## Final clinical diagnosis related to stroke:

- [ ] Ischemic Stroke
- [ ] Transient Ischemic Attack (< 24 hours)
- [ ] Subarachnoid Hemorrhage Intracerebral Hemorrhage
- [ ] Stroke not otherwise specified No stroke related diagnosis
- [ ] Elective Carotid Intervention only
- [ ] Migraine
- [ ] Seizure
- [ ] Delirium
- [ ] Electrolyte or metabolic imbalance
- [ ] Functional disorder
- [ ] Other
- [ ] Uncertain

## If No Stroke Related Diagnosis:

- [ ] Migraine
- [ ] Seizure
- [ ] Delirium
- [ ] Electrolyte or metabolic imbalance
- [ ] Functional disorder
- [ ] Other
- [ ] Uncertain

## Was the Stroke etiology documented in the patient medical record:

- [ ] Yes
- [ ] No

## Select documented stroke etiology: Select one option

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

## When is the earliest documentation of comfort measures only?

- [ ] Day 0 or 1
- [ ] Day 2 or after
- [ ] Timing unclear
- [ ] Not Documented/UTD

## Arrival Date/Time:

<table>
<thead>
<tr>
<th>Select one option</th>
<th>Admit Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Unknown</td>
<td>/ /</td>
</tr>
</tbody>
</table>

## Not Admitted:

- [ ] Yes, not admitted
- [ ] No, patient admitted as inpatient

## Reason Not Admitted:

<table>
<thead>
<tr>
<th>Select one option</th>
<th>Select hospital name from picker list</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transferred from your ED to another acute care hospital</td>
<td></td>
</tr>
<tr>
<td>Discharged directly from ED to home or other location that is not an acute care hospital</td>
<td></td>
</tr>
<tr>
<td>Left from ED AMA</td>
<td></td>
</tr>
<tr>
<td>Died in ED</td>
<td></td>
</tr>
<tr>
<td>Discharged from observation status without an inpatient admission</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

If patient transferred from your ED to another hospital, specify hospital name

<table>
<thead>
<tr>
<th>Select one option</th>
<th>Select reason(s) for why patient transferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital not on the list</td>
<td></td>
</tr>
<tr>
<td>Hospital not documented</td>
<td></td>
</tr>
<tr>
<td>Evaluation for IV IPA up to 4.5 hours</td>
<td></td>
</tr>
<tr>
<td>Post Management of IV IPA (e.g. Drip and Ship)</td>
<td></td>
</tr>
<tr>
<td>Evaluation for Endovascular thrombectomy</td>
<td></td>
</tr>
<tr>
<td>Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)</td>
<td></td>
</tr>
<tr>
<td>Patient/family request</td>
<td></td>
</tr>
<tr>
<td>Other advanced care (not stroke related)</td>
<td></td>
</tr>
<tr>
<td>Not documented</td>
<td></td>
</tr>
</tbody>
</table>

## Discharge Date:

<table>
<thead>
<tr>
<th>Select one option</th>
<th>Select one option</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Unknown</td>
<td>/ /</td>
</tr>
</tbody>
</table>
**CASE RECORD FORM**  
Active Form Group: Stroke  
Updated February 2018

For patients discharged on or after 04/01/2011: What was the patient’s discharge disposition on the day of discharge?

- Home
- Hospice - Home
- Hospice - Health Care Facility
- Acute Care Facility
- Other Health Care Facility
- Expired
- Left Against Medical Advice/AMA
- Not Documented or Unable to Determine (UTD)

**If Other Health Care Facility selected, Indicate Facility Type:**

- Skilled Nursing Facility (SNF)
- Inpatient Rehabilitation Facility (IRF)
- Long Term Care Hospital (LTCH)
- Intermediate Care facility (ICF)
- Other

