**Factors affecting pre-hospital and in-hospital delays at time-to-treatment and complications in stroke: A prospective cohort study**

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**Appendix No. 1**

**Demographic information questions**

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| Contact Number... SITS ID… Name and Surname… File No… | | | | | |
| 1. Gender: male□ female□ 2. Age… | | | | | |
| 3. Place of Residence: City… Village… | | | | | |
| 4. Occupation: Worker□ Employee□ Housewife□ Retired□ Free□ | | | | | |
| 5. Monthly Income: Less than $ 100□ $ 100 to $ 200□ More than 100 $□ | | | | | |
| 6. Marital Status: Single□ Married□ Divorced□ | | | | | |
| 7. Who Do You Live With: Alone□ Wife□ Children□ Family□ | | | | | |
| 8. Degree: Uneducated□ Undergraduate□ Diploma□ Academic□ | | | | | |
| 9. Do you have supplementary insurance? Yes□ No□ | | | | | |
| 10. Type of insurance: Social Security□ Medical Services□ Armed Forces□ | | | | | |
| 11.Risk Factors: | | | | | |
| Hypertension□ Diabetes□  Hyperlipidemia□  Smoking□  Drug Use□  Smoking Withdrawal before a Stroke□ | Atrial fibrillation□  A history of MI □  CHF□  IHD□  Heart Valve Disease□  Liver Disease□  Kidney Disease□ | | A history of TIA□  A history of Stroke: (in the last three months) □  A history of Stroke: (before the last three months) □  A history of Abortion (in recent months) □  A history of Pregnant (in recent months) □  A history of using OCP□ | |
| 12. Do you have a previous medical history? Yes□ Name it…… No□ | | | | | |
| 13. Have you ever had a history of hospitalization due to neurological diseases?  Yes□ Number of hospitalizations………... No□ | | | | | |
| 14. Which of the following was present in your early symptoms? | | | | | |
| Headache□  Consciousness Disorder□  Vertigo□  Visual Disorder□  Facial Paralysis□ | | Hemipares□  Paresthesia□  Hemiplegia□  Aphasia□  Dysphagia□ | | Imbalance□  Diplopia□  Falling□  Dysarthria□ |
| 15. Which of the following was your impression of the initial symptoms?  Neurological disease□ Cold sickness□ Ocular Disease□ Psycho Disorder□ Hypertension□ Hypotension□ Hyperglycemia□ hypoglycemia□ Weakness□ Other□ Name it | | | | |
| 16. Did you have any symptoms of a stroke right after waking up? Yes□ No□ | | | | |
| 17. History of taking anticoagulants? Yes□ No□ | | | | |
| 18. History of taking Anti-platelet? Yes□ No□ | | | | |
| 19. History of taking Antihypertensive? Yes□ No□ | | | | |
| 20. History of taking Anti-diabetes? Yes□ No□ | | | | |
| 22. History of taking Statins? Yes□ No□ | | | | |
| 23. Have medications been taken regularly? Yes□ No□ | | | | |
| 24. rTPA injection history? Yes□ No□ | | | | |

