Patient ID:		**Bold Question = Required**
ADMIN		***Admin Tab***

Final clinical diagnosis related to stroke	O Ischemic Stroke O Transient Ischemic Attack (< 24 hours) O Subarachnoid Hemorrhage	O Intracerebral Hemorrhage O Stroke not otherwise specified O No stroke related diagnosis O Elective Carotid Intervention only
If No Stroke Related Diagnosis:	O Migraine O Seizure O Delirium O Electrolyte or metabolic imbalance O Functional disorder	O Other O Uncertain
Was the Stroke etiology documented in the patient medical record:	O Yes O No	

Select documented stroke etiology	O 1: Large-artery atherosclerosis (e.g., carotid or basilar stenosis)
	O 2: Cardioembolism (e.g., atrial fibrillation/flutter, prosthetic heart valve, recent MI)
	O 3: Small-vessel occlusion (e.g., subcortical or brain stem lacunar infarction <1.5 cm)
	O 4: Stroke of other determined etiology (e.g., dissection, vasculopathy, hypercoagulable or hematologic disorders.
	  O Dissection
	  O Hypercoagulability
	  O Other
	O 5: Cryptogenic stroke (stroke of undetermined etiology)
	  O Multiple potential etiologies identified
	  O Stroke of undetermined etiology
	  O Unspecified	

When is the earliest documentation of comfort measures only?	O Day 0 or 1 O Day 2 or after O Timing unclear O Not Documented/UTD	
Arrival Date/Time:	___/___/______ ___: ____ ☐ MM/DD/YYYY only ☐ Unknown	**Admin Date:** ___/___/______
Not Admitted:	O Yes, not admitted O No, patient admitted as inpatient	Reason Not Admitted: O Transferred from your ED to another acute care hospital O Discharged directly from ED to home or other location that is not an acute care hospital O Left from ED AMA O Died in ED O Discharged from observation status without an inpatient admission O Other
Discharge Date/Time:	___/___/______ ___: ____ ☐ MM/DD/YYYY only	
For patients discharged on or after 04/01/2011: What was the patient's discharge disposition on the day of discharge?	1 – Home 2 – Hospice – Home 3 – Hospice – Health Care facility 4 – Acute Care Facility 5 – Other Health Care facility 6 – Expired 7 – Left Against Medical Advise/AMA 8 – Not Documented or Unable to Determine (UTD)	
If Other Health Care Facility	O Inpatient Rehabilitation Facility (IRF) O Intermediate Care facility (ICF) O Long Term Care Hospital (LTCH)	O Skilled Nursing Facility (SNF) O Other

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DIAGNOSIS CODE	***Clinical Code Tab***
ICD-9-CM or ICD-10-CM Principal Diagnosis Code	____________________

ARRIVAL AND ADMISSION INFORMATION	***Admission Tab***
Patient location when stroke symptoms discovered	O Not in a healthcare setting O Another acute care facility O Chronic health care facility O Outpatient healthcare setting O Stroke occurred after hospital arrival (in ED/Obs/inpatient) O ND or Cannot be determined
How patient arrived at your hospital	O EMS from home/scene O Private transportation/taxi/other from home/scene O Transfer from another hospital O ND or Unknown
Where patient first received care at your hospital	O Emergency Department/ Urgent Care O Direct Admit, not through ED O Imaging suite O ND or Cannot be determined
Advanced notification by EMS?	O Yes O No/ND O N/A
Where was the patient cared for and by whom? Check all that apply.	☐ Neuro Admit ☐ Other Service Admission ☐ Stroke Consult ☐ No Stroke Consult ☐ In Stroke Unit ☐ Not in Stroke Unit
Physician/Provider NPI:	

DEMOGRAPHICS			
Date of Birth:	___/___/______		
Age: ______	**Gender:**	O Male O Female O Unknown	
Hispanic Ethnicity:	O Yes O No/UTD Specify Hispanic Ethnicity (see Coding Key) ________________________________		

Race: (Check all that apply)	☐ American Indian or Alaska Native ☐ Asian Specify Asian (see Coding Key) ____________________________ ☐ Black or African American	☐ Native Hawaiian or Pacific Islander Specify Native Hawaiian or Pacific Islander (see Coding Key) ____________________________ ☐ White ☐ ☐ UTD
Health Insurance Status:	☐ Medicare ☐ Medicaid ☐ Private/VA/Champus/Other Insurance ☐ Self Pay/No Insurance ☐ ND	
Zip Code:	____________ - ________ ☐ Homeless ☐ ND	