**CLINICAL CODES**

<table>
<thead>
<tr>
<th>ICD-9-CM Principal Diagnosis Code:</th>
<th>See ICD-9 code list for allowable values</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10-CM Principal Diagnosis Code:</td>
<td>See ICD-10 list for allowable values</td>
</tr>
<tr>
<td>ICD-9-CM Other Diagnosis Codes:</td>
<td></td>
</tr>
<tr>
<td>ICD-10-CM Other Diagnosis Codes:</td>
<td></td>
</tr>
<tr>
<td>ICD-9-CM Principal Procedure Code:</td>
<td></td>
</tr>
<tr>
<td>ICD-10-PCS Principal Procedure Code:</td>
<td></td>
</tr>
<tr>
<td>ICD-9-CM Other Procedure Codes:</td>
<td></td>
</tr>
<tr>
<td>ICD-10-PCS Other Procedure Codes:</td>
<td></td>
</tr>
</tbody>
</table>

**CSTK Initial Patient Population**

-Calculated by System Logic:
  1. Ischemic Stroke Without Procedure
  2. Ischemic Stroke With IV t-PA, IA t-PA, or MER
  3. Hemorrhagic Stroke

^What was the ICD-9-CM diagnosis code selected as the admitting diagnosis for this patient?

^What was the ICD-10-CM diagnosis code selected as the admitting diagnosis for this patient?

**ADMISSION**

**ARRIVAL & ADMISSION INFORMATION**

Patient location when stroke symptoms discovered:

- Not in a healthcare setting
- Another acute care facility
- Chronic health care facility
- Outpatient healthcare setting
- Stroke occurred after hospital arrival (in ED/Obs/inpatient)
- ND or Cannot be Determined

How patient arrived at your hospital:

- EMS from home/scene
- Mobile Stroke Unit
- Private transport/taxi/other from home/scene
- Transfer from other hospital
- ND or Unknown

Referring hospital discharge Date/ Time ___/___/______   ___: ____  MM/DD/YYYY only  Unknown

If transferred from another hospital, specify hospital name

- Hospital not on the list
- Hospital not documented

Referring hospital arrival date/ time ___/___/______   ___: ____  MM/DD/YYYY only  Unknown
CASE RECORD FORM
Active Form Group: Stroke
Updated February 2018

If patient transferred to your hospital, select transfer reason(s)
☐ Evaluation for IV tPA up to 4.5 hours
☐ Post Management of IV tPA (e.g. Drip and Ship)
☐ Evaluation for Endovascular thrombectomy
☐ Advanced stroke care (e.g., Neurocritical care, surgical or other
time critical therapy)
☐ Patient/family request
☐ Other advanced care (not stroke related)
Not documented

Where patient first received care at your hospital:
☐ Emergency Department/Urgent Care
☐ Direct Admit, not through ED
☐ Imaging suite
☐ ND or Cannot be determined

Advanced Notification by EMS (Traditional Responder or
Mobile Stroke Unit)?
☐ Yes  ☐ No/ND  ☐ N/A

Where was the patient cared for and by whom?
☐ Neuro Admission
☐ Other Service Admission
☐ Stroke Consult
☐ No Stroke Consult
☐ In Stroke Unit
☐ Not in Stroke Unit

Physician/Provider NPI
Enter Physician Name – NPI

DEMOGRAPHICS
Date of Birth: __/__/____
MM /DD / YYYY
Gender: ☐ Male  ☐ Female  ☐ Unknown

Age: __________

Hispanic Ethnicity: Select one option
☐ Yes  ☐ No/UTD

If Yes:
☐ Mexican, Mexican American, Chicano/a
☐ Puerto Rican
☐ Cuban
☐ Another Hispanic, Latino or Spanish Origin

Race (Select all that apply):
☐ American Indian/Alaska Native
☐ Asian
[if Asian selected]
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
[If native Hawaiian or pacific islander selected]
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander

☐ White
☐ UTD

Health Insurance Status (Select all that apply)
☐ Medicare  ☐ Self Pay/No Insurance
☐ Medicaid  ☐ ND
☐ Private/VA/Champus/Other Insurance

Zip Code: __________/__________
☐ Homeless

MEDICAL HISTORY
Previously known medical hx of:
☐ 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
☐ Sickle Cell
☐ Sleep Apnea
☐ Smoker

Ambulatory status prior to
the current event?
☐ Able to ambulate independently (no help from another person) w/ or w/o device
☐ With assistance (from person)
☐ Unable to ambulate
☐ ND
CASE RECORD FORM
Active Form Group: Stroke

