<table>
<thead>
<tr>
<th><strong>Case Record Form</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active Form Group:</strong> Stroke</td>
</tr>
<tr>
<td><strong>Updated:</strong> June 2018</td>
</tr>
</tbody>
</table>

### DEMOGRAPHICS

<table>
<thead>
<tr>
<th><strong>Gender:</strong></th>
<th>O Male</th>
<th>O Female</th>
<th>O Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Birth:</strong></td>
<td><em><strong>/</strong></em>/______</td>
<td><strong>Age:</strong></td>
<td>_____</td>
</tr>
<tr>
<td><strong>Race:</strong></td>
<td>White</td>
<td>UTD</td>
<td>American Indian/Alaska Native</td>
</tr>
<tr>
<td><strong>Health Insurance Status:</strong></td>
<td>Medicare</td>
<td>Medicaid</td>
<td>Private/VA/Champus/Other Insurance</td>
</tr>
<tr>
<td><strong>Zip Code:</strong></td>
<td>__________ - __________</td>
<td><strong>Homeless:</strong></td>
<td></td>
</tr>
</tbody>
</table>

### RACE AND ETHNICITY

<table>
<thead>
<tr>
<th><strong>Hispanic Ethnicity:</strong></th>
<th>O Yes</th>
<th>O No/UTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If Yes:</strong></td>
<td>Mexican, Mexican American, Chicano/a</td>
<td>Puerto Rican</td>
</tr>
</tbody>
</table>

### ADMIN

<table>
<thead>
<tr>
<th><strong>Final clinical diagnosis related to stroke:</strong></th>
<th>O Ischemic Stroke</th>
<th>O Intracerebral Hemorrhage</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Transient Ischemic Attack (&lt; 24 hours)</td>
<td>O Stroke not otherwise specified</td>
<td></td>
</tr>
<tr>
<td>O Subarachnoid Hemorrhage</td>
<td>O No stroke related diagnosis</td>
<td></td>
</tr>
<tr>
<td>O Elective Carotid Intervention only</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If No Stroke Related Diagnosis:</strong></td>
<td>O Migraine</td>
<td>O Electrolyte or metabolic imbalance</td>
</tr>
<tr>
<td>O Seizure</td>
<td>O Functional disorder</td>
<td></td>
</tr>
<tr>
<td>O Delirium</td>
<td>O Other</td>
<td></td>
</tr>
<tr>
<td>O Uncertain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Was the Stroke etiology documented in the patient medical record:</strong></th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Select documented stroke etiology (select all that apply):</strong></td>
<td>O1: Large-artery atherosclerosis (e.g., carotid or basilar stenosis)</td>
<td>O2: Cardioembolism (e.g., atrial fibrillation/flutter, prosthetic heart valve, recent MI)</td>
</tr>
<tr>
<td>O3: Small-vessel occlusion (e.g., subcortical or brain stem lacunar infarction &lt;1.5 cm)</td>
<td>O4: Stroke of other determined etiology (e.g., dissection, vasculopathy, hypercoagulable or hematologic disorders.</td>
<td>O5: Cryptogenic stroke (stroke of undetermined etiology)</td>
</tr>
<tr>
<td>o Dissection</td>
<td>O Hypercoagulability</td>
<td></td>
</tr>
<tr>
<td>O Other</td>
<td>O Unscheduled</td>
<td></td>
</tr>
<tr>
<td><strong>When is the earliest documentation of comfort measures only?</strong></td>
<td>O Day 0 or 1</td>
<td>Day 2 or after</td>
</tr>
<tr>
<td><strong>Arrival Date/Time:</strong></td>
<td><em><strong>/</strong></em>/______</td>
<td><strong>Admit Date:</strong></td>
</tr>
<tr>
<td><strong>Unknown</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Not Admitted:</strong></td>
<td>O Yes, not admitted</td>
<td>O No, patient admitted as inpatient</td>
</tr>
<tr>
<td><strong>Reason Not Admitted:</strong></td>
<td>O Transferred from your ED to another acute care hospital</td>
<td>O Discharged directly from ED to home or other location that is not an acute care hospital</td>
</tr>
<tr>
<td>O Left from ED AMA</td>
<td>O Died in ED</td>
<td></td>
</tr>
</tbody>
</table>
If patient transferred from your ED to another hospital, specify hospital name

Select hospital name from picker list

- Hospital not on the list
- Hospital not documented

Select reason(s) for why patient transferred

- 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

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

- Inpatient Rehabilitation Facility (IRF)
- Skilled Nursing Facility (SNF)
- Intermediate Care facility (ICF)
- Long Term Care Hospital (LTCH)
- Other Advanced care (not stroke related)
- Hospital not on the list
- Hospital not documented