MEDICAL HISTORY		
Previously known medical hx of: (Select all that apply)	☐ None ☐ Atrial Fib/Flutter ☐ CAD/Prior MI ☐ Carotid Stenosis ☐ Current Pregnancy (or up to 6 weeks post- partum) ☐ Depression ☐ Diabetes Mellitus ☐ Drugs/Alcohol Abuse ☐ Dyslipidemia ☐ Family History of Stroke ☐ HF ☐ HRT	☐ Hypertension ☐ Migraine ☐ Obesity/Overweight ☐ Previous Stroke ☐ Previous TIA ☐ Prosthetic Heart Valve ☐ PVD ☐ Renal insufficiency – chronic (SCr>2.0) ☐ Sickle Cell ☐ Sleep Apnea ☐ Smoker

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Ambulatory status prior to current event	O Able to ambulate independently (no help from another person) w/ or w/o device O With assistance (from person) O Unable to ambulate O ND

DIAGNOSIS & EVALUATION

Symptom Duration if diagnosis of Transient Ischemic Attack (< 24 hours)	O Less than 10 minutes O 10-59 minutes O ≥ 60 minutes O ND
Had stroke symptoms resolved at time of presentation?	O Yes O No O ND
Initial NIH Stroke Scale	O Yes O No/ND
If Yes:	O Actual O Estimated from the record O ND
Total Score	___________________ (refer to web program for questions)
NIHSS score obtained from transferring facility:	___________________ ☐ND
Initial exam findings (Select all that apply)	☐ Weakness/Paresis ☐ Altered Level of Consciousness ☐ Aphasia/Language Disturbance ☐ Other neurological signs/symptoms ☐ No neurological signs/symptoms ☐ ND
Ambulatory status on admission	O Able to ambulate independently (no help from another person) w/ or w/o device O With assistance (from person) O Unable to ambulate O ND

MEDICATIONS PRIOR TO ADMISSION

☐ No medications prior to admission

Antiplatelet or Anticoagulant Medication(s): O Yes O No/ND

☐ **Class: Antiplatelet**	☐ **Class: Anticoagulant**
☐ **aspirin** ☐ **ASA/dipyridamole (Aggrenox)** ☐ **clopidogrel (Plavix)** ☐ **ticagrelor (Brilinta)** ☐ **prasugrel (Effient** ☐ **ticlopidine (Ticlid)** ☐ **other Antiplatelet**	☐ **apixaban (Eliquis)** ☐ **argatroban** ☐ **dabigatran (Pradaxa)** ☐ **desirudin (Iprivask)** ☐ **endoxaban (Savaysa)** ☐ **fondaparinux (Arixtra)** ☐ **full dose LMW heparin** ☐ **lepirudin (Refludan)** ☐ **rivaroxaban (Xarelto)** ☐ **unfractionated heparin IV** ☐ **warfarin (Coumadin)** ☐ **other Anticoagulant**

Antihypertensive	O Yes O No/ND
Cholesterol-Reducer	O Yes O No/ND
Diabetic medication	O Yes O No/ND
Antidepressant medication	O Yes O No/ND

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SYMPTOM TIMELINE		*Hospitalization Tab*
Date/Time patient last known to be well?		**Date/Time of discovery of stroke symptoms?**
___/___/______ ___: ____ ☐ MM/DD/YYYY only ☐ Unknown	☐ Time of Discovery same as Last known well	___/___/______ ___: ____ ☐ MM/DD/YYYY only ☐ Unknown
Comments		

BRAIN IMAGING			
Brain imaging completed at your hospital for this episode of care?	O Yes O No/ND O NC	**Date/Time Brain Imaging Initiated**	___/___/______ ___: ____ ☐ MM/DD/YYYY only ☐ Unknown
Interpretation of first brain image after symptom onset, done at any facility:			O Hemorrhage O No Hemorrhage O Not Available

