

GWTG® Post-Discharge Follow-up Form

Active Form Group(s): 30-Day

Updated February 2018

Bold font = Required field

POST DISCHARGE MORTALITY & READMISSION TAB

Patient ID: _____

Date of Hospital Admission: ____/____/____
mm / dd / yyyy

Date of Hospital Discharge: ____/____/____
mm /dd / yyyy

Date Follow-up Completed: ____/____/____
mm / dd / yyyy

PATIENT LOGISTICS

Method used for Patient follow-up:

- Chart Review
- Health Facility
- Patient's current residence
- Phone Call
- Unable to reach
- Other, please specify _____

Source of Information (select all that apply):

- Caregiver
- EMS
- Family
- Home Health Aid
- Patient
- Chart Review
- Other, please specify _____

Patient location:

- Acute care facility/ Hospital
- Chronic Health Care Facility
- Home
- Rehabilitation Facility
- Skilled Nursing Facility
- Unknown/ND

PATIENT STATUS

Is patient deceased?

- Yes
- No

Date of death:

____/____/____
MM/ DD/ YYYY

Unknown

Cause of Death:

- Cerebrovascular (Stroke [ischemic/ hemorrhagic])
- Cardiovascular
- Non-Vascular
- Unknown/ND

Specific Cause of Death:

- New ischemic stroke
- Pneumonia/respiratory failure
- Myocardial infarction
- Heart failure
- Other cardiovascular
- Deep vein thrombosis or pulmonary embolism
- Sepsis/Infection
- Intracranial hemorrhage (SAH, ICH, SDH, etc.)
- Other _____
- Unknown/ ND

Post Discharge Modified Rankin Scale:

- Yes
- No/ND

Date Post Discharge Modified Rankin Scale Performed: ____/____/____
mm/dd/yyyy Unknown

Modified Rankin Scale – Total Score:

- 0** – No symptoms at all
- 1 – No significant disability; despite symptoms; able to carry out all usual duties and activities
- 2 – Slight disability; unable to perform all previous activities, but able to look after own affairs without assistance
- 3 – Moderate disability; requiring some help, but able to walk without assistance
- 4 – Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
- 5 – Severe disability; bedridden, incontinent, and requiring constant nursing care and attention
- 6 – Dead
- Unknown/ ND**

STROKE REHABILITATION

Type of rehab ordered:

- Occupational therapy
- Physical therapy
- Speech therapy

Current Therapy Status:

- Home Therapy
- Home with outpatient therapy
- Home with no therapy
- Rehabilitation facility with inpatient therapy
- Unknown/ ND

APPOINTMENTS

Who did patient see or will see within 30 days of discharge? (check all that apply)

- Primary Care Physician
- Cardiologist
- Neurologist
- Endocrinologist
- Other

Date of 1st post- Discharge Physician Office Visit:

____/____/____
mm/ dd/ yyyy

Unknown

ED VISITS

Has patient been seen in the ED since discharge?

- Yes
- No
- Unknown/ND

Total Number of ED Visits:

- 1
- 2
- 3 or more
- Unknown/ND

READMISSIONS

Has patient been readmitted to a hospital since discharge?

Select Period:

- Yes, Within 30 days post discharge
- Yes, Within 60 days post discharge
- Yes, Within 90 days post discharge
- No readmissions =
- Unknown/ ND

Total number of readmissions since discharge:

- 1
- 2
- 3 or more
- Unknown/ND

Date of Readmission:

____/____/____
mm/dd/yyyy

Unknown

Reason for Readmission (check all applicable fields):

- Acute Myocardial Infarction
- Atrial Fibrillation/Flutter
- Carotid Intervention (endarterectomy/stent)
- Deep vein thrombosis/pulmonary embolism/blood clot
- Fall
- Heart Failure
- Infection/Sepsis
- Other cardiac event
- Other surgical procedure (i.e. Amputation/diabetes)
- Peripheral Intervention
- Pneumonia
- Recurrent stroke
- Transient Ischemic Attack
- Urinary Tract Infection
- Unknown/ ND

WELLNESS METRICS

Tobacco Use and Cessation

NOTE: Tobacco use includes: cigarettes, cigars/cigarillo, little sugars. Pipes, smokeless tobacco (chew, dip, snuff, snus), hookah/water pipe and electronic vapor products (e-cigarettes, e-hookah, vape pens).

Has the patient stopped tobacco use **at least once** because they were trying to quit since discharge?

- Yes
 No
 Unknown/ ND

BLOOD PRESSURE MANAGEMENT

Has the patient been monitoring their blood pressure at home or in the community?