DIAGNOSIS & EVALUATION

| Symptom Duration if diagnosis of Transient Ischemic Attack (less than 24 hours) | <○ Less than 10 minutes ○ 10-59 minutes ○ ≥ 60 minutes ○ ND |
| Had stroke symptoms resolved at time of presentation? | ○ Yes ○ No |
| Initial NIH Stroke Scale | ○ Yes ○ No/ND |

If Yes: ○ Actual ○ Estimated from Record ○ ND

Total Score: _______

NIH Stroke Scale
SHOW hyperlink expands to show individual components
Below are the 11 questions.

HIDE

1. a. Level of consciousness:
0-Alert
1-Not alert, but arousable with minimal stimulation
2-Not alert requires repeated stimulation to attend
3-Coma

1.b. Ask patient the month and their age:
0-Answers both correctly
1-Answers one correctly
2-Both incorrect

1.c. Ask patient to open and close eyes; make fist and let go:
0-Obeys both correctly
1-Obeys one correctly
2-Both incorrect

2. Best gaze (only horizontal eye movement):
0-Normal
1-Partial gaze palsy
2-Forced deviation

3. Visual field testing:
0-No visual field loss
1-Partial hemianopia
2-Complete hemianopia
3-Bilateral hemianopia (blind including cortical blindness)

4. Facial paresis (Ask patient to show teeth or raise eyebrows and close eyes tightly):
0-Normal symmetrical movement
1-Minor paralysis (flattened nasolabial fold, asymmetry on smiling)
2-Partial paralysis (total or near paralysis of lower face)
3-Complete paralysis of one or both sides

5l. Motor function - left arm:
0-Normal (extends arm 90 (or 45) degrees for 10 seconds without drift)
1-Drift
2-Some effort against gravity
3-No effort against gravity
4-No Movement
U-Untestable (Joint fused or limb amputated)

5r. Motor function - right arm:
0-Normal (extends arm 90 (or 45) degrees for 10 seconds without drift)
1-Drift
2-Some effort against gravity
3-No effort against gravity
4-No Movement
U-Untestable (Joint fused or limb amputated)

6l. Motor function - left leg:
0-Normal (hold leg 30 degrees position for 5 seconds)
CASE RECORD FORM
Active Form Group: Stroke
Updated February 2018

6. Motor function - right leg:
   0-Normal (hold leg 30 degrees position for 5 seconds)
   1-Drift
   2-Some effort against gravity
   3-No effort against gravity
   4-No Movement
   U-Untestable (Joint fused or limb amputated)

7. Limb ataxia:
   0-No ataxia
   1-Present in one limb
   2-Present in two limbs
   U-Untestable (Joint fused or limb amputated)

8. Sensory (use pinprick to test arms, legs, trunk and face - compare side to side):
   0-Normal
   1-Mild to moderate decrease in sensation
   2-Severe to total sensory loss

9. Best language (describe picture, name, items, read sentences):
   0-No aphasia
   1-Mild to moderate aphasia
   2-Severe aphasia
   3-Mute

10. Dysarthria (read several words):
    0-Normal articulation
    1-Mild to moderate slurring of words
    2-Near unintelligible or unable to speak
    U-Intubated or other physical barrier

11. Extinction and inattention:
    0-Normal
    1-Inattention or extinction to bilateral stimulation in one modality
    2-Severe hemi-inattention or hemi-inattention to multiple

NIHSS score obtained from transferring facility: __________

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:

- Able to ambulate independently (no help from another person) w/ or w/o device
- With assistance (from person)
- Unable to ambulate
- ND

MEDICATIONS PRIOR TO ADMISSION

No medications prior to admission ☐

Antiplatelet or Anticoagulant Medication(s):

