

	Radiological diagnose MSU	Prehospital NIHSS	Radiological diagnose at hospital	Additional information
1	Intracranial hemorrhage	5	Intracranial hemorrhage	Direct transfer to a neurosurgical care unit from the MSU.
2	Cerebral ischemia	28	Cerebral ischemia	Impressive aphasia and neglect, known epilepsy and recent attack. Considered as an epileptic seizure by the on-call neurologist.
3	Cerebral ischemia	15	Other	Focal neurological symptoms and reduced consciousness (GCS 13), no indication for thrombolysis. Considered as a non-neurological by the on-call neurologist.
4	Cerebral ischemia	4	Cerebral ischemia	MSU anesthesiologist found symptoms of focal neurology, which were in rapid regression. Not considered as an acute stroke by the on-call neurologist.
5	Cerebral ischemia	32	Cerebral ischemia	MSU anesthesiologist described severe focal neurological symptoms. However, the patient is not eligible for thrombolysis due to co-morbidity (liver cancer). NIHSS data missing from admission.
6	Intracranial hemorrhage	22	Intracranial hemorrhage	Transfer from the local hospital to the regional hospital and neurosurgical care.
7	Intracranial hemorrhage	19	Intracranial hemorrhage	Direct transfer to neurosurgical care unit from the MSU.
8	Intracranial hemorrhage	18	Intracranial hemorrhage	Direct transfer to neurosurgical care unit from the MSU.
9	Intracranial hemorrhage	13	Intracranial hemorrhage	Direct transfer to neurosurgical care unit from the MSU.
10	Cerebral ischemia	20	Intracranial hemorrhage	Transfer from the local hospital to the regional hospital and neurosurgical care.
11	Intracranial hemorrhage	5	Cerebral ischemia	NIHSS data missing from admission.
12	Cerebral ischemia	0	Intracranial hemorrhage	Direct transfer to neurosurgical care unit from the MSU.
13	Cerebral ischemia	8	Cerebral ischemia	NIHSS data missing from admission. The patient had symptoms of reduced consciousness and thrombolytic therapy was not considered in the MSU.
14	Cerebral Ischemia	15	Cerebral Ischemia	NIHSS data missing from admission