- Yes
 No
 No history of hypertension
 Unknown/ ND

Most Recent Blood Pressure: _____ / _____ mmHg
(systolic: 50-220 / diastolic: 30-160)

SYMPTOMS & SIGNS (30 DAY)

NEW OR RECURRENT SYMPTOMS WITHIN 30 DAYS OF DISCHARGE:

- None
 Stroke Symptoms
 Chest Pain
 Shortness of Breath

VITAL SIGNS:

(if more than one, use value closest to 30 days post discharge)

Weight: _____ O lb O kg

Height: _____ O in O cm

Waist Circumference: _____ O in O cm

Body Mass Index: _____

Blood pressure (mmHg): ____ / ____

Heart rate (bpm): _____

LABS (30 DAY)

LABORATORY ASSESSMENTS WITHIN 30 DAYS OF DISCHARGE

Any blood work since hospital discharge

(If more than one, use value closest to 30 days post discharge)

- Yes
 No
 Unknown/ND

Get With The Guidelines® Follow-up Labs:

Chemistries:

- Done
 Not Done
 O Unknown/ND

Creatinine: _____ mg/dL

Glucose: _____ mg/dL

Lipid Profile:

- Done
 Not Done
 O Unknown/ND

Total Cholesterol: _____ mg/dL

HDL: _____ mg/dL

GWTG® Post-Discharge Follow-up Form

Active Form Group(s): 30-Day

Updated February 2018

LDL: _____ mg/dL

Triglycerides: _____ mg/dL

Other Laboratories:

HbA1c: _____ (%) Transthoracic ECHO
 Transesophageal ECHO

ECHO Findings:
 Left atrial thrombus
 Valvular abnormality
 Patent foramen ovale
 Other

LVEF

| | | | |
|---|-------------------|---|---|
| Date of New LVEF: ____/____/____ MM/ DD/ YYYY | LVEF: _____(%) | Specify LVEF Findings: <input type="radio"/> LV Thrombus <input type="radio"/> Valvular abnormalities | If no LVEF, qualitative LV dysfunction: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <input type="checkbox"/> Normal |
|---|-------------------|---|---|

Carotid Ultrasound: If yes, Degree of Stenosis:
 Severe (>70%)
 Moderate (50-69%)
 Mild (<50%)
 Normal

MR or CT angiography Holter or long-term heart rhythm monitoring Peripheral Vascular Assessment Repeat Swallow Study

MEDICATIONS TAB (30 DAY)

Antithrombotic Medication(s) Prescribed?
 Yes
 No
 Unknown/ND

| | Class | Medication | Dosage | Frequency |
|---|-------|------------|--------|-----------|
| Antithrombotic therapy approved in stroke | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Since Discharge:
 Continued dose unchanged
 Continued dose increased
 Continued dose decreased
 Discontinued since hospital discharge
 Documented contraindication, intolerance, other physician documented

| | | |
|--|--|---|
| Missed any doses: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown/ND | If missed any dose, taking >80% of doses: <input type="radio"/> Yes <input type="radio"/> No | Newly Prescribed after Discharge? <input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC |
|--|--|---|

| | |
|---|--|
| <p>Antiplatelet</p> <input type="checkbox"/> aspirin <input type="checkbox"/> aspirin/dipyridamole (Aggrenox) <input type="checkbox"/> clopidogrel (Plavix) <input type="checkbox"/> prasugrel (Effient) <input type="checkbox"/> ticagrelor (Brilinta) <input type="checkbox"/> ticlopidine (Ticlid) | <p>Anticoagulant</p> <input type="checkbox"/> Unfractionated heparin IV <input type="checkbox"/> full dose LMW heparin (Enoxaparin, Others) <input type="checkbox"/> warfarin (Coumadin) <input type="checkbox"/> dabigatran (Pradaxa) <input type="checkbox"/> argatroban <input type="checkbox"/> desirudin (Iprivask) |
|---|--|

| | |
|---|---|
| <input type="checkbox"/> Other Antiplatelet | <input type="checkbox"/> fondaparinux (Arixtra) <input type="checkbox"/> rivaroxaban (Xarelto) <input type="checkbox"/> apixaban (Eliquis) <input type="checkbox"/> lepirudin (Refludan) <input type="checkbox"/> Other Anticoagulant |
|---|---|

ANTICOAGULATION:
 If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?
 (carried over from inpatient form):

Yes
 No/ND
 NC

Since Discharge:

