.5 hours from symptom onset)

1a. Level of Consciousness (0-3) _____

1b. LOC Questions (0-2) _____

1c. LOC Commands (0-2) _____

2. Best Gaze (0-2) _____

3. Visual (0-3) _____

4. Facial Palsy (0-3) _____

5.&6. Motor Arm and Leg: _____

5a. Motor Left Arm (0-4 or UN) _____

5b. Motor Right Arm (0-4 or UN) _____

6a. Motor Left Leg (0-4 or UN) _____

6b. Motor Right Leg (0-4 or UN) _____

7. Limb Ataxia (0-2 or UN) _____

8. Sensory (0-2) _____

9. Best Language (0-3) _____

10. Dysarthria (0-2 or UN) _____

11. Extinction & Inattention (0-2) _____

TOTAL = ____

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NIHSS-3 time _____:
(repeat evaluation every 20 minutes until the patients remains within the 4.5 hours from symptom onset)

1a. Level of Consciousness (0-3) _____

1b. LOC Questions (0-2) _____

1c. LOC Commands (0-2) _____

2. Best Gaze (0-2) _____

3. Visual (0-3) _____

4. Facial Palsy (0-3) _____

5.&6. Motor Arm and Leg:

 5a. Motor Left Arm (0-4 or UN) _____

 5b. Motor Right Arm (0-4 or UN) _____

 6a. Motor Left Leg (0-4 or UN) _____

 6b. Motor Right Leg (0-4 or UN) _____

7. Limb Ataxia (0-2 or UN) _____

8. Sensory (0-2) _____

9. Best Language (0-3) _____

10. Dysarthria (0-2 or UN) _____

11. Extinction & Inattention (0-2) _____

TOTAL = _____

Form completed by (initials):

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NIHSS-4 time _____:
(repeat evaluation every 20 minutes until the patients remains within the 4.5 hours from symptom onset)

1a. Level of Consciousness (0-3) _____

1b. LOC Questions (0-2) _____

1c. LOC Commands (0-2) _____

2. Best Gaze (0-2) _____

3. Visual (0-3) _____

4. Facial Palsy (0-3) _____

5.&6. Motor Arm and Leg:

 5a. Motor Left Arm (0-4 or UN) _____

 5b. Motor Right Arm (0-4 or UN) _____

 6a. Motor Left Leg (0-4 or UN) _____

 6b. Motor Right Leg (0-4 or UN) _____

7. Limb Ataxia (0-2 or UN) _____

8. Sensory (0-2) _____

9. Best Language (0-3) _____

10. Dysarthria (0-2 or UN) _____

11. Extinction & Inattention (0-2) _____

TOTAL = _____

Form completed by (initials):

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NIHSS at the time of Treatment Decision - time_____

1a. Level of Consciousness (0-3) _____

1b. LOC Questions (0-2) _____

1c. LOC Commands (0-2) _____

2. Best Gaze (0-2) _____

3. Visual (0-3) _____

4. Facial Palsy (0-3) _____

5.&6. Motor Arm and Leg:

5a. Motor Left Arm (0-4 or UN) _____

5b. Motor Right Arm (0-4 or UN) _____

6a. Motor Left Leg (0-4 or UN) _____

6b. Motor Right Leg (0-4 or UN) _____

7. Limb Ataxia (0-2 or UN) _____

8. Sensory (0-2) _____

9. Best Language (0-3) _____

10. Dysarthria (0-2 or UN) _____

11. Extinction & Inattention (0-2) _____

TOTAL = _____

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Treatment Decision - time_____

Time from symptom onset (best estimate in minutes) :

IV rtPA: YES NO

If NO, check the possible following reasons motivating the decision:

- NO measurable neurological deficit
- The neurological signs are clearing spontaneously.
- The neurological signs are minor and isolated
- Major deficits (NIHSS >25)
- The symptoms of stroke suggestive of subarachnoid hemorrhage.
- Onset of symptoms <3 hours before beginning treatment
- Head trauma or prior stroke in previous 3 months
- Myocardial infarction in the previous 3 months
- Gastrointestinal or urinary tract hemorrhagic in previous 21 days
- Arterial puncture at a non-compressible site in the previous 7 days
- Major surgery in the previous 14 days
- History of previous intracranial hemorrhage
- Blood pressure elevated (systolic > 185 mm Hg and diastolic > 110 mm Hg)
- Evidence of active bleeding or acute trauma (fracture) on examination
- Taking an oral anticoagulant or, if anticoagulant being taken, INR > or = 1.7
- Receiving heparin in previous 48 hours, aPTT not in normal range
- Platelet count < 100.000 mm³
- Blood glucose concentration < 50 mg/dL (2.7 mmol/L)
- Seizure with post-ictal residual neurological impairments
- Other (specify:.....)

