<table>
<thead>
<tr>
<th>Patient ID:</th>
<th>Bold Question = Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADMIN</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Final clinical diagnosis related to stroke</strong></td>
<td></td>
</tr>
<tr>
<td>O Ischemic Stroke</td>
<td>O Intracerebral Hemorrhage</td>
</tr>
<tr>
<td>O Transient Ischemic Attack (&lt; 24 hours)</td>
<td>O Stroke not otherwise specified</td>
</tr>
<tr>
<td>O Subarachnoid Hemorrhage</td>
<td>O No stroke related diagnosis</td>
</tr>
<tr>
<td>O Elective Carotid Intervention only</td>
<td></td>
</tr>
<tr>
<td><strong>If No Stroke Related Diagnosis:</strong></td>
<td></td>
</tr>
<tr>
<td>O Migraine</td>
<td>O Electrolyte or metabolic imbalance</td>
</tr>
<tr>
<td>O Seizure</td>
<td>O Functional disorder</td>
</tr>
<tr>
<td>O Delirium</td>
<td>O Other</td>
</tr>
<tr>
<td><strong>Was the Stroke etiology documented in the patient medical record:</strong></td>
<td></td>
</tr>
<tr>
<td>O Yes</td>
<td>O No</td>
</tr>
<tr>
<td><strong>Select documented stroke etiology</strong></td>
<td></td>
</tr>
<tr>
<td>1: Large-artery atherosclerosis (e.g., carotid or basilar stenosis)</td>
<td></td>
</tr>
<tr>
<td>2: Cardioembolism (e.g., atrial fibrillation/flutter, prosthetic heart valve, recent MI)</td>
<td></td>
</tr>
<tr>
<td>3: Small-vessel occlusion (e.g., subcortical or brain stem lacunar infarction &lt;1.5 cm)</td>
<td></td>
</tr>
<tr>
<td>4: Stroke of other determined etiology (e.g., dissection, vasculopathy, hypercoagulable or hematologic disorders.</td>
<td></td>
</tr>
<tr>
<td>o Dissection</td>
<td></td>
</tr>
<tr>
<td>o Hypercoagulability</td>
<td></td>
</tr>
<tr>
<td>o Other</td>
<td></td>
</tr>
<tr>
<td>5: Cryptogenic stroke (stroke of undetermined etiology)</td>
<td></td>
</tr>
<tr>
<td>o Multiple potential etiologies identified</td>
<td></td>
</tr>
<tr>
<td>o Stroke of undetermined etiology</td>
<td></td>
</tr>
<tr>
<td>o Unspecified</td>
<td></td>
</tr>
<tr>
<td><strong>When is the earliest documentation of comfort measures only?</strong></td>
<td></td>
</tr>
<tr>
<td>O Day 0 or 1</td>
<td>O Day 2 or after</td>
</tr>
<tr>
<td>O Timing unclear</td>
<td>O Not Documented/UTD</td>
</tr>
<tr>
<td><strong>Arrival Date/Time:</strong></td>
<td></td>
</tr>
<tr>
<td><em><strong>/</strong></em>/______   ___: _____</td>
<td>□ MM/DD/YYYY only</td>
</tr>
<tr>
<td>□ Unknown</td>
<td></td>
</tr>
<tr>
<td><strong>Admit Date:</strong></td>
<td></td>
</tr>
<tr>
<td><em><strong>/</strong></em>/______</td>
<td></td>
</tr>
<tr>
<td><strong>Not Admitted:</strong></td>
<td></td>
</tr>
<tr>
<td>O Yes, not admitted</td>
<td>Reason</td>
</tr>
<tr>
<td>O No, patient admitted as inpatient</td>
<td>Not Admitted:</td>
</tr>
<tr>
<td>O Left from ED AMA</td>
<td></td>
</tr>
<tr>
<td>O Died in ED</td>
<td></td>
</tr>
<tr>
<td>O Discharged from observation status without an inpatient admission</td>
<td></td>
</tr>
<tr>
<td>O Other</td>
<td></td>
</tr>
<tr>
<td><strong>Discharge Date/Time:</strong></td>
<td></td>
</tr>
<tr>
<td><em><strong>/</strong></em>/______   ___: _____</td>
<td>□ MM/DD/YYYY only</td>
</tr>
<tr>
<td><strong>For patients discharged on or after 04/01/2011: What was the patient’s discharge disposition on the day of discharge?</strong></td>
<td></td>
</tr>
<tr>
<td>1 – Home</td>
<td>□ Inpatient Rehabilitation Facility (IRF)</td>
</tr>
<tr>
<td>2 – Hospice – Home</td>
<td>□ Skilled Nursing Facility (SNF)</td>
</tr>
<tr>
<td>3 – Hospice – Health Care facility</td>
<td>□ Other</td>
</tr>
<tr>
<td>4 – Acute Care Facility</td>
<td></td>
</tr>
<tr>
<td>5 – Other Health Care facility</td>
<td></td>
</tr>
<tr>
<td>6 – Expired</td>
<td></td>
</tr>
<tr>
<td>7 – Left Against Medical Advise/AMA</td>
<td></td>
</tr>
<tr>
<td>8 – Not Documented or Unable to Determine (UTD)</td>
<td></td>
</tr>
<tr>
<td><strong>If Other Health Care Facility</strong></td>
<td></td>
</tr>
<tr>
<td>O Inpatient Rehabilitation Facility (IRF)</td>
<td></td>
</tr>
<tr>
<td>O Intermediate Care facility (ICF)</td>
<td></td>
</tr>
<tr>
<td>O Long Term Care Hospital (LTCH)</td>
<td></td>
</tr>
<tr>
<td>O Skilled Nursing Facility (SNF)</td>
<td></td>
</tr>
<tr>
<td>O Other</td>
<td></td>
</tr>
</tbody>
</table>
### DIAGNOSIS CODE

