CASES

Study number:

Date of inclusion: ___/___/___

DISCHARGE SECOND HOSPITAL CRF

Neuroimaging—second hospital

Any additional neuroimaging performed during hospital stay (excl. study imaging):	o No	o Yes
	Send all neuroimaging performed during admission to the study team.	

Medication during hospital stay—Intervention center

Antiplatelet agents:	o No	o Yes
Acetylsalicylic acid/carbasalate calcium:	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Clopidogrel:	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Dipyridamole:	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Ticagrelor:	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Other:	o No If yes, please specify;________________________________ Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Direct Oral Anticoagulants:	o No	o Yes
Apixaban (Eliquis):	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Dabigatran (Pradaxa):	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Edoxaban (Lixiana):	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Rivaroxaban (Xarelto):	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Other, __________________	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Vitamin K antagonist:	o No	o Yes
Acenocoumarol:	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Phenprocoumon:	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Heparin:	o No	o Yes
Prophylactic heparin:	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Therapeutic heparin:	o No Start: ___/___/___	o Yes Stop (if applicable): ___/___/___
Other anticoagulants:	o No If yes, please specify;________________________________ Start: ___/___/___	o Yes Stop (if applicable): ___/___/___

DISCHARGE SECOND HOSPITAL CRF

Interventions and diagnoses during hospital stay—second hospital

Atrial fibrillation de novo:	o No	o Yes
Aneurysma spurium:	o No	o Yes
Treatment for aneurysma spurium:	o No treatment o (Pro) thrombin injection o Compression bandage	o Surgical intervention o Other, ______________________
Groin hematoma:	o No	o Yes
Intubation (excl. intubation for EVT):	o No	o Yes
Hemicraniectomy:	o No	o Yes
External ventricular drain (EVD):	o No	o Yes
Major medical/surgical intervention:	o No If yes, please specify;____	o Yes

Admissions—second hospital

Patient admitted to the ICU:	o No	o Yes, total days: _________________
Patient admitted to Medium Care:	o No	o Yes, total days:__________________
Patient admitted to Stroke Unit:	o No	o Yes, total days: _________________
Patient admitted to General Ward:	o No	o Yes, total days:__________________

Discharge—second hospital

Was the patient discharged (or did the patient die during admission):	o No	o Yes
Discharge destination:	o Patient died o Home o Geriatric rehabilitation o Nursing home long stay	o Rehabilitation center o Other hospital o Other, _________________________
Date of discharge or death:	___/___/____	

(S)AE Check

Did the patient experience one of more (serious) adverse events:	o No **If yes, please complete (S)AE form(s) in Castor and report to sponsor!**	o Yes

Review all Data for this Visit

Physician Date: ___/___/___ Signature: ____	Study Nurse Date: ___/___/___ Signature: ____

Other, comments:____
____
____
____