

# Qualitätssicherung Schlaganfall Nordwestdeutschland

<b>Zentrum</b> <div style="border: 1px solid black; height: 40px;"></div> <b>Ifd. Patientennr.</b> <div style="border: 1px solid black; height: 40px;"></div>	<b>Vorzeitiger Bogenabschluss</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Stroke älter 7 Tage</li> <li><input type="checkbox"/> Entl. bzw. Verl. vor 1. Bildgebung</li> <li><input type="checkbox"/> nur Frühreha, keine Akutbeh.</li> <li><input type="checkbox"/> palliative Zielsetzung vor Aufnahme</li> <li><input type="checkbox"/> Aufnahme zur sekundärpräventiven CEA oder CAS</li> </ul>	<b>Aufnahmedatum (dd.mm.jjjj)</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">2</span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">0</span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">2</span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> </div>	<b>Aufnahmezeit (hh:mm)</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> </div>																
		<b>ICD-10 Hauptdiagnose</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> </div>	<b>Geburtsjahr</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> </div>	<b>Geschlecht</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span><input type="checkbox"/> Mann</span> <span><input type="checkbox"/> divers</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <span><input type="checkbox"/> Frau</span> <span><input type="checkbox"/> unbestimmt</span> </div>															
<b>Entlassungsgrund nach § 301 SGB V (nur einen Grund ankreuzen)</b>																			
<input type="checkbox"/> Behandlung regulär beendet <input type="checkbox"/> regulär beendet + nachstationär vorgesehen <input type="checkbox"/> beendet aus sonstigen Gründen <input type="checkbox"/> gegen ärztl. Rat beendet <input type="checkbox"/> Wechsel Kostenträger <input type="checkbox"/> Verlegung anderes Krankenhaus (KH) <input type="checkbox"/> Tod <input type="checkbox"/> Verlegung anderes KH i.R.e. Zusammenarbeit																			
<input type="checkbox"/> Reha <input type="checkbox"/> Pflegeeinrichtung <input type="checkbox"/> Hospiz <input type="checkbox"/> Verlegung Psychiatrie <input type="checkbox"/> beendet aus sonst. Gründen, + nachstationär vorgesehen <input type="checkbox"/> gegen ärztl. Rat beendet + nachstationär vorgesehen <input type="checkbox"/> int. Verlegung + Wechsel Entgeltbereich <input type="checkbox"/> Fallabschluss (int. Verleg.) bei Wechsel zw. voll- und teilstat. <input type="checkbox"/> Entlassung zum Jahresende bei Aufnahme im Vorjahr <input type="checkbox"/> Beh. regulär beendet, Überleitung in Übergangspflege																			
<input type="checkbox"/> nicht spezifizierter Entlassungsgrund																			
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<b>Zeit Ereignis-Aufnahme</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> &lt;=1h</li> <li><input type="checkbox"/> &gt;1-2h</li> <li><input type="checkbox"/> &gt;2-3h</li> <li><input type="checkbox"/> &gt;3-4h</li> <li><input type="checkbox"/> &gt;4-5h</li> <li><input type="checkbox"/> &gt;5-6h</li> <li><input type="checkbox"/> &gt;6-9h</li> <li><input type="checkbox"/> &gt;9-24h</li> <li><input type="checkbox"/> &gt;24-48h</li> <li><input type="checkbox"/> &gt;48h</li> <li><input type="checkbox"/> Inhouse-Stroke →</li> <li><input type="checkbox"/> keine Angabe möglich</li> </ul>	<b>Übernahme aus ext. KH /anderer Abt.</b> <input type="checkbox"/> nein <input type="checkbox"/> Externer Klinik <input type="checkbox"/> interne Hausverlegung																		
	<b>Aufnahme auf</b> <input type="checkbox"/> Allgemeinstation <input type="checkbox"/> Intensivstation <input type="checkbox"/> Stroke-Unit (SU) <input type="checkbox"/> Sonstiges																		
	<b>Bewusstsein</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> wach</li> <li><input type="checkbox"/> somnolent-soporös</li> <li><input type="checkbox"/> komatos</li> </ul>																		
	<b>Symptome bei Aufnahme</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><b>nein</b></td> <td style="width: 33%; text-align: center;"><b>ja</b></td> <td style="width: 33%; text-align: center;"><b>nicht bestimmbar</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Motor. Ausfälle (Arm/Hand u/o Bein/Fuss)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Sprachstörung</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Sprechstörung</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Schluckstörung</td> </tr> </table>				<b>nein</b>	<b>ja</b>	<b>nicht bestimmbar</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Motor. Ausfälle (Arm/Hand u/o Bein/Fuss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sprachstörung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sprechstörung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Schluckstörung