**Clinical Code Tab**

<table>
<thead>
<tr>
<th>ICD-9-CM or ICD-10-CM Principal Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________________</td>
</tr>
</tbody>
</table>

### 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 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 Cannot be determined

**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
- □ Self Pay/No Insurance
- □ Medicaid
- □ ND
- □ Private/VA/Champus/Other Insurance

**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
### 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:

__________________

- O ND

#### Initial exam findings (Select all that apply)

- O Weakness/Paresis
- O Altered Level of Consciousness
- O Aphasia/Language Disturbance
- O Other neurological signs/symptoms
- O No neurological signs/symptoms
- O 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

- O No medications prior to admission

#### Antiplatelet or Anticoagulant Medication(s):

- O Yes
- O No/ND

- **Class: Antiplatelet**
  - O aspirin
  - O ASA/dipyridamole (Aggrenox)
  - O clopidogrel (Plavix)
  - O ticagrelor (Brilinta)
  - O prasugrel (Effient)
  - O ticlopidine (Ticlid)
  - O other Antiplatelet

- **Class: Anticoagulant**
  - O apixaban (Eliquis)
  - O argatroban
  - O dabigatran (Pradaxa)
  - O desirudin (Iprivask)
  - O endoxaban (Savaysa)
  - O fondaparinux (Arixtra)
  - O full dose LMW heparin
  - O lepirudin (Refludan)
  - O rivaroxaban (Xarelto)
  - O unfractionated heparin IV
  - O warfarin (Coumadin)
  - O 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
**SYMPTOM TIMELINE**

<table>
<thead>
<tr>
<th>Date/Time patient last known to be well?</th>
<th>Date/Time of discovery of stroke symptoms?</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong></em>/______ <em><strong>:</strong></em></td>
<td><em><strong>/</strong></em>/______ <em><strong>:</strong></em></td>
</tr>
<tr>
<td>☐ MM/DD/YYYY only</td>
<td>☐ MM/DD/YYYY only</td>
</tr>
<tr>
<td>☐ Unknown</td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

Comments

**BRAIN IMAGING**

<table>
<thead>
<tr>
<th>Brain imaging completed at your hospital for this episode of care?</th>
<th>Date/Time Brain Imaging Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes    ☐ No/ND ☐ NC</td>
<td><em><strong>/</strong></em>/______ <em><strong>:</strong></em></td>
</tr>
<tr>
<td></td>
<td>☐ MM/DD/YYYY only</td>
</tr>
<tr>
<td></td>
<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 TRACKER**

See Target: Stroke Patient Time Tracker for elements

**IV THROMBOLYTIC THERAPY**

<table>
<thead>
<tr>
<th>IV t-PA initiated at this hospital?</th>
<th>Date/Time IV tPA initiated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes    ☐ No</td>
<td><em><strong>/</strong></em>/______ <em><strong>:</strong></em></td>
</tr>
<tr>
<td></td>
<td>☐ MM/DD/YYYY only</td>
</tr>
<tr>
<td></td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

Documented Contraindications or Warnings for not initiating IV thrombolytic in the 0-3hr treatment window:

☐ Yes    ☐ No

Reasons (see Coding Key)

Documented Contraindications or Warnings for not initiating IV thrombolytic in the 3-4.5hr treatment window:

☐ Yes    ☐ No

Reasons (see Coding Key)

Additional Warnings for patients treated between 3-4.5 hrs (see Coding Key)

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

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

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
WAS OTHER THROMBOLYTIC/REPERFUSION THERAPY ADMINISTERED?