Continued dose unchanged
 Continued dose increased
 Continued dose decreased
 Discontinued since hospital discharge
 Documented contraindication, intolerance, other physician documented

| | | |
|--|--|---|
| Missed any doses: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown/ND | If missed any dose, taking >80% of doses: <input type="radio"/> Yes <input type="radio"/> No | Newly Prescribed after Discharge? <input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC |
|--|--|---|

ANTIHYPERTENSIVE TX

Antihypertensive Tx:
 (carried over from inpatient form):

None prescribed/ND
 None – contraindicated
 ACE Inhibitors
 ARB
 Beta Blockers
 Ca++ Channel Blockers
 Diuretics
 Other anti-hypertensive med

Since Discharge:

Continued dose unchanged
 Continued dose increased
 Continued dose decreased
 Discontinued since hospital discharge
 Documented contraindication, intolerance, other physician documented

| | | |
|--|--|---|
| Missed any doses: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown/ND | If missed any dose, taking >80% of doses: <input type="radio"/> Yes <input type="radio"/> No | Newly Prescribed after Discharge? <input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC |
|--|--|---|

CHOLESTEROL-REDUCING TX

Antihypertensive Tx:
 (carried over from inpatient form):

None prescribed/ND
 None – contraindicated
 Statin
 Fibrate
 Niacin
 Absorption Inhibitor
 Other med

Since Discharge:

Continued dose unchanged

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Active Form Group(s): 30-Day

Updated February 2018

Continued dose increased
 Continued dose decreased
 Discontinued since hospital discharge
 Documented contraindication, intolerance, other physician documented

| | | |
|---|---|--|
| Missed any doses: | If missed any dose, taking >80% of doses: | Newly Prescribed after Discharge? |
| <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown/ND | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC |

DIABETIC TX

Antihypertensive Tx:
(carried over from inpatient form):

None prescribed/ND
 None – contraindicated
 Other subcutaneous/injectable agent
 Insulin
 Oral agents

Since Discharge:

Continued dose unchanged
 Continued dose increased
 Continued dose decreased
 Discontinued since hospital discharge
 Documented contraindication, intolerance, other physician documented

Missed any doses:

Yes
 No
 Unknown/ND

| | |
|---|--|
| Newly Diagnosed Diabetes: | Basis for Diagnosis |
| <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ND | <input type="checkbox"/> HbA1c <input type="checkbox"/> Oral Glucose Tolerance <input type="checkbox"/> Fasting Blood Sugar <input type="checkbox"/> Test Other |

| | |
|---|--|
| If missed any dose, taking >80% of doses: | Newly Prescribed after Discharge? |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC |

ANTI-SMOKING TX

Newly Prescribed after Discharge?

Yes
 No/ND
 NC

EDUCATION & MANAGEMENT TAB (30 DAY)

EDUCATION/COUNSELING WITHIN 30 DAYS OF DISCHARGE

Medication adherence
 Diabetes education
 Anticoagulation therapy
 Diet counseling
 Salt restriction Therapeutic Lifestyle Changes Diet
 Signs and symptoms of stroke or TIA.
 Signs and symptoms of Heart Failure
 Signs and symptoms of Myocardial Infarction
 Whom to call if symptoms worsen
 Need for medical follow-up
 How to activate emergency medical care system (e.g., 911)

- Activity guidelines
 Weight loss/management counseling
 Stroke and Cardiovascular risk factors

DISEASE MANAGEMENT WITHIN 30 DAYS OF DISCHARGE

Stroke rehabilitation:

- Yes
 No
 Was at Discharge but stopped
 Declined rehab
 Unknown/ ND

Smoking cessation program (at least one outpatient visit)

Telephone management (at least one contact)

FUNCTIONAL OUTCOME/QUALITY OF LIFE WITHIN 30 DAYS OF DISCHARGE

Symptoms (check all that apply):

- Unable to Ambulate without Assistance
 Difficulty with Speech/Communication
 Cognitive impairment
 Difficulty with swallowing

Barthel Index _____

LIFESTYLE CHANGES WITHIN 30 DAYS OF DISCHARGE**Has the patient:**

Been monitoring their blood pressure?

- Yes
 No
 Unknown/ ND

Returned for each medical follow-up appointment?

- Yes
 No
 Unknown/ ND

Been using a pill container to keep track of their medicines?

- Yes
 No
 Unknown/ ND

Been on a calorie restricted diet?

- Yes
 No
 Unknown/ ND

Been monitoring their daily weights

- Yes
 No
 Unknown/ ND

Engaged in physical activity weekly?

- Less than 1 hour
 1-3 hours
 3 or more hours
 Unknown/ND

END OF FORM