ADDITIONAL TIME TRACKER
See Target: Stroke Patient Time Tracker for elements

IV THROMBOLYTIC THERAPY			
IV t-PA initiated at this hospital?	O Yes O No	**Date/Time IV tPA initiated:**	___/___/______ ___: ____ ☐ MM/DD/YYYY only ☐ Unknown

Documented Contraindications or Warnings for not initiating IV thrombolytic in the 0-3hr treatment window?	O Yes O No Reasons (see Coding Key) ______________________________
Documented Contraindications or Warnings for not initiating IV thrombolytic in the 3-4.5hr treatment window?	O Yes O No Reasons (see Coding Key) ______________________________
Additional Warnings for patients treated between 3-4.5 hrs (see Coding Key)	____

	0-3hr	3-4.5hr
Hospital-Related or Other Factors	☐Delay in Patient Arrival ☐ In-hospital Time Delay ☐ Delay in Stroke diagnosis ☐ No IV access ☐ Advanced Age ☐ Stroke too severe ☐ Other __________________________________	☐Delay in Patient Arrival ☐ In-hospital Time Delay ☐ Delay in Stroke diagnosis ☐ No IV access ☐ Advanced Age ☐ Stroke too severe ☐ Other __________________________________

If IV tPA was initiated greater than 60 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay: (see Coding Key)	O Yes O No Reasons (see Coding Key) ______________________________
If no documented eligibility or medical reason(s), Hospital Related or Other Reason(s)	☐ Delay in stroke diagnosis ☐ In-hospital time delay ☐ Equipment-related delay ☐ Other ______________________

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WAS OTHER THROMBOLYTIC/REPERFUSION THERAPY ADMINISTERED?			
IV tPA at an outside hospital?	O Yes O No		
IA catheter-based treatment at this hospital?	O Yes O No	IA t-PA or MER Initiation Date/Time:	___/___/______ ___: ____ ☐ MM/DD/YYYY only ☐ Unknown
IA catheter-based treatment at outside hospital?	O Yes O No		
Investigational or experimental protocol for thrombolysis?	O Yes O No	If yes, specify : ________________	
Additional Comments Related to Thrombolytics			

IN-HOSPITAL TREATMENT AND COMPLICATIONS	
Complications of Thrombolytic Therapy	☐ Symptomatic intracranial hemorrhage <36 hours ☐ Life threatening, serious systemic hemorrhage <36 hours ☐ Other serious complications ☐ No serious complications ☐ UTD
If bleeding complications occur in patient transferred after IV tPA:	O Symptomatic hemorrhage detected prior to patient transfer O Unable to determine O Symptomatic hemorrhage detected only after patient transfer O N/A

Dysphagia Screening	
Patient NPO throughout the entire hospital stay?	O Yes O No/ND
Was patient screened for dysphagia prior to any oral intake including water or medications?	O Yes O No/ND O NC
If yes, Dysphagia screening results:	O Pass O Fail O ND
Treatment for Hospital-Acquired Pneumonia	O Yes O No O NC

VTE Interventions	☐ 1- Low dose unfractionated heparin (LDUH) ☐ 2- Low molecular weight heparin (LMWH) ☐ 3- Intermittent pneumatic compression devices (IPC) ☐ 4- Graduated compression stockings (GCS) ☐ 5- Factor Xa Inhibitor	☐ 6- Warfarin ☐ 7- Venous foot pumps (VFP) ☐ 8- Oral Factor Xa Inhibitor ☐ 9- Aspirin ☐ A- None of the above or ND
What date was the initial VTE prophylaxis administered after hospital admission?	___/___/______ ☐ Unknown	

Is there documentation why VTE prophylaxis was not administered at hospital admission?	O Yes O No
Is there physician/APN/PA documentation why Oral Factor Xa Inhibitor was administered for VTE prophylaxis?	O Yes O No

Other Therapeutic Anticoagulation	☐ apixaban (Eliquis) ☐ argatroba ☐ dabigatran (Pradaxa)	☐ desirrudin (Iprivask) ☐ endoxaban (Savaysa) ☐ lepirudin (Refludan)	☐ rivaroxaban (Xaralto) ☐ unfractionated heparin IV ☐ other anticoagulant

Was DVT or PE documented?	O Yes O No/ND
Was antithrombotic therapy administered by the end of hospital day 2?	O Yes O No/ND O NC
If yes, select all that apply	☐ Antiplatelet ☐ Anticoagulant