- Yes ☐
- No/ND ☐

<table>
<thead>
<tr>
<th>Class</th>
<th>Medication(s)</th>
<th>Antiplatelet Medication(s)</th>
<th>Anticoagulant Medication(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiplatelet</td>
<td>Aspirin</td>
<td>Apixaban (Eliquis)</td>
<td>Full dose LMW heparin</td>
</tr>
<tr>
<td></td>
<td>ASA/dipyridamole (Aggrenox)</td>
<td>Argatroban</td>
<td>Lepirudin (Refludan)</td>
</tr>
<tr>
<td></td>
<td>clopidogrel (Plavix)</td>
<td>Dabigatran (Pradaxa)</td>
<td>Rivaroxaban (Xarelto)</td>
</tr>
<tr>
<td></td>
<td>Prasugrel (Effient)</td>
<td>Desirudin (Iprivask)</td>
<td>Unfractionated heparin IV</td>
</tr>
<tr>
<td>Anticoagulant</td>
<td></td>
<td></td>
<td>Warfarin (Coumadin)</td>
</tr>
<tr>
<td>CASE RECORD FORM</td>
<td></td>
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<tr>
<td>Active Form Group: Stroke</td>
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<tr>
<td>Updated February 2018</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Antihypertensive:</th>
<th>Yes</th>
<th>No/ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol Reducer:</td>
<td>Yes</td>
<td>No/ND</td>
</tr>
<tr>
<td>Diabetic Medication:</td>
<td>Yes</td>
<td>No/ND</td>
</tr>
<tr>
<td>Antidepressant Medication:</td>
<td>Yes</td>
<td>No/ND</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOSPITALIZATION TAB</th>
</tr>
</thead>
</table>

**SYMPTOM TIMELINE**

Date/Time patient last known to be well?

<table>
<thead>
<tr>
<th>Select one option</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI</td>
</tr>
<tr>
<td>MM/DD/YYYY <em><strong>/</strong></em></td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

Time of Discovery same as Time Last Known Well:

| Yes |
| No/ND |

Date/Time of discovery of stroke symptoms?

<table>
<thead>
<tr>
<th>Select one option</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI</td>
</tr>
<tr>
<td>MM/DD/YYYY <em><strong>/</strong></em></td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

Comments:

**BRAIN IMAGING**

Brain imaging completed at your hospital for this episode of care?

| Yes |
| No/ND |
| NC |

Date/Time Brain Imaging Initiated:

<table>
<thead>
<tr>
<th>Select one option</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI</td>
</tr>
<tr>
<td>MM/DD/YYYY <em><strong>/</strong></em></td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

Interpretation of first brain image after symptom onset, done at any facility:

| Hemorrhage |
| No Hemorrhage |
| Not Available |

**ADDITIONAL TIME TRACKERS**

Date/Time Stroke Team Activated:

<table>
<thead>
<tr>
<th>Select one option</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI</td>
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<tr>
<td>MM/DD/YYYY <em><strong>/</strong></em></td>
</tr>
<tr>
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</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

Date/Time Stroke Team Arrived:

<table>
<thead>
<tr>
<th>Select one option</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI</td>
</tr>
<tr>
<td>MM/DD/YYYY <em><strong>/</strong></em></td>
</tr>
<tr>
<td>Unknown</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

Date/Time of ED Physician Assessment:

<table>
<thead>
<tr>
<th>Select one option</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI</td>
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<tr>
<td>MM/DD/YYYY <em><strong>/</strong></em></td>
</tr>
<tr>
<td>Unknown</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>
### CASE RECORD FORM

**Active Form Group:** Stroke  
**Updated February 2018**

#### Date/Time Neurosurgical Services Consulted:
- [ ] MM/DD/YYYY HH:MI __/__/__ __:__
- [ ] MM/DD/YYYY /__/___
- [ ] Unknown
- [ ] N/A

#### Date/Time Brain Imaging Ordered:
- [ ] MM/DD/YYYY HH:MI __/__/__ __:__
- [ ] MM/DD/YYYY /__/___
- [ ] Unknown
- [ ] N/A

#### Date/Time Brain Imaging Interpreted:
- [ ] MM/DD/YYYY HH:MI __/__/__ __:__
- [ ] MM/DD/YYYY /__/___
- [ ] Unknown
- [ ] N/A