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Schluckstörung																
	<b>Versorgungssituation vor Akutereignis</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> unabhängig zuhause</li> <li><input type="checkbox"/> Pflege zuhause</li> <li><input type="checkbox"/> Pflege in Institution</li> </ul>																		
<b>Rankin Skala</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><b>&lt;= 24h n. Aufnahme</b></td> <td style="width: 50%; text-align: center;"><b>&gt; 24h n. Aufnahme</b></td> </tr> <tr> <td><input type="checkbox"/> keine Symptome</td> <td><input type="checkbox"/> keine wesentl. FE</td> </tr> <tr> <td><input type="checkbox"/> geringe FE</td> <td><input type="checkbox"/> mäßige FE</td> </tr> <tr> <td><input type="checkbox"/> mittelschwere FE</td> <td><input type="checkbox"/> schwere FE</td> </tr> </table>				<b>&lt;= 24h n. Aufnahme</b>	<b>&gt; 24h n. Aufnahme</b>	<input type="checkbox"/> keine Symptome	<input type="checkbox"/> keine wesentl. FE	<input type="checkbox"/> geringe FE	<input type="checkbox"/> mäßige FE	<input type="checkbox"/> mittelschwere FE	<input type="checkbox"/> schwere FE								
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<b>Infarktätiologie</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> kein Hirninfarkt</li> <li><input type="checkbox"/> atherothrombotisch</li> <li><input type="checkbox"/> kardiogen-embolisch</li> <li><input type="checkbox"/> mikroangiopathisch</li> <li><input type="checkbox"/> andere gesich. Ursache</li> <li><input type="checkbox"/> unklare Ätiologie</li> <li><input type="checkbox"/> konkurrierende Ursache</li> </ul>																			
<b>Datum Inhouse-Stroke (dd.mm.jjjj)</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">. </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">. </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> </div> <b>Uhrzeit Inhouse-Stroke (hh:mm)</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">: </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> </div>																			
<b>Bildgebung (CCT/MRT)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> keine Bildgebung</li> <li><input type="checkbox"/> 1. Bildg. vor Aufnahme</li> <li><input type="checkbox"/> 1. Bildg. im eigenen Haus</li> <li><input type="checkbox"/> Bildg. extern und im eigenen Haus</li> </ul>																			
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<b>Summenscore</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> <span style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </span> </div>																			
<b>Angiographie (CT/MR)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> nein</li> <li><input type="checkbox"/> vor Aufnahme</li> <li><input type="checkbox"/> direkt im Anschl. an native Bildgebung</li> <li><input type="checkbox"/> nicht direkt im Anschl. an nativ. Bildg., aber spät. am Folgetag</li> <li><input type="checkbox"/> nicht direkt im Anschl. an nativ. Bildg. u. später als Folgetag</li> </ul>																			
<b>Doppler/Duplex</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> nein</li> <li><input type="checkbox"/> vor Aufnahme</li> <li><input type="checkbox"/> im eigenen Haus nach Aufnahme spätestens am Folgetag</li> <li><input type="checkbox"/> im eigenen Haus später als am Folgetag d. Aufnahme</li> </ul>																			
<b>Gefäßverschluss</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ja</li> <li><input type="checkbox"/> nein</li> <li><input type="checkbox"/> Carotis-T</li> <li><input type="checkbox"/> M1</li> <li><input type="checkbox"/> M2</li> <li><input type="checkbox"/> BA</li> <li><input type="checkbox"/> Sonstige</li> </ul>																			
<b>Systemische Thrombolyse</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> nein</li> <li><input type="checkbox"/> vor Aufnahme</li> <li><input type="checkbox"/> im eigenen Haus →</li> <li><input type="checkbox"/> Verlegung zur Thrombolyse</li> </ul>																			
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<b>Intraarterielle Therapie (IAT)</b>	<b>Datum Punktion der Leiste</b> [ ] . [ ] . [ ] [ ] [ ]	<b>Uhrzeit Punktion der Leiste</b> [ ] : [ ]	<b>Erfolgreiche Rekanalisation (TICI=IIb,III)</b>
<input type="checkbox"/> nein <input type="checkbox"/> vor Aufnahme <input type="checkbox"/> im eigenen Haus <input type="checkbox"/> Verlegung zur geplanten IAT	<b>Art der Intraarteriellen Therapie (IAT)</b> <input type="checkbox"/> Thrombektomie <input type="checkbox"/> i.a Thrombolysse <input type="checkbox"/> beides <input type="checkbox"/> Ja		
<b>Datum und Uhrzeit der Verlegung zur gepl. IAT</b> [ ] . [ ] . [ ] [ ] [ ] : [ ]	<b>Verlegung nach Primärdiagnostik/-therapie (innerhalb 12h)</b>	<b>Barthel-Index</b>	
	<input type="checkbox"/> nein <input type="checkbox"/> ja, ohne Rückübernahme <input type="checkbox"/> ja, mit Rückübernahme	<b>Blasenkontrolle</b> =< 24h n. Aufnahme	<b>Bei Entlassung</b>
<b>Rankin Skala</b> <b>Bei Entlassung</b> <input type="checkbox"/> keine Symptome <input type="checkbox"/> keine wesentl. FE <input type="checkbox"/> geringe FE <input type="checkbox"/> mäßige FE <input type="checkbox"/> mittelschwere FE <input type="checkbox"/> schwere FE <input type="checkbox"/> Tod	<b>weitere Diagnostik nach Ereignis</b>	<input type="checkbox"/> kontinent <input type="checkbox"/> gelegentl. Verlust <input type="checkbox"/> inkontinent	
	<b>nein    ja</b> <input type="checkbox"/> <input type="checkbox"/> Langzeit-EKG (mind. 24h mit spezifischer Vorhofflimmern-Detektion)	<b>Lagewechsel Bett-Stuhl</b>	<input type="checkbox"/> vollständ. selbstständ. <input type="checkbox"/> <input type="checkbox"/> geringe Unterstützg. <input type="checkbox"/> <input type="checkbox"/> große Unterstützg. <input type="checkbox"/> <input type="checkbox"/> vollständ. abhängig <input type="checkbox"/>
	<b>nein    ja    nicht bestimmbar</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Schlucktest nach Protokoll	<b>Fortbewegung</b>	<input type="checkbox"/> vollständ. selbstständ. <input type="checkbox"/> <input type="checkbox"/> geringe Unterstützg. <input type="checkbox"/> <input type="checkbox"/> große Unterstützg. <input type="checkbox"/> <input type="checkbox"/> vollständ. abhängig <input type="checkbox"/>
<b>Symptomatische ipsilat. Stenose der ACI</b>	<b>Operative Revask. d. ACI veranlasst/empfohlen</b>	<b>Komorbidität/Risikofaktoren</b>	
<input type="checkbox"/> nein <input type="checkbox"/> <50% <input type="checkbox"/> 50%-70% <input type="checkbox"/> 70%-99% <input type="checkbox"/> 100% (Verschluss) <input type="checkbox"/> nicht untersucht	<input type="checkbox"/> nein <input type="checkbox"/> ja (Revaskularisierung während Aufenthaltes, verlegt [extern] zur Revaskularisierung bzw. im Arztbrief empfohlen)	<b>nein    ja</b> <input type="checkbox"/> <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> <input type="checkbox"/> Hypertonie <input type="checkbox"/> <input type="checkbox"/> Früh. Schlaganfall	<b>VH-Flimmern, Arrhyth.</b> <input type="checkbox"/> nein <input type="checkbox"/> ja, vorbek. <input type="checkbox"/> ja, neu diagnost.
<b>Komplikationen</b> <input type="checkbox"/> nein <input type="checkbox"/> ja  <input type="checkbox"/> Pneumonie <input type="checkbox"/> Erhöhter Hirndruck <input type="checkbox"/> Intrazerebrale Blutung <input type="checkbox"/> Andere Komplikationen	<b>Therapie/Frühe Sekundärprävention</b> <b>nein ja</b> <input type="checkbox"/> <input type="checkbox"/> Beatmung  Antikoagulation (Marcumar/Heparin o.ä.) einschließlich Empfehlung im Entlassungsbefehl	<b>Palliative Zielsetzung dokumentiert</b> <input type="checkbox"/> nein <input type="checkbox"/> ja  <b>Datum des Eintrags in die Patientenakte</b> [ ] . [ ] . [ ] [ ]	<b>Aufenthalt/Behandlung auf Stroke Unit (SU)</b> <input type="checkbox"/> nein <input type="checkbox"/> ja  <b>Liegezeit auf SU in Tagen (&lt;1 = 0)</b> [ ]
<b>Beginn der Rehabilitation</b> <b>nein    &lt;=Tag 2 n. Aufn.    &gt;Tag 2 n. Aufnahme</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physiotherapie/Ergotherapie <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Logopädie	<b>Geplante Reha nach Entlassung aus Akutbehandlung</b> <b>nein    ja    ambulante oder stat. Rehabilitation veranlasst</b>  <input type="checkbox"/> Neurologische Rehabilitation Phase B <input type="checkbox"/> Geriatrische Rehabilitation <input type="checkbox"/> Neurologische Rehabilitation Phase C <input type="checkbox"/> Sonstige Rehabilitation  <input type="checkbox"/> Neurologische Reha Phase D - stationär <input type="checkbox"/> Neurologische Reha Phase D - amb./teilstat.		
<b>Geriatrische Frühreha/Komplexbehandlung</b> <input type="checkbox"/> ja			