**Questions about pre-hospital factors:**

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| 1. Where were you when the symptoms started? |
| 2. When did your early symptoms begin? |
| 3. Did you take the medication at the beginning of the symptoms? What medicine? Yes□ Name it… No□ |
| 4. Who did you consult first after the onset of symptoms? |
| 5. When did you decide to call EMS or go to the hospital? |
| 6. Before going to the SCU, which of the following centers did you go? Private offices□ clinics□ Private hospitals□ Other medical centers□ None□ |
| 7. What was your reason for visiting medical centers (Private offices, clinics, private hospitals, other medical centers)?  The proximity or availability of that center□  The low cost of treatment at that center□  Not awareness of stroke center at SCU□  Not considering the disease seriously by the patient□ |
| 8. How did you get to SCU? By personal vehicle□ By Emergency Services (EMS) □ Air Emergency□  Referral by ambulance from other medical centers□ Stroke inside the hospital□ |
| 9. Did you call EMS before going to the hospital? Yes□ No□ |
| 10. If you called EMS, what time did they arrive? |
| 11. If you called EMS, what time did they get to the hospital? |
| 12. Have you been sent to SCU from other hospitals? Yes□ No□  From which center …….. (Time of departure from the primary center…) (time of arrival at SCU…) |
| 13. Has the patient’s referral from the primary center to SCU been coordinated? Yes□ No□ |
| 14. What were your reasons for coming to the hospital?  My symptoms were getting worse by the minute□ I came to the hospital on the advice of doctors□  Based on my background and information□ I guessed it was a stroke□  I came to the hospital with an EMS recommendation□ I came to the hospital on the advice of others□ |
| 15. What were your initial symptoms when you first arrived at the hospital?  It was reduced□ it was relieved□ it was intensified□ it was not changed□ |

**Questions about In-hospital factors:**

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| 1. When is the patient triaged by a nurse? |
| 2. What time has the patient entered the emergency room? |
| 3. Who made the first visit? Intern□ General Practitioner□ Non-Neurologist Resident□ Neurologist Resident□ Specialist□ Type of Specialty |
| 4. What time did the first visit take place? |
| 5. Primary blood pressure…… Primary BS…. Primary NIHSS…. Primary PT/PTT/INR…….  Was there a previous disability caused by Stroke? Yes□ No□ |
| 6. What was the time of the first brain imaging? |
| 7. How long did the brain imaging take? |
| 8. When was the definitive diagnosis? |
| 9. What time did the patient be transferred to the SCU? |
| 10. CT scan findings: normal□ Evidence of current stroke□ Stroke more than 1.3 vascular□ old infract□ McA Dense sing□ ICH□ |
| 11.Type of stroke: Ischemic□ TIA□ ICH□ SAH□ CVT□ |
| 12.TPA injection prescription time: |
| 13.Time of TPA injection by a nurse: |
| 14. How was the TPA prepared? It was available in the ward□ It was provided from other wards□ It was provided by the patient’s companion□ |
| 15. In which unit the TPA injection was performed? CT unit□ emergency room□ SCU□ |
| 16.The reason for not injecting intravenous TPA: |
| 17.NIHSS rate 2 hours after TPA injection: |
| 18.NIHSS rate 24 hours after TPA injection: |
| 19.NIHSS Rate at the time of discharge: |
| 20. Date of discharge…. |
| 21. If Death: Cause of death……. Date of death……... |
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**Appendix No. 2**

**Checklist of Complications and Deaths caused by acute ischemic stroke**

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| **Complications** | **Yes** | **No** | **Type of Treatment** |
| 1. Progressive stroke |  |  |  |
| 2. Seizures |  |  |  |
| 3. Coma |  |  |  |
| 4. Re-stroke |  |  |  |
| 5.ICH |  |  |  |
| 6. Brain edema |  |  |  |
| 7. Hydrocephalus |  |  |  |
| 8.Herniation |  |  |  |
| 9.Orolingual angioedema |  |  |  |
| 10. Tachycardia |  |  |  |
| 11. Bradycardia |  |  |  |
| 12. Myocardial infarction |  |  |  |
| 13. Cardiac arrhythmia |  |  |  |
| 14. Congestive heart failure |  |  |  |
| 15. Pneumonia |  |  |  |
| 16. Apnea |  |  |  |
| 17. Dysphagia |  |  |  |
| 18. Gastric bleeding |  |  |  |
| 19. Urinary tract infection |  |  |  |
| 20. Urinary incontinence |  |  |  |
| 21. Deep vein thrombosis |  |  |  |
| 22. Pulmonary embolism |  |  |  |
| 23. Depression |  |  |  |
| 24. Shoulder pain |  |  |  |
| 25. Fractures |  |  |  |
| 26. Fall |  |  |  |
| 27. Fever |  |  |  |
| 28. Bed sores |  |  |  |