**Case Record Form**

**Active Form Groups: Stroke, Diabetes**

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### DEMOGRAPHICS

**Gender**
- [ ] Male
- [ ] Female
- [ ] Unknown

**Date of Birth:**

**Age:**

**Zip Code:**

- [ ] Homeless

**Payment Source**
- [ ] Medicare Title 18
- [ ] Medicaid – Private/ HMO/ PPO/ Other
- [ ] Self Pay/ No Insurance
- [ ] Medicaid Title 19
- [ ] Private/ HMO/ PPO/ Other
- [ ] Other/ Not Documented/ UTD
- [ ] Medicare – Private/ HMO/ PPO/ Other
- [ ] VA/ CHAMPVA/ Tricare

### RACE AND ETHNICITY

**Race (Select all that apply):**
- [ ] American Indian/Alaska Native
- [ ] Asian
- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Vietnamese
- [ ] Other Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Pacific Islander
- [ ] Native Hawaiian
- [ ] Guamanian or Chamorro
- [ ] Samoan
- [ ] Other Pacific Islander
- [ ] White
- [ ] UTD

**Hispanic Ethnicity:**
- [ ] Yes
- [ ] No/UTD

**If Yes,**
- [ ] Mexican, Mexican American, Chicano/a
- [ ] Puerto Rican
- [ ] Cuban
- [ ] Another Hispanic, Latino or Spanish Origin

### ADMIN

**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

**If not 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 all that apply):**
- [ ] 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 (stroke of undetermined etiology)
  - [ ] Multiple potential etiologies identified
  - [ ] Stroke of undetermined etiology
  - [ ] