

Discharge Or Died

Record ID _____



UK ISRCTN 98886991
UK IRAS306761
UK CPMS 50913
WHO UTN U1111-1273-9942

Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial (PhEAST)

Discharge or in-hospital death form v1.2

- ▶ Please check consent form obtained.
- ▶ Please check Day 14, primary outcome form completed.

Section A: Participant details

A1. Centre name : _____

A2. Participant ID : _____

A3. Participant initials : _____

Section B: Discharge and in-hospital death form

B1. Discharge disposition?

- Death
- Nursing home
- Residential home/assisted care
- Rehabilitation institution/hospital
- Home with carer
- Home

(Choose one answer)

B1a. Died in hospital Yes No

B1b. Cause of death in hospital?

- Stroke extension
- Stroke recurrence
- Pneumonia/chest infection
- Other infection
- Heart attack
- Pulmonary embolism
- Other cause

(Choose one answer)

B1c. If "Other", please specify cause of death

B2. Date of discharge from hospital or death in hospital

(Date DD-MM-YYYY)

B3. Neurosurgery - hemocraniectomy

Yes No
(Choose one answer)

B4. Neurosurgery - haemorrhage (evacuation, shunt)

Yes No
(Choose one answer)

B5. Vascular surgery, e.g. carotid endarterectomy/stenting

Yes No
(Choose one answer)

B6a. Final diagnosis for index event

(Diagnosis at admission: [scan_diagnosis_admission])

Ischaemic stroke (IS or HTI)
 Intracerebral haemorrhage (ICH)
 Stroke, type unknown
 Sub-arachnoid haemorrhage
 Non stroke lesion that explains presentation, e.g. tumour, abscess
 (Choose one answer)

B6b. If non stroke, please specify

(Freetext)

Section C: Catheter

C1. Date PES catheter removed

(Date DD-MM-YYYY)

C2. Catheter replaced by another nasogastric feeding tube

Yes No

C3. Did the patient experience any pressure sores related to the Phagenyx catheter?

Yes No

C4. Discharged with PEG or RIG

Yes No

Section D: Post randomisation hospital activities

D1a. Admission to (neuro-)critical/intensive care unit?

Yes No

D1b. Date of admission to ICU?

(Date DD-MM-YYYY)

D2a. Received ventilation in ICU?

Yes No
(Choose one answer)

D2b. Days ventilated?

(Integer 1-30)

D3. Required a tracheotomy/tracheostomy?

Yes No
(Choose one answer)

Section E: Other clinical information

E1. Pneumonia.

Yes No

Has the participant had pneumonia or a chest infection since consent?

Note: In patients without underlying pulmonary or cardiac disease, 1 definitive chest radiograph is acceptable

E1a. Died in hospital with pneumonia

Yes No

E2. Antibiotics.

Yes No

Has the participant started a course of antibiotics since consent?

Note: Answer No if antibiotics were started before consent.

E3. An antiplatelet for thinning blood?

[E.g. aspirin, cilostazol, clopidogrel or dipyridamole.]

No antiplatelet drug
 Aspirin
 Cilostazol
 Clopidogrel
 Dipyridamole

E4. An oral anticoagulant for thinning blood?

[E.g. apixaban, dabigatran, edoxaban, rivaroxaban or warfarin]

No anticoagulant drug
 Apixaban
 Dabigatran
 Edoxaban
 Rivaroxaban
 Warfarin

E5. A statin for lowering cholesterol?

[E.g. atorvastatin, fluvastatin, pravastatin, rosuvastatin or simvastatin]

No statin
 Atorvastatin
 Fluvastatin
 Pravastatin
 Rosuvastatin
 Simvastatin

E6. One or more blood pressure lowering tablets?

[Drug names will end in -ide, -ipine, -pril, -olol, -sartan. E.g. amiloride, amlodipine, atenolol, bendroflumethiazide, bisoprolol, candesartan, enalapril, hydrochlorothiazide, indapamide, lisinopril, losartan, nifedipine, perindopril, spironolactone, verapamil]

Yes
 No

E7. A tablet for protecting the stomach from bleeding?

- Yes
 No

[Drug names will end in -idine or -prazole. E.g. lansoprazole, omeprazole, ranitidine]

E8. What is the participant's weight (or estimated weight) in kilos?

_____ (Number (30-200) kg)

Section F: Penetration aspiration score (PAS) FEES: Fiberoptic endoscopic evaluation of swallowing

VFS: Videofluoroscopy

PAS: Penetration aspiration score

F1. Was FEES or VFS performed and PAS measured before baseline/ day 0?

- No FEES or VFS, or no PAS available
 Fiberoptic evaluation of swallowing (FEES)
 Videofluoroscopy (VFS)

F2. Penetration aspiration score (PAS) Specify PAS if performed since treatment on thin fluids (IDDSI level 0) finished using Fiberoptic Evaluation of Swallowing (FEES) or videofluoroscopy (VFS). Please give lowest (best) and highest (worst) PAS if available.

Or give highest (worst) score only if known.

F2a. PAS highest (worst) score

_____ (Integer 1 - 8)

F2b. PAS lowest (best) score

_____ (Integer 1 - 8)

F3. Date PAS score collected

_____ (Date DD-MM-YYYY)

Section G: Assessor information.

G1. Please enter your name

_____ (Collected information)

G2a. What is your professional role?

- Doctor
 Research coordinator
 Nurse, clinical
 Research nurse
 Physiotherapist
 Occupation therapist
 Speech & Language therapist
 Other
 (Choose one answer)

G2b. If "Other", please specify role

G3. Does your role involve working on stroke wards?

- Yes No
 (Choose one answer)

G4. Please enter your name if you did not collect the information

(Filling the form)

G5. Please sign the form

(Signature)

△ Please Sign the form.

Comments and full explanation for missing data

Are any values missing due to tests not done (or measures not taken), or because data are unknown and every effort has been made to find the data - i.e. 'Not done' / 'Not known'?

- Yes
 No

If any values are missing, please provide a full explanation Comments