<table>
<thead>
<tr>
<th>IV tPA at an outside hospital?</th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA catheter-based treatment at this hospital?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
<tr>
<td>IA t-PA or MER Initiation Date/Time:</td>
<td>/ / /</td>
<td></td>
</tr>
<tr>
<td>Investigational or experimental protocol for thrombolysis?</td>
<td>If yes, specify:</td>
<td></td>
</tr>
<tr>
<td>IA catheter-based treatment at outside hospital?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
</tbody>
</table>

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?
- / / /  | O 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)
- argatroban
- dabigatran (Pradaxa)
- desirudin (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
- O Antiplatelet | O Anticoagulant
**MEASUREMENTS**

<table>
<thead>
<tr>
<th>Total Chol:</th>
<th>Triglycerides:</th>
<th>HDL:</th>
<th>LDL:</th>
<th>Lipids:</th>
</tr>
</thead>
<tbody>
<tr>
<td>______mg/dL</td>
<td>______mg/dL</td>
<td>______mg/dL</td>
<td>______mg/dL</td>
<td>ND</td>
</tr>
</tbody>
</table>

A1C: ______%  A1C: 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**

**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:

□ Actual  □ Estimated from the record  □ 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 Unable to ambulate

O With assistance (from person)  O ND

Discharge Blood Pressure (Measurement closest to discharge) _______/_______ mmHg (Systolic/Diastolic)  □ ND

**DISCHARGE TREATMENTS**

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)
### Stroke Patient Management Tool (Standard)

**October 2016**

**Stroke form**

- **NOT FOR USE WITHOUT PERMISSION. ©2016 American Heart Association and Quintiles.**

**Page 7**

**For questions, call 888-526-6700**

<table>
<thead>
<tr>
<th>Dosage</th>
<th>Frequency</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _____</td>
<td>1. _____</td>
<td>1. _____</td>
<td>1. _____</td>
</tr>
<tr>
<td>2. _____</td>
<td>2. _____</td>
<td>2. _____</td>
<td>2. _____</td>
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<tr>
<td>3 _____</td>
<td>3 _____</td>
<td>3 _____</td>
<td>3 _____</td>
</tr>
<tr>
<td>4. _____</td>
<td>4. _____</td>
<td>4. _____</td>
<td>4. _____</td>
</tr>
</tbody>
</table>

**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

**Persistent or Paroxysmal Atrial Fibrillation/Flutter**

- Prescribed? O Yes O No

**Other Antithrombotic(s)**

- If yes, Medication: Δ desirudin (Iprivask)
  - ticagrelor (Brilinta)
  - prasugrel (Effient)*contraindication in stroke and TIA
  - Other

<table>
<thead>
<tr>
<th>Dosage:</th>
<th>Frequency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _____</td>
<td>1. _____</td>
</tr>
<tr>
<td>2. _____</td>
<td>2. _____</td>
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<tr>
<td>3 _____</td>
<td>3 _____</td>
</tr>
<tr>
<td>4. _____</td>
<td>4. _____</td>
</tr>
</tbody>
</table>

**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
- ARB
- Ca++ Channel Blockers
- Other anti-hypertensive med

**Cholesterol- Reducing Tx**

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

**Statin Medication: (see Coding Key)**

- 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
- Insulin
- Oral agents
- Other subcutaneous/injectable 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
### OTHER LIFESTYLE INTERVENTIONS

<table>
<thead>
<tr>
<th>Reducing weight and/or increasing activity recommendations</th>
<th>O Yes</th>
<th>O No/ND</th>
<th>O NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>TLC Diet or Equivalent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antihypertensive Diet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was Diabetes Teaching Provided?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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
- Stroke Warning Signs and Symptoms
- How to Activate EMS for Stroke
- Need for Follow-Up After Discharge
- Their Prescribed Medications

### STROKE REHABILITATION

Patient assessed for and/or received rehabilitation services during this hospitalization?

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

- 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
- 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
- Intracranial Vascular Imaging
  - Performed during this admission or prior 3 months
- Short-Term Cardiac Rhythm Monitoring ≤ 7 days
  - Performed during this admission or prior 3 months
- MM/DD/YYYY only
- Unknown

### OPTIONAL FIELDS – Please do not enter any patient identifiers in this section

<table>
<thead>
<tr>
<th>Field 1</th>
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<td>Field 16</td>
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<td>Field 18</td>
<td>Field 19</td>
<td>Field 20</td>
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</tbody>
</table>

### Additional Comments

Administrative

PMT used concurrently or retrospectively or combination?

- Concurrently
- Retrospectively
- Combination

Was a stroke admission order set used in this pt.?

- Yes
- No

Was a stroke discharge checklist used in this pt.?

- Yes
- No

Patient adherence contract/compact used?

- Yes
- No