#### Date/Time IV t-PA Ordered:
- [ ] MM/DD/YYYY HH:MI __/__/__ __:__
- [ ] MM/DD/YYYY /__/___
- [ ] Unknown
- [ ] N/A

#### Date/Time Lab Tests Ordered:
- [ ] MM/DD/YYYY HH:MI __/__/__ __:__
- [ ] MM/DD/YYYY /__/___
- [ ] Unknown
- [ ] N/A

#### Date/Time Lab Tests Completed:
- [ ] MM/DD/YYYY HH:MI __/__/__ __:__
- [ ] MM/DD/YYYY /__/___
- [ ] Unknown
- [ ] N/A

#### Date/Time Chest X-ray Ordered:
- [ ] MM/DD/YYYY HH:MI __/__/__ __:__
- [ ] MM/DD/YYYY /__/___
- [ ] Unknown
- [ ] N/A

#### Date/Time Chest X-ray Completed:
- [ ] MM/DD/YYYY HH:MI __/__/__ __:__
- [ ] MM/DD/YYYY /__/___
- [ ] Unknown
- [ ] N/A

#### Additional comments:

### IV THROMBOLYTIC THERAPY

#### IV t-PA initiated at this hospital?
- [ ] Yes  
- [ ] No

#### Date/Time IV t-PA initiated:
- [ ] MM/DD/YYYY HH:MI __/__/__ __:__
- [ ] MM/DD/YYYY /__/___
- [ ] Unknown
- [ ] N/A

#### Documented exclusions or relative exclusions (contraindications or warnings) for not initiating IV thrombolytic in the 0-3 hr. treatment window?
- [ ] Yes  
- [ ] No

#### Documented exclusions or relative exclusions (contraindications or warnings) for not initiating IV thrombolytic in the 3-4.5 hr. treatment window?
- [ ] Yes  
- [ ] No

---

**SHOW ALL**

*If yes, documented exclusions for 0-3-hour treatment window or 3-4.5 treatment window, select reason for exclusion.*

**Exclusion Criteria (contraindications) 0-3 hr treatment window. Select all that apply:**
- [ ] C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment
- [ ] C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months
- [ ] C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
- [ ] C4: Active internal bleeding
- [ ] C5: Acute bleeding diathesis (low platelet count, increased PTT, INR >= 1.7 or use of NOAC)
- [ ] C6: Symptoms suggest subarachnoid hemorrhage
- [ ] C7: CT demonstrates multi-lobar infarction (hypodensity >1/3 cerebral hemisphere)
- [ ] C8: Arterial puncture at non-compressible site in previous 7 days
- [ ] C9: Blood glucose concentration <50 mg/dL (2.7 mmol/L)

**Relative Exclusion Criteria (Warnings) 0-3 hr treatment window. Select all that apply:**
- [ ] W1: Care-team unable to determine eligibility
- [ ] W2: IV or IA thrombolyis/thrombectomy at an outside hospital prior to arrival
- [ ] W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission
- [ ] W4: Pregnancy
CASE RECORD FORM

Active Form Group: Stroke

- W5: Patient/family refusal
- W6: Rapid improvement
- W7: Stroke severity too mild
- W8: Recent acute myocardial infarction (within previous 3 months)
- W9: Seizure at onset with postictal residual neurological impairments
- W10: Major surgery or serious trauma within previous 14 days
- W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)

Exclusion Criteria (contraindications) 3-4.5 hr treatment window. Select all that apply:

- C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment
- C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months
- C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
- C4: Active internal bleeding
- C5: Acute bleeding diathesis (low platelet count, increased PTT, INR ≥ 1.7 or use of NOAC)
- C6: Symptoms suggest subarachnoid hemorrhage
- C7: CT demonstrates multi-lobar infarction (hypodensity >1/3 cerebral hemisphere)
- C8: Arterial puncture at non-compressible site in previous 7 days
- C9: Blood glucose concentration <50 mg/dL (2.7 mmol/L)

Relative Exclusion Criteria (Warnings) 3-4.5 hr treatment window. Select all that apply:

- W1: Care-team unable to determine eligibility
- W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
- W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission
- W4: Pregnancy
- W5: Patient/family refusal
- W6: Rapid improvement
- W7: Stroke severity too mild
- W8: Recent acute myocardial infarction (within previous 3 months)
- W9: Seizure at onset with postictal residual neurological impairments
- W10: Major surgery or serious trauma within previous 14 days
- W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)

Additional Relative Exclusion Criteria 3-4.5 hr treatment window. Select all that apply:

- AW1: Age > 80
- AW2: History of both diabetes and prior ischemic stroke
- AW3: Taking an oral anticoagulant regardless of INR
- Severe Stroke (NIHSS > 25)

Other Reasons (Hospital-related or other factors) 0-3-hour treatment window.

