

# Acute stroke (Acute stroke clinical care standard)

## Identifying and definitional attributes

**Metadata item type:** Glossary Item

**METEOR identifier:** 629525

**Registration status:**

- [Health](#), Qualified 10/03/2017

**Definition:** For the purposes of the Acute stroke clinical care standard (ACSQHC 2015a), an acute stroke occurs when the supply of blood to the brain is suddenly interrupted. This may result in part of the brain dying, leading to a sudden impairment that can affect a range of activities such as speaking, swallowing, thinking, moving and communicating.

In about 80% of people who have a stroke, an artery supplying blood to the brain suddenly becomes blocked ([ischaemic stroke](#)). In the remaining 20%, an artery begins to bleed ([haemorrhagic stroke](#)) (AIHW 2013).

## Collection and usage attributes

**Guide for use:**

For the purposes of the Indicator specification: acute stroke clinical care standard (ACSQHC 2015b), acute stroke includes:

- intracerebral/ intracranial haemorrhage (**ischaemic stroke**)
- cerebral infarct (**haemorrhagic stroke**).

That is, where [Episode of care—principal diagnosis, code \(ICD-10-AM 9th edn\) ANN{.N\[N\]}](#) or [Episode of care—additional diagnosis, code \(ICD-10-AM 9th edn\) ANN{.N\[N\]}](#) (only when sequenced as one of the first two additional diagnoses) is one of the following:

- I61.0 Intracerebral haemorrhage in hemisphere, subcortical (deep intracerebral haemorrhage)
- I61.1 Intracerebral haemorrhage in hemisphere, cortical (cerebral lobe haemorrhage/superficial intracerebral haemorrhage)
- I61.2 Intracerebral haemorrhage in hemisphere, unspecified
- I61.3 Intracerebral haemorrhage in brain stem
- I61.4 Intracerebral haemorrhage in cerebellum
- I61.5 Intracerebral haemorrhage, intraventricular
- I61.6 Intracerebral haemorrhage, multiple localised
- I61.8 Other intracerebral haemorrhage
- I61.9 Intracerebral haemorrhage, unspecified
- I62.9 Intracranial haemorrhage (nontraumatic), unspecified
- I63.0 Cerebral infarction due to thrombosis of precerebral arteries
- I63.1 Cerebral infarction due to embolism of precerebral arteries
- I63.2 Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries
- I63.3 Cerebral infarction due to thrombosis of cerebral arteries
- I63.4 Cerebral infarction due to embolism of cerebral arteries
- I63.5 Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries
- I63.6 Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
- I63.8 Other cerebral infarction
- I63.9 Cerebral infarction, unspecified
- I64 Stroke, not specified as haemorrhage or infarction.

It also only includes acute cases, that is, where the [Hospital service—care type, code N\[N\]](#) = 1 Acute care.

It specifically excludes where [Episode of care—principal diagnosis, code \(ICD-10-AM 9th edn\) ANN{.N\[N\]}](#) or [Episode of care—additional diagnosis, code \(ICD-10-AM 9th edn\) ANN{.N\[N\]}](#) (only when sequenced as one of the first two additional diagnoses) is one of the following:

- Transient ischaemic attack:
  - G45.0 Vertebro-basilar artery syndrome
  - G45.1 Carotid artery syndrome (hemispheric)
  - G45.2 Multiple and bilateral precerebral artery syndromes
  - G45.3 Amaurosis fugax
  - G45.4 Transient global amnesia
  - G45.8 Other transient cerebral ischaemic attacks and related syndromes
  - G45.9 Transient cerebral ischaemic attack, unspecified (impending cerebrovascular accident/ spasm of cerebral artery/ transient cerebral ischaemia NOS)
- Nontraumatic subdural/ extradural haemorrhage:
  - I62.0 Subdural haemorrhage (acute) (nontraumatic)
  - I62.1 Nontraumatic extradural haemorrhage (nontraumatic epidural haemorrhage)
- Traumatic subdural/ subarachnoid haemorrhage:
  - S06.5 Traumatic subdural haemorrhage (subdural haematoma)
  - S06.6 Traumatic subarachnoid haemorrhage (subarachnoid haematoma)