**DIAGNOSIS CODE**

<table>
<thead>
<tr>
<th>ICD-9-CM or ICD-10-CM Principal Diagnosis Code</th>
<th>Clinical Codes Tab</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM or ICD-10-CM Other Diagnosis Codes</td>
<td></td>
</tr>
</tbody>
</table>

| ICD-9-CM or ICD-10-PCS Principal Procedure Code |                     |
| ICD-9-CM or ICD-10-PCS Other Procedure Codes   |                     |

ICD-9-CM Discharge Diagnosis Related to Stroke:

ICD-10-CM Discharge Diagnosis Related to Stroke:

No Stroke or TIA Related ICD-9-CM Code Present:

No Stroke or TIA Related ICD-10-CM Code Present:

**ARRIVAL AND ADMISSION INFORMATION**

During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. STK, VTE)?

- Yes
- No

Was this patient admitted for the sole purpose of performance of elective carotid intervention?

- Yes
- No

Patient location when stroke symptoms discovered

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

How patient arrived at your hospital

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

Referring hospital discharge Date/ Time __/__/____  ___: ___

MM/DD/YYYY only

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
Case Record Form
Active Form Group: Stroke
Updated June 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 Admit
- No Stroke Consult
- In Stroke Unit
- Not in Stroke Unit

Medication prior to admission:
- Antiplatelet or Anticoagulant Medication(s):
  - Yes
  - No/ND

Class:
- Antiplatelet
- Anticoagulant

Medical History

Previously known medical hx of:
- None
- Atrial Fib/Flutter
- CAD/Prior MI
- Carotid Stenosis
- Current Pregnancy (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 current event:
- Able to ambulate independently (no help from another person) w/ or w/o device
- With assistance (from person)
- Unable to ambulate
- ND

Diagnosis & Evaluation

Symptom Duration if diagnosis of Transient Ischemic Attack (< 24 hours):
- Less than 10 minutes
- 10-59 minutes
- > 60 minutes
- ND

Had stroke symptoms resolved at time of presentation?
- Yes
- No
- ND

Initial NIH Stroke Scale:
- Yes
- No/ND

If Yes:
- Actual
- Estimated from the record
- ND

Total Score

NIHSS score obtained from transferring facility:

Initial exam findings (Select all that apply):
- Weakness/Paresis
- Altered Level of Consciousness
- Disturbance Aphasia/Language
- 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:
- Antiplatelet or Anticoagulant Medication(s):
  - Yes
  - No/ND

Class:
- Antiplatelet
- Anticoagulant
## Antithrombotic Medications
- **Antiplatelet Medication**
  - aspirin
  - aspirin/dipyridamole (Aggrenox)
  - clopidogrel (Plavix)
  - prasugrel (Effient)
  - ticagrelor (Brilinta)
  - ticlopidine (Ticlid)
  - Other Antiplatelet

- **Anticoagulant Medication**
  - apixaban (Eliquis)
  - argatroban
  - dabigatran (Pradaxa)
  - desirudin (Iprivask)
  - enoxaparin (Savaysa)
  - fondaparinux (Arixtra)
  - full dose LMW heparin
  - lepirudin (Refludan)
  - rivaroxaban (Xarelto)
  - unfractionated heparin IV
  - warfarin (Coumadin)

- Other Anticoagulant

## Antihypertensive Medications
- Yes
- No/ND

## Cholesterol Reducer Medications
- Yes
- No/ND

## Diabetic Medications
- Yes
- No/ND

## Antidepressant Medications
- Yes
- 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>_/<strong>/</strong>   ___: ___</td>
<td>_/<strong>/</strong>   ___: ___</td>
</tr>
</tbody>
</table>

- MM/DD/YYYY only
- Unknown

## Brain Imaging

- Brain imaging completed at your hospital for this episode of care?
- Yes
- No/ND
- NC

<table>
<thead>
<tr>
<th>Date/Time Brain Imaging Initiated</th>
<th>Date/Time Brain Imaging Interpreted</th>
</tr>
</thead>
<tbody>
<tr>
<td>_/<strong>/</strong>   ___: ___</td>
<td>_/<strong>/</strong>   ___: ___</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Date/Time Stroke Team Activated</th>
<th>Date/Time Stroke Team Arrived</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI _/<strong>/</strong>   ___: ___</td>
<td>MM/DD/YYYY HH:MI _/<strong>/</strong>   ___: ___</td>
</tr>
</tbody>
</table>

- MM/DD/YYYY /____/____
- Unknown

<table>
<thead>
<tr>
<th>Date/Time of ED Physician Assessment</th>
<th>Date/Time Neurosurgical Services Consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI _/<strong>/</strong>   ___: ___</td>
<td>MM/DD/YYYY HH:MI _/<strong>/</strong>   ___: ___</td>
</tr>
</tbody>
</table>