- Delay in Patient Arrival
- In-hospital Time Delay
- Delay in Stroke diagnosis
- No IV access
- Advanced Age
- Stroke too severe
- Other – requires specific reason to be entered in the PMT when this option is selected

Other Reasons (Hospital-related or other factors) 3-4.5-hour treatment window.

- Delay in Patient Arrival
- In-hospital Time Delay
- Delay in Stroke diagnosis
- No IV access
- Other – requires specific reason to be entered in the PMT when this option is selected

For discharges on or after 1 April 2016

If IV tPA was initiated greater than 60 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:

- Yes
- No

Eligibility Reason(s):

- Social/Religious
- Initial refusal
- Care-team unable to determine eligibility
- Specify eligibility reason:

Medical Reason(s):

- Hypertension requiring aggressive control with IV medications
- Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose < 50), seizures, or major metabolic disorders
**CASE RECORD FORM**

Active Form Group: Stroke

**Updated February 2018**

- Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
- Investigational or experimental protocol for thrombolysis
  
  Specify medical reason: ______________________

Hospital Related or Other Reason(s):

- Delay in stroke diagnosis
- In-hospital time delay
- Equipment-related delay
- Other ______________________

**IV tPA at an outside hospital or EMS/ Mobile Stroke Unit?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

Investigational or experimental protocol for thrombolysis?

<table>
<thead>
<tr>
<th>Yes</th>
<th>If yes, please specify: __________</th>
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<tbody>
<tr>
<td>No</td>
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**ENDOVASCULAR THERAPY**

- Catheter-based stroke treatment at this hospital? Yes No
- IA t-PA or MER Initiation Date/Time

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</tbody>
</table>

- Catheter-based stroke treatment at outside hospital? Yes No

**COMPLICATIONS OF THROMBOLYTIC THERAPY**

**Complications of Thrombolytic Therapy (Select all that apply)**

- Symptomatic intracranial hemorrhage <36 hours
- Life threatening, serious systemic hemorrhage <36 hour
- Other serious complication
- No serious complications
- UTD

**If bleeding complications occur in patient transferred after IV tPA:**

<table>
<thead>
<tr>
<th>Symptomatic hemorrhage detected prior to patient transfer</th>
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</thead>
<tbody>
<tr>
<td>Symptomatic hemorrhage detected only after patient transfer</td>
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<tr>
<td>Unable to determine</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

**OTHER IN-HOSPITAL TREATMENTS AND SCREENING**

**Dysphagia Screening:**

- Patient NPO throughout the entire hospital stay? Yes No /ND
- Was patient screened for dysphagia prior to any oral intake including water or medications? Yes No /ND NC
- If yes, Dysphagia screening results: Pass Fail ND
- Treatment for Hospital-Acquired Pneumonia: Yes No /ND 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
- 8- Oral Factor Xa Inhibitor
- 9- Aspirin
- A- None of the above OR not documented OR unable to determine from medical record documentation

What date was the VTE prophylaxis administered after hospital admission?

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<th>/ / / mm/dd/yyyy</th>
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<tbody>
<tr>
<td>Unknown</td>
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</tbody>
</table>

Is there physician/APN/PA or pharmacist documentation why VTE prophylaxis was not administered at hospital admission? Yes No

For discharges on or after 01/01/2013: Is there physician/APN/PA documentation why Oral Factor Xa Inhibitor was administered for VTE prophylaxis? Yes No

**Other Therapeutic Anticoagulation**

- apixaban (Eliquis)
- Argatroban
- Dabigatran (Pradaxa)
- Desirudin (Iprivask)
- Edoxaban (Savaysa)
CASE RECORD FORM
Active Form Group: Stroke
Updated February 2018