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MEASUREMENTS

Total Chol:	______mg/dL	Triglycerides:_______ mg/dL	HDL: _______ mg/dL	**LDL:** _______ mg/dL	☐ Lipids: ND ☐ Lipids: NC
A_1C:	_______ % A_1C: ND ☐	Blood Glucose (required if patient received IV tPA):	_______ mg/dL ☐ ND ☐ Too Low ☐ Too High		
Serum Creatinine:	_____________ ☐ ND				
INR:	___________ ☐ ND ☐ NC				
Vital Signs:	Heart Rate (beats per minute):_________ Blood Pressure (required if patient received IV tPA): ________/_________mmHg (Systolic/Diastolic) ☐ ND				
Height:	_______ O in O cm ☐ ND	Weight:	_______ O lbs O kg ☐ ND		
Waist Circumference:	_______ O in O cm ☐ ND	BMI:	_______ ☐ ND		

DISCHARGE INFORMATION *Discharge Tab*

GWTG Ischemic Stroke-Only Estimated Mortality Rate	[Calculated in the PMT]
GWTG Global Stroke Estimated Mortality Rate (Ischemic Stroke, SAH, ICH, Stroke NOS)	[Calculated in the PMT]
Modified Rankin Scale at Discharge	O Yes O No/ND
If Yes:	O Actual O Estimated from the record O ND
Total Score	______________ (refer to web program for questions)
Ambulatory status at discharge	O Able to ambulate independently (no help from another person) w/ or w/o device O With assistance (from person) O Unable to ambulate O ND
Discharge Blood Pressure (Measurement closest to discharge)	________/________ mmHg(Systolic/Diastolic) ☐ ND

DISCHARGE TREATMENTS

Antithrombotic Therapy approved in stroke	**Prescribed?** O Yes O No/ND O NC
	If yes,
	☐ **Antiplatelet** ☐ **aspirin** ☐ **aspirin/dipyridamole (Aggrenox)** ☐ **clopidogrel (Plavix)** ☐ **ticlopidine (Ticlid)**
	☐ **Anticoagulant** ☐ **apixaban (Eliquis)** ☐ **argatroban** ☐ **dabigatran (Pradaxa)** ☐ **endoxaban (Savaysa)** ☐ **fondaparinux (Arixtra)** ☐ **full dose LMW heparin** ☐ **lepirudin (Refludan)** ☐ **rivaroxaban (Xarelto)** ☐ **Unfractionated heparin IV** ☐ **warfarin (Coumadin)**

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	Dosage 1. _______ 2. _______ 3 _______ 4. _______	Frequency 1. _______ 2. _______ 3 _______ 4. _______	Dosage 1. _______ 2. _______ 3 _______ 4. _______	Frequency 1. _______ 2. _______ 3 _______ 4. _______
	If NC, documented contraindications	☐ Allergy to or complications r/t antithrombotic ☐ Patient/Family refused ☐ Risk for bleeding or discontinued due to bleeding	☐ Serious side effect to medication ☐ Terminal illness/Comfort Measures Only ☐ Other	

Other Antihthrombotic(s)	Prescribed? O Yes O No		
	If yes,		
	Medication: ☐ desirudin (Iprivask) ☐ ticagrelor (Brilinta) ☐ prasugrel (Effient)*contraindication in stroke and TIA ☐ Other	Dosage: 1. _______ 2. _______ 3 _______ 4. _______	Frequency: 1. _______ 2. _______ 3. _______ 4. _______

Persistent or Paroxysmal Atrial Fibrillation/Flutter	O Yes O No
If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?	O Yes O No/ND O NC
If NC, documented reasons for no anticoagulation	☐ Allergy to or complication r/t warfarin or heparins ☐ Risk for falls ☐ Mental status ☐ Serious side effect to medication ☐ Patient refused ☐ Risk for bleeding or discontinued due to bleeding ☐ Terminal illness/Comfort Measures Only
Antihypertensive Tx (Select all that apply)	☐ None prescribed/ND ☐ ACE Inhibitors ☐ Beta Blockers ☐ Diuretics ☐ None - contraindicated med ☐ ARB ☐ Ca++ Channel Blockers ☐ Other anti-hypertensive
Cholesterol- Reducing Tx	☐ None prescribed/ND ☐ Statin ☐ Niacin ☐ Fibrate ☐ Absorption Inhibitor ☐ other med ☐ None - contraindicated