## Source and reference attributes

<b>Submitting organisation:</b>	Australian Commission on Safety and Quality in Health Care
<b>Reference documents:</b>	ACSQHC (Australian Commission on Safety and Quality in Health Care) 2015a. Acute stroke clinical care standard. Sydney: ACSQHC  ACSQHC 2015b. Indicator specification: acute stroke clinical care standard. Sydney: ACSQHC  AIHW (Australian Institute of Health and Welfare) 2013. Stroke and its management in Australia: an update. Canberra: AIHW

## Relational attributes

<b>Metadata items which use this glossary item:</b>	<a href="#">Acute stroke clinical care standard indicators: 1a-Assessment by ambulance services</a> <ul style="list-style-type: none"><li>• <a href="#">Health</a>, Recorded 14/03/2017</li></ul> <a href="#">Acute stroke clinical care standard indicators: 1b-Assessment in the emergency department</a> <ul style="list-style-type: none"><li>• <a href="#">Health</a>, Recorded 14/03/2017</li></ul> <a href="#">Acute stroke clinical care standard indicators: 2a-Transport to a hospital able to provide thrombolysis</a> <ul style="list-style-type: none"><li>• <a href="#">Health</a>, Recorded 14/03/2017</li></ul> <a href="#">Acute stroke clinical care standard indicators: 3a-Proportion of patients with a final diagnosis of acute stroke who have documented treatment in a stroke unit</a> <ul style="list-style-type: none"><li>• <a href="#">Health</a>, Recorded 14/03/2017</li></ul> <a href="#">Acute stroke clinical care standard indicators: 3b-Proportion of stroke patients spending at least 90% of their acute hospital stay in a stroke unit</a> <ul style="list-style-type: none"><li>• <a href="#">Health</a>, Recorded 14/03/2017</li></ul> <a href="#">Acute stroke clinical care standard indicators: 4a-Assessment for rehabilitation by a physiotherapist within 24–48 hours of hospital presentation</a> <ul style="list-style-type: none"><li>• <a href="#">Health</a>, Recorded 04/04/2017</li></ul> <a href="#">Acute stroke clinical care standard indicators: 4b-Rehabilitation therapy within 48 hours of initial assessment</a> <ul style="list-style-type: none"><li>• <a href="#">Health</a>, Recorded 14/03/2017</li></ul> <a href="#">Acute stroke clinical care standard indicators: 5d-Risk factor modification advice before separating from hospital</a> <ul style="list-style-type: none"><li>• <a href="#">Health</a>, Recorded 14/03/2017</li></ul> <a href="#">Acute stroke clinical care standard indicators: 5e- Proportion of patients with a final diagnosis of acute stroke who have documented evidence of advice on risk factor modification prior to separation from hospital, 2019-</a> <ul style="list-style-type: none"><li>• <a href="#">Australian Commission on Safety and Quality in Health Care</a>, Qualified 09/09/2019</li></ul> <a href="#">Acute stroke clinical care standard indicators: 6a-Carer support needs assessment</a> <ul style="list-style-type: none"><li>• <a href="#">Health</a>, Recorded 04/04/2017</li></ul> <a href="#">Acute stroke clinical care standard indicators: 6a-Proportion of patients with a final diagnosis of acute stroke whose carer(s) received a formal needs assessment prior to separation from hospital, 2019-</a>
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- [Australian Commission on Safety and Quality in Health Care](#), Qualified 09/09/2019

[Acute stroke clinical care standard indicators: 6b-Carer training](#)

- [Health](#), Recorded 04/04/2017

[Acute stroke clinical care standard indicators: 6b-Proportion of patients with a final diagnosis of acute stroke who require assistance with activities of daily living, and whose carer\(s\) received relevant training prior to separation from hospital, 2019-](#)

- [Australian Commission on Safety and Quality in Health Care](#), Qualified 09/09/2019

[Acute stroke clinical care standard indicators: 7a-Proportion of patients with a final diagnosis of acute stroke provided with a documented care plan prior to separation from hospital, 2019-](#)

- [Australian Commission on Safety and Quality in Health Care](#), Qualified 09/09/2019

[Acute stroke clinical care standard indicators: 7a-Proportion of stroke patients with a documented care plan prior to hospital separation](#)

- [Health](#), Recorded 14/03/2017

[Clinical care standard indicators: acute stroke](#)

- [Health](#), Recorded 14/03/2017