Was DVT or PE documented?
- Yes
- No / ND

Was antithrombotic therapy administered by the end of hospital day?
- Yes
- No / ND
- NC

If yes, select all that apply:
- Antiplatelet
- Anticoagulant

MEASUREMENTS (FIRST MEASUREMENT UPON PRESENTATION TO YOUR HOSPITAL)

Total Cholesterol: __________ mg/dL
Triglycerides: __________ mg/dL
HDL: __________ mg/dL
LDL: __________ mg/dL

Lipids: ND □
Lipids: NC □

A1c: ________

What is the first blood glucose value obtained prior to or after hospital arrival? to or after hospital arrival?

Serum Creatinine: __________

INR: ________

Vital Signs:
Heart Rate (beats per minute): __________

What is the first blood pressure obtained prior to or after hospital arrival? __________/__________ mmHg

Systolic/Diastolic

Height: ________ in. □ cm. □

Weight: ________ lb. □ Kg. □

Waist Circumference: ________ in. □ cm. □

BMI: ________

Note, If your hospital is collecting data for the Comprehensive Stroke Center and/or Mechanical Endovascular Reperfusion measure set, please ensure you complete additional data entry on the Advanced Stroke Care.

Discharge Tab

Get With The Guidelines® Ischemic Stroke-Only Estimated Mortality Rate [% Calculated in the PMT]

Get With The Guidelines® Global Stroke Estimated Mortality Rate (Ischemic Stroke, SAH, ICH, Stroke not otherwise specified) [% Calculated in the PMT]

Modified Rankin Scale at Discharge
- Yes
- No / ND

If Yes
- Actual
- Estimate from Record

Total Score __________ □ ND

Modified Rankin Scale at Discharge
- 0 - No symptoms at all
- 1 - No significant disability despite symptoms: Able to carry out all usual activities
- 2 - Slight disability
- 3 - Moderate disability: Requiring some help but able to walk without assistance
- 4 - Moderate to 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 - Death

Ambulatory status at discharge?
- Able to ambulate independently (no help from another person) w/ or w/o device
- With assistance (from person)
- Unable to ambulate
- ND

Discharge Blood Pressure (Measurement closest to discharge) __________/__________ mmHg

Systolic/Diastolic □ ND

DISCHARGE TREATMENTS

Antithrombotic therapy approved in stroke:
- Yes
- No / ND
- NC

Prescribed?
**CASE RECORD FORM**  
Active Form Group: Stroke

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**If Yes, Indicate Class, Medication, Dosage, and Frequency:**

<table>
<thead>
<tr>
<th>Class</th>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiplatelet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>aspirin</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ASA/dipyridamole (Aggrenox)</td>
<td></td>
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<tr>
<td></td>
<td>clopidogrel (Plavix)</td>
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</tr>
<tr>
<td></td>
<td>ticlopidine (Ticlid)</td>
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<td></td>
</tr>
<tr>
<td>Anticoagulant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>apixaban (Eliquis)</td>
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<tr>
<td></td>
<td>argatroban</td>
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<td></td>
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<tr>
<td></td>
<td>dabigatran (Pradaxa)</td>
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<td></td>
<td>endoxaban (Savaysa)</td>
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<tr>
<td></td>
<td>fondaparinux (Arixtra)</td>
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</tr>
<tr>
<td></td>
<td>full dose LMW heparin</td>
<td></td>
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<tr>
<td></td>
<td>lepirudin (Refludan)</td>
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<tr>
<td></td>
<td>rivaroxaban (Xarelto)</td>
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<tr>
<td></td>
<td>unfractionated heparin IV</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>warfarin (Coumadin)</td>
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<td></td>
</tr>
</tbody>
</table>

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**Class** | **Medication** | **Dosage** | **Frequency**
----------|---------------|------------|----------------|
1.         |               | 1.         | 1.             |
2.         |               | 2.         | 2.             |
3.         |               | 3.         | 3.             |
4.         |               | 4.         | 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 Antithrombotic(s):**

**Prescribed?** | O Yes | O No/ND | O NC
---|---|---|---
**Medication:**
- desirudin (Iprivask)
- tncagrelor (Brilinta)
- prasugrel (Effient)* contraindication in stroke and TIA
- Other

**Dosage:**
1. 
2. 
3. 
4. 

**Frequency:**
1. 
2. 
3. 
4. 

If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?