- MM/DD/YYYY /____/____
- Unknown

<table>
<thead>
<tr>
<th>Date/Time Brain Imaging Ordered</th>
<th>Date/Time Brain Imaging Interpreted</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI _/<strong>/</strong>   ___: ___</td>
<td>MM/DD/YYYY HH:MI _/<strong>/</strong>   ___: ___</td>
</tr>
</tbody>
</table>

- MM/DD/YYYY /____/____
- Unknown

<table>
<thead>
<tr>
<th>Date/Time IV t-PA Ordered</th>
<th>Date/Time IV t-PA Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI _/<strong>/</strong>   ___: ___</td>
<td>MM/DD/YYYY HH:MI _/<strong>/</strong>   ___: ___</td>
</tr>
</tbody>
</table>

- MM/DD/YYYY /____/____
- Unknown

<table>
<thead>
<tr>
<th>Date/Time Lab Tests Ordered</th>
<th>Date/Time Lab Tests Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI _/<strong>/</strong>   ___: ___</td>
<td>MM/DD/YYYY HH:MI _/<strong>/</strong>   ___: ___</td>
</tr>
</tbody>
</table>

- MM/DD/YYYY /____/____
- Unknown

<table>
<thead>
<tr>
<th>Date/Time Chest X-ray Ordered</th>
<th>Date/Time Chest X-ray Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY HH:MI _/<strong>/</strong>   ___: ___</td>
<td>MM/DD/YYYY HH:MI _/<strong>/</strong>   ___: ___</td>
</tr>
</tbody>
</table>

- MM/DD/YYYY /____/____
- Unknown

## Additional Comments:

- Additional comments:
**IV THROMBOLYTIC THERAPY**

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

**Documented exclusions (Contraindications orWarnings) for not initiating IV thrombolytic in the 0-3hr treatment window?**

O Yes  O No

**SHOW ALL**

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

For discharges on or after 1 April 2016

**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 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)

**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
Case Record Form  
Active Form Group: Stroke  
Updated June 2018

- **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
- **AW4**: 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

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

<table>
<thead>
<tr>
<th>Eligibility Reason(s):</th>
<th>Social/Religious</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Initial refusal</td>
</tr>
<tr>
<td></td>
<td>Care-team unable to determine eligibility</td>
</tr>
<tr>
<td></td>
<td>Specify eligibility reason: ________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Reason(s):</th>
<th>Hypertension requiring aggressive control with IV medications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose &lt; 50), seizures, or major metabolic disorders</td>
</tr>
<tr>
<td></td>
<td>Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)</td>
</tr>
<tr>
<td></td>
<td>Investigational or experimental protocol for thrombolysis</td>
</tr>
<tr>
<td></td>
<td>Specify medical reason: ________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Related or Other Reason(s):</th>
<th>Delay in stroke diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-hospital time delay</td>
</tr>
<tr>
<td></td>
<td>Equipment-related delay</td>
</tr>
<tr>
<td></td>
<td>Other ________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV tPA at an outside hospital or Mobile Stroke Unit?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigational or experimental protocol for thrombolysis?</td>
<td>Yes If yes, specify_________</td>
<td>No</td>
</tr>
</tbody>
</table>
Catheter-based stroke treatment at this hospital?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

IA t-PA or MER Initiation Date/Time:  
□ MM/DD/YYYY only  
□ Unknown

Catheter-based stroke treatment at outside hospital?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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.

### Complications

#### Complications of Thrombolytic Therapy

- Symptomatic intracranial hemorrhage <36 hours  
- Life threatening, serious systemic hemorrhage <36 hours  
- UTD

If bleeding complications occur in patient transferred after IV tPA:

- Symptomatic hemorrhage detected prior to patient transfer  
- Symptomatic hemorrhage detected only after patient transfer  
- Unable to determine  
- N/A

### Other In-hospital Treatments and Screening

#### Dysphagia Screening

- Patient NPO throughout the entire hospital stay?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No/ND</th>
</tr>
</thead>
</table>

- Was patient screened for dysphagia prior to any oral intake including water or medications?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No/ND</th>
<th>NC</th>
</tr>
</thead>
</table>

If yes, Dysphagia screening results:  
<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
<th>ND</th>
</tr>
</thead>
</table>

#### Treatment for Hospital-Acquired Pneumonia

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

### 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?  
<table>
<thead>
<tr>
<th>MM/DD/YYYY</th>
<th>Unknown</th>
</tr>
</thead>
</table>

Is there physician/APN/PA or pharmacist documentation why VTE prophylaxis was not administered at hospital admission?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

