

Discharge Or Died

Record ID

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WHO UTN U1111-1273-9942

Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial (PhEAST)

Discharge or in-hospital death form v1.3

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

Section A: Participant details

A1. Centre name:

(Centre)

A2. Participant ID :

(Participant ID)

A3. Participant initials (e.g. ABC or A-C) :

(3 uppercase letters, or 2 separated by a hyphen (-))

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? ☐ No antiplatelet drug
[E.g. aspirin, cilostazol, clopidogrel or dipyridamole.] ☐ Aspirin
☐ Cilostazol
☐ Clopidogrel
☐ Dipyridamole

E4. An oral anticoagulant for thinning blood? ☐ No anticoagulant drug
[E.g. apixaban, dabigatran, edoxaban, rivaroxaban or warfarin] ☐ Apixaban
☐ Dabigatran
☐ Edoxaban
☐ Rivaroxaban
☐ Warfarin

E5. A statin for lowering cholesterol? ☐ No statin
[E.g. atorvastatin, fluvastatin, pravastatin, rosuvastatin or simvastatin] ☐ Atorvastatin
☐ Fluvastatin
☐ Pravastatin
☐ Rosuvastatin
☐ Simvastatin

E6. One or more blood pressure lowering tablets?

☐ Yes

☐ No

[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]

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 after day-14?

☐ 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)

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