

OCCLUDED ARTERY TRIAL (OAT) STROKE CLASSIFICATION FORM

OAT Form 53
Rev 0
08/27/2003
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19988

Please Use Black Pen To Fill Out Form.

Patient's ID Number: -

Letter Code:

Seq. No. **seqno**

Correction

1. Date of event: **fm53dt**

mmm dd yyyy

2. Was this a severe neurologic event? Yes **sne** No

7. Are there extension(s) of hemorrhage? Yes **sneext** No

If NO, skip to item 9. If YES, answer A-D.

If NO, skip to item 8. If YES, answer A-E.

- A. Infarction **snea**
- B. Hemorrhage **sneb**
- C. Transient ischemic attack **snecl**
- D. Other **sned**

- A. Subdural space **sneexta**
- B. Parenchymatous **sneextb**
- C. Subarachnoid space **sneextc**
- D. Epidural space **sneextd**
- E. Intraventricular **sneexte**

3. Is a diagnosis possible? **snediag**

If NO, skip to item 8. If YES, answer 4-9.

8. Causal Factors (answer each item): Yes No

4. Is there infarction? Yes No **sneinf**

If NO, skip to item 6. If YES, answer A-D.

- A. t-PA **snecfA**
- B. Heparin controlled according to PTT .. **snecfB**
- C. Heparin not documented to be controlled by PTT **snecfC**
- D. Coumadin controlled according to PT .. **snecfD**
- E. Coumadin not documented to be controlled according to PT **snecfE**
- F. Embolism **snecfF**
- G. Hypotension **snecfG**
- H. Hypertension **snecfH**
- I. Trauma **snecfI**
- J. Aortic balloon pump **snecfJ**
- K. Coronary Angiography..... **snecfK**
- L. PCI **snecfL**
- M. Surgery **snecfM**
- N. Vascular malformation **snecfN**
- O. Other **snecfO**

- A. Lacune **sneinfa**
- B. Embolism **sneinfb**
 - i. Cardiac **sneinfb1**
 - Non-Cardiac
- C. Thrombosis/Atherosclerosis **sneinfc**
- D. Unknown **sneinfd**

5. Did hemorrhage occur in the infarcted area? **snearea**

6. Is there primary hemorrhage? Yes No **snehem**

If NO, skip to item 8. If YES, answer A-F.

9. Reasons for classification:

- A. Subdural **snehema**
- B. Parenchymatous **snehemb**
- C. Subarachnoid **snehemc**
- D. Epidural **snehemd**
- E. Intraventricular **sneheme**
- F. Unknown **snehemf**

11. Signature of MMCC Member completing this form: _____

10. Initials of MMCC Member classifying event: **mmccint (admin)**