#### Other Therapeutic Anticoagulation

- apixaban (Eliquis)  
- argatroban  
- dabigatran (Pradaxa)  
- desirudrin (Iprivask)  
- endoxaban (Savaysa)  
- lepirudin (Refludan)  
- rivaroxaban (Xaralto)  
- unfractionated heparin IV  
- other anticoagulant

Was DVT or PE documented?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No/ND</th>
</tr>
</thead>
</table>

Was antithrombotic therapy administered by the end of hospital day 2?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No/ND</th>
<th>NC</th>
</tr>
</thead>
</table>

If yes, select all that apply  
- Antiplatelet  
- Anticoagulant

### Measurements

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

<table>
<thead>
<tr>
<th>A1C:</th>
<th>%</th>
<th>A1C: ND</th>
<th>Blood Glucose (required if patient received IV tPA):</th>
<th>mg/dL</th>
<th>Too Low</th>
<th>Too High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Serum Creatinine:</th>
<th>ND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INR:</th>
<th>ND</th>
<th>NC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Vital Signs: Heart Rate (beats per minute):</th>
<th>ND</th>
</tr>
</thead>
</table>
**Case Record Form**  
*Active Form Group: Stroke*  
*Updated June 2018*

**Blood Pressure (required if patient received IV tPA): ________/_______mmHg**  
(Systolic/Diastolic)

| 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**  
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) |  

| Dosage 1. | Frequency 1. |  
| 2. | 2. |  
| 3. | 3. |  
| 4. | 4. |  
| If NC, documented contraindications | □ Allergy to or complications r/t antithrombotic |  
| □ Patient/Family refused |  
| □ Risk for bleeding or discontinued due to bleeding |  
| □ Terminal illness/Comfort | □ Other |

| Other Antithrombotic(s) | Prescribed? | O Yes  O No |
| If yes, |  
| Medication: |  
| □ desirudin (Iprivask) |  
| □ ticagrelor (Brilinta) |  
| □ prasugrel (Effient)*contraindication in stroke and TIA |  
| □ Other |  

| Dosage 1. | Frequency 1. |  
| 2. | 2. |  
| 3. | 3. |  
| 4. | 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
- 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

If NC, documented reason for no anticoagulation
- Mental status
- Patient refused
- Risk for bleeding or discontinued due to bleeding
- Risk for falls
- Serious side effect to medication
- Terminal illness/Comfort Measures Only

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

Statin Medications:
- Amlodipine + Atorvastatin (Caduet)
- Atorvastatin (Lipitor)
- Ezetimibe + Simvastatin (Vytorin)
- Fluvastatin (Lescol)
- Fluvastatin XL (Lescol XL)
- Lovastatin (Altopen)
- Lovastatin (Mevacor)
- Lovastatin + Niacin (Adcir)
- Pitavastatin (Livalo)
- Pravastatin (Pravachol)
- Rosuvastatin (Creator)
- Simvastatin (Zocor)
- Simvastatin + Niacin (Simcor)

Statin Total Daily Dose: __________________

Documented reason for not prescribing a statin medication at discharge?
- Yes
- No

Intensive Statin Therapy
- Yes
- No/ND
- NC

New Diagnosis of Diabetes?
- Yes
- No
- ND

Basis for Diagnosis (Select all that apply):
- HbA1c
- Fasting Blood Sugar
- Oral Glucose Tolerance
- Test Other

Diabetic Tx (Select all that apply):
- None prescribed/ND
- None
- Insulin
- Oral agents
- Other subcutaneous/injectable 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 the following:

Check all as Yes:

Risk Factors for Stroke
- Yes
- No

Stroke Warning Signs and Symptoms
- Yes
- No

How to Activate EMS for Stroke
- Yes
- No

Need for Follow-Up After Discharge
- Yes
- No

Their Prescribed Medications
- Yes
- No

STROKE REHABILITATION
### Case Record Form
**Active Form Group: Stroke**

**Updated June 2018**

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

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

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/Procedure</th>
<th>Performed during this admission or prior 3 months</th>
<th>Planned post discharge</th>
<th>Not performed or planned</th>
</tr>
</thead>
</table>

#### Cardiac ultrasound/echocardiography
- **Performed**
- **Planned**
- **Not performed or planned**

#### Carotid Imaging
- **Performed**
- **Planned**
- **Not performed or planned**

#### Carotid revascularization
- **Performed**
- **Planned**
- **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

**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**

**Field 14**

**Additional Comments**

### Administrative

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

- PMT used concurrently or retrospectively or combination?
- Was a stroke admission order set used in this patient?
- Was a stroke discharge checklist used in this patient?
- Patient adherence contract/compact used?