- O Yes
- O No

If NC, documented reasons for no anticoagulation

- Allergy to or complication r/t warfarin or heparins
- Mental status
- Patient refused
- Risk for bleeding or discontinued due to bleeding

**Antihypertensive Tx (Select all that apply):**

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

**Cholesterol-Reducing Tx**

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

**Statin Medication:**

**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

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**CASE RECORD FORM**

Active Form Group: **Stroke**

**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**
- Yes
- No/ND
- NC

Any antidepressant class of medication at discharge?
- Yes, SSRI
- Yes, any other antidepressant class
- No/ND

**OTHER LIFESTYLE INTERVENTIONS**

**Reducing weight and/or increasing activity recommendations**
- Yes
- No/ND
- NC

**TLC Diet or Equivalent**
- Yes
- No/ND
- NC

**Antihypertensive Diet**
- Yes
- No/ND
- NC

**Was Diabetes Teaching Provided?**
- Yes
- No/ND
- NC

**STROKE EDUCATION**

Patient and/or caregiver received education and/or resource materials regarding all of the following:

<table>
<thead>
<tr>
<th>Risk Factors for Stroke</th>
<th>Stroke Warning Signs and Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
<td>O No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How to Activate EMS for Stroke</th>
<th>Need for Follow-Up After Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
<td>O No</td>
</tr>
</tbody>
</table>

**Their Prescribed Medication**
- Yes
- No

**STROKE REHABILITATION**

Patient assessed for and/or received rehabilitation services during this hospitalization?
- Yes
- No

Check 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**

<table>
<thead>
<tr>
<th>Test/Intervention</th>
<th>Cardiac ultrasound/echocardiography</th>
<th>Carotid Imaging</th>
<th>Carotid revascularization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o Performed during this admission or prior 3 months</td>
<td>o Performed during this admission or prior 3 months</td>
<td>o Performed during this admission or prior 3 months</td>
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<tr>
<td></td>
<td>o Planned post discharge</td>
<td>o Planned post discharge</td>
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<tr>
<td></td>
<td>o Not performed or planned</td>
<td>o Not performed or planned</td>
<td>o Not performed or planned</td>
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<table>
<thead>
<tr>
<th>Test/Intervention</th>
<th>Extended surface cardiac rhythm monitoring &gt; 7 days</th>
<th>Extended Implantable Cardiac Rhythm Monitoring</th>
<th>Hypercoagulability Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o Performed during this admission or prior 3 months</td>
<td>o Performed during this admission or prior 3 months</td>
<td>o Performed during this admission or prior 3 months</td>
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<td></td>
<td>o Planned post discharge</td>
<td>o Planned post discharge</td>
<td>o Planned post discharge</td>
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<td>o Not performed or planned</td>
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<td>o Not performed or planned</td>
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</table>

<table>
<thead>
<tr>
<th>Test/Intervention</th>
<th>Intracranial Vascular Imaging</th>
<th>Short-Term Cardiac Rhythm Monitoring ≤ 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o Performed during this admission or prior 3 months</td>
<td>o Performed during this admission or prior 3 months</td>
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<td>o Planned post discharge</td>
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Optional Tab

**OPTIONAL FIELDS**

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**Additional Comments**

**ADMINISTRATIVE**

<table>
<thead>
<tr>
<th>PMT used concurrently or retrospectively or combination?</th>
<th>O Concurrently</th>
<th>O Retrospectively</th>
<th>O Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a stroke admission order set used in this patient?</td>
<td>O Yes</td>
<td>O No</td>
<td></td>
</tr>
<tr>
<td>Was a stroke discharge checklist used in this patient?</td>
<td>O Yes</td>
<td>O No</td>
<td></td>
</tr>
<tr>
<td>Patient adherence contract/compact used?</td>
<td>O Yes</td>
<td>O No</td>
<td></td>
</tr>
</tbody>
</table>