# GWTG® Post-Discharge Follow-up Form

**Active Form Group(s):** 30-Day

**Updated February 2018**

**POST DISCHARGE MORTALITY & READMISSION TAB**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient ID:</strong></td>
<td>________________</td>
</tr>
<tr>
<td><strong>Date of Hospital Admission:</strong></td>
<td>__<strong>/</strong>_/ yyyy</td>
</tr>
<tr>
<td><strong>Date of Hospital Discharge:</strong></td>
<td>__<strong>/</strong>_/ yyyy</td>
</tr>
<tr>
<td><strong>Date Follow-up Completed:</strong></td>
<td>__<strong>/</strong>_/ yyyy</td>
</tr>
</tbody>
</table>

**PATIENT LOGISTICS**

Method used for Patient follow-up:
- [ ] Chart Review
- [ ] Health Facility
- [x] 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
- [x] Skilled Nursing Facility
- [ ] Unknown/ND

**PATIENT STATUS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is patient deceased?</strong></td>
<td></td>
</tr>
<tr>
<td>[x] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td><strong>Date of death:</strong></td>
<td>__<strong>/</strong>_/ YYYY</td>
</tr>
<tr>
<td>[ ] Unknown</td>
<td></td>
</tr>
<tr>
<td><strong>Cause of Death:</strong></td>
<td></td>
</tr>
<tr>
<td>[ ] Cerebrovascular (Stroke [ischemic/ hemorrhagic])</td>
<td></td>
</tr>
<tr>
<td>[ ] Cardiovascular</td>
<td></td>
</tr>
<tr>
<td>[ ] Non-Vascular</td>
<td></td>
</tr>
<tr>
<td>[ ] Unknown/ND</td>
<td></td>
</tr>
</tbody>
</table>

**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

**Post Discharge Modified Rankin Scale:**

- [ ] Yes
- [ ] No/ND

**Date Post Discharge Modified Rankin Scale Performed:** ____/___/_____  [ ] 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
- [x] 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:**
- [x] 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**

<table>
<thead>
<tr>
<th>Has the patient been monitoring their blood pressure at home or in the community?</th>
<th>Most Recent Blood Pressure: _____ / _____ mmHg (systolic: 50-220 / diastolic: 30-160)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- [ ] Yes</td>
<td></td>
</tr>
<tr>
<td>- [ ] No</td>
<td></td>
</tr>
<tr>
<td>- [ ] No history of hypertension</td>
<td></td>
</tr>
<tr>
<td>- [ ] Unknown/ND</td>
<td></td>
</tr>
</tbody>
</table>

**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
- [ ] Unknown/ND
- Creatinine: _________ mg/dL
- Glucose: _________ mg/dL

**Lipid Profile:**
- [ ] Done
- [ ] Not Done
- [ ] Unknown/ND
- Total Cholesterol: _________ mg/dL
- HDL: _________ mg/dL
| LDL: __________ mg/dL |
| Triglycerides: __________ mg/dL |

Other Laboratories:

| HbA1c: ___________% |
| Transthoracic ECHO |
| Transesophageal ECHO |

ECHO Findings:
- ☐ Left atrial thrombus
- ☐ Valvular abnormality
- ☐ Patient foramen ovale
- ☐ Other
- ☐ LVEF

Date of New LVEF: __/__/____ MM/ DD/ YYYY

LVEF: ___________%

Specify LVEF Findings:
- ☐ LV Thrombus
- ☐ Valvular abnormalities

If no LVEF, qualitative LV dysfunction:
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ 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

Antithrombotic therapy approved in stroke

<table>
<thead>
<tr>
<th>Class</th>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
</table>

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

If missed any dose, taking >80% of doses:
- ☐ Yes
- ☐ No

Newly Prescribed after Discharge?
- ☐ Yes
- ☐ No/ND
- ☐ NC

Antiplatelet
- ☐ aspirin
- ☐ aspirin/dipyridamole (Aggrenox)
- ☐ clopidogrel (Plavix)
- ☐ prasugrel (Effient)
- ☐ ticagrelor (Brilinta)
- ☐ ticlopidine (Ticlid)

Anticoagulant
- ☐ Unfractionated heparin IV
- ☐ full dose LMW heparin (Enoxaparin, Others)
- ☐ warfarin (Coumadin)
- ☐ dabigatran (Pradaxa)
- ☐ argatroban
- ☐ desirudin (Iprivask)
### POST-DISCHARGE FOLLOW-UP FORM

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| Other Antiplatelet | □ fondaparinux (Arixtra)  
| □ rivaroxaban (Xarelto)  
| □ apixaban (Eliquis)  
| □ lepirudin (Refludan)  
| □ Other Anticoagulant |

### ANTICOAGULATION:

If atrial fibr/flutter or history of PAF documented, was patient discharged on anticoagulation?  
(carry 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:

- □ Yes
- □ No
- □ Unknown/ND

If missed any dose, taking >80% of doses:

- □ Yes
- □ No

Newly Prescribed after Discharge?

- □ Yes
- □ No/ND
- □ NC

### ANTIHYPERTENSIVE TX

Antihypertensive Tx:
(carry 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:

- □ Yes
- □ No
- □ Unknown/ND

If missed any dose, taking >80% of doses:

- □ Yes
- □ No

Newly Prescribed after Discharge?

- □ Yes
- □ No/ND
- □ NC

### CHOLESTEROL-REDUCING TX

Antihypertensive Tx:
(carry over from inpatient form):

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

Since Discharge:

- □ Continued dose unchanged
### GWTG® Post-Discharge Follow-up Form

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#### Continued dose increased  
- [ ] Continued dose increased  
- [ ] Continued dose decreased  
- [ ] Discontinued since hospital discharge  
- [ ] Documented contraindication, intolerance, other physician documented

#### Missed any doses:
- [ ] Yes  
- [ ] No  
- [ ] Unknown/ND

#### Missed any dose, taking >80% of doses:
- [ ] Yes  
- [ ] No

#### Newly Prescribed after Discharge?
- [ ] Yes  
- [ ] No/ND  
- [ ] 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:
- [ ] Yes  
- [ ] No  
- [ ] ND

**Basis for Diagnosis**
- [ ] HbA1c  
- [ ] Oral Glucose Tolerance  
- [ ] Fasting Blood Sugar  
- [ ] Test Other

#### If missed any dose, taking >80% of doses:
- [ ] Yes  
- [ ] No

#### Newly Prescribed after Discharge?
- [ ] Yes  
- [ ] No/ND  
- [ ] 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)
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Active Form Group(s): 30-Day  
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- 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**