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NIHSS at 2 hours from treatment decision - time _____

- 1a. Level of Consciousness (0-3) _____
- 1b. LOC Questions (0-2) _____
- 1c. LOC Commands (0-2) _____

- 2. Best Gaze (0-2) _____

- 3. Visual (0-3) _____

- 4. Facial Palsy (0-3) _____

- 5.&6. Motor Arm and Leg:
 - 5a. Motor Left Arm (0-4 or UN) _____
 - 5b. Motor Right Arm (0-4 or UN) _____
 - 6a. Motor Left Leg (0-4 or UN) _____
 - 6b. Motor Right Leg (0-4 or UN) _____

- 7. Limb Ataxia (0-2 or UN) _____

- 8. Sensory (0-2) _____

- 9. Best Language (0-3) _____

- 10. Dysarthria (0-2 or UN) _____

- 11. Extinction & Inattention (0-2) _____

TOTAL = _____

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NIHSS at 24 hours from symptoms onset- time_____

- 1a. Level of Consciousness (0-3) _____
- 1b. LOC Questions (0-2) _____
- 1c. LOC Commands (0-2) _____

- 2. Best Gaze (0-2) _____

- 3. Visual (0-3) _____

- 4. Facial Palsy (0-3) _____

- 5.&6. Motor Arm and Leg:
 - 5a. Motor Left Arm (0-4 or UN) _____
 - 5b. Motor Right Arm (0-4 or UN) _____
 - 6a. Motor Left Leg (0-4 or UN) _____
 - 6b. Motor Right Leg (0-4 or UN) _____

- 7. Limb Ataxia (0-2 or UN) _____

- 8. Sensory (0-2) _____

- 9. Best Language (0-3) _____

- 10. Dysarthria (0-2 or UN) _____

- 11. Extinction & Inattention (0-2) _____

TOTAL = _____

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NIHSS at Day 7th or Discharge

- 1a. Level of Consciousness (0-3) _____
- 1b. LOC Questions (0-2) _____
- 1c. LOC Commands (0-2) _____

- 2. Best Gaze (0-2) _____
- 3. Visual (0-3) _____
- 4. Facial Palsy (0-3) _____
- 5.&6. Motor Arm and Leg:
 - 5a. Motor Left Arm (0-4 or UN) _____
 - 5b. Motor Right Arm (0-4 or UN) _____
 - 6a. Motor Left Leg (0-4 or UN) _____
 - 6b. Motor Right Leg (0-4 or UN) _____

- 7. Limb Ataxia (0-2 or UN) _____

- 8. Sensory (0-2) _____

- 9. Best Language (0-3) _____

- 10. Dysarthria (0-2 or UN) _____

- 11. Extinction & Inattention (0-2) _____

- TOTAL = _____

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Modified Rankin Score at Day 7th or Discharge

- 0 Asymptomatic.
- 1 Non-disabling symptoms which do not interfere with daily lifestyle.
- 2 Minor disability-symptoms which lead to some restriction in lifestyle but do not interfere with the patient's capacity to look after themselves.
- 3 Moderate disability –symptoms which significantly interfere with lifestyle or prevent totally independent existence, but able to walk without assistance.
- 4 Moderately severe disability –symptoms which prevent independent existence unable to walk without assistance but do not need constant attention day and night.
- 5 Severely disabled –totally dependant requiring constant attention day and night.
- 6 Dead

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NIHSS at Day 90

- 1a. Level of Consciousness (0-3) _____
- 1b. LOC Questions (0-2) _____
- 1c. LOC Commands (0-2) _____

- 2. Best Gaze (0-2) _____
- 3. Visual (0-3) _____
- 4. Facial Palsy (0-3) _____

- 5.&6. Motor Arm and Leg:
 - 5a. Motor Left Arm (0-4 or UN) _____
 - 5b. Motor Right Arm (0-4 or UN) _____
 - 6a. Motor Left Leg (0-4 or UN) _____
 - 6b. Motor Right Leg (0-4 or UN) _____

- 7. Limb Ataxia (0-2 or UN) _____

- 8. Sensory (0-2) _____

- 9. Best Language (0-3) _____

- 10. Dysarthria (0-2 or UN) _____

- 11. Extinction & Inattention (0-2) _____

- TOTAL = _____

Form completed by (initials):

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CASE REPORT FORM

Modified Rankin Score at Day 90

- 0 Asymptomatic.
- 1 Non-disabling symptoms which do not interfere with daily lifestyle.
- 2 Minor disability-symptoms which lead to some restriction in lifestyle but do not interfere with the patient's capacity to look after themselves.
- 3 Moderate disability –symptoms which significantly interfere with lifestyle or prevent totally independent existence, but able to walk without assistance.
- 4 Moderately severe disability –symptoms which prevent independent existence unable to walk without assistance but do not need constant attention day and night.
- 5 Severely disabled –totally dependant requiring constant attention day and night.
- 6 Dead

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ADDITIONAL NOTES

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