Statin Medication: (see Coding Key)	___________________	**Statin Total Daily Dose:**	_______________
Documented reason for not prescribing a statin medication at discharge?		O Yes O No	
Intensive Statin Therapy	O Yes O No/ND O NC		
New Diagnosis of Diabetes?	O Yes O No O ND		
Basis for Diagnosis (Select all that apply):	☐ HbA1c ☐ Oral Glucose Tolerance	☐ Fasting Blood Sugar ☐ Test Other	
Diabetic Tx (Select all that apply):	☐ None prescribed/ND ☐ None – contraindicated ☐ Other subcutaneous/injectable agents	☐ Insulin ☐ Oral agents	
Anti-Smoking Tx	O Yes O No/ND O NC		
Any antidepressant class of medication at discharge?	O Yes, SSRI O Yes, any other antidepressant class O No/ND		

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OTHER LIFESTYLE INTERVENTIONS	
Reducing weight and/or increasing activity recommendations	O Yes O No/ND O NC
TLC Diet or Equivalent	O Yes O No/ND O NC
Antihypertensive Diet	O Yes O No/ND O NC
Was Diabetes Teaching Provided?	O Yes O No/ND O NC

STROKE EDUCATION			
Patient and/or caregiver received education and/or resource materials regarding all of the following:			
Check all as Yes: ☐			
Risk Factors for Stroke	O Yes O No	**Stroke Warning Signs and Symptoms**	O Yes O No
How to Activate EMS for Stroke	O Yes O No	**Need for Follow-Up After Discharge**	O Yes O No
Their Prescribed Medications	O Yes O No		

STROKE REHABILITATION	
Patient assessed for and/or received rehabilitation services during this hospitalization?	O Yes O No
heck all rehab services that patient received or was assessed for:	☐ Patient received rehabilitation services during hospitalization ☐ Patient transferred to rehabilitation facility ☐ Patient referred to rehabilitation services following discharge ☐ Patient ineligible to receive rehabilitation services because symptoms resolved ☐ Patient ineligible to receive rehabilitation services due to impairment (i.e. poor prognosis, patient unable to tolerate rehabilitation therapeutic regimen)

Stroke Diagnostic Tests and Interventions

Cardiac ultrasound/echocardiography ☐ Performed during this admission or prior 3 months ☐ Planned post discharge ☐ Not performed or planned Carotid Imaging ☐ Performed during this admission or prior 3 months ☐ Planned post discharge ☐ Not performed or planned Carotid revascularization ☐ Performed during this admission or prior 3 months ☐ Planned post discharge ☐ Not performed or planned	Extended surface cardiac rhythm monitoring > 7 days ☐ Performed during this admission or prior 3 months ☐ Planned post discharge ☐ Not performed or planned Extended Implantable Cardiac Rhythm Monitoring ☐ Performed during this admission or prior 3 months ☐ Planned post discharge ☐ Not performed or planned	Hypercoagulability Testing ☐ Performed during this admission or prior 3 months ☐ Planned post discharge ☐ Not performed or planned Intracranial Vascular Imaging ☐ Performed during this admission or prior 3 months ☐ Planned post discharge ☐ Not performed or planned Short-Term Cardiac Rhythm Monitoring ≤ 7 days ☐ Performed during this admission or prior 3 months ☐ Planned post discharge ☐ Not performed or planned

OPTIONAL FIELDS – Please do not enter any patient identifiers in this section ***Optional Fields Tab***

Field 1	Field 2		Field 3	Field 4	Field 5
Field 6	Field 7		Field 8	Field 9	Field 10
Field 11			Field 12		
Field 13	___/___/_____ ___: ____	☐ MM/DD/YYYY only ☐ Unknown	Field 14	___/___/_____ ___: ____	☐ MM/DD/YYYY only ☐ Unknown
Additional Comments					

Administrative			
PMT used concurrently or retrospectively or combination?	Concurrently Retrospectively Combination		
Was a stroke admission order set used in this pt.?	O Yes O No	Was a stroke discharge checklist used in this pt?	O Yes O No
Patient adherence contract/compact used?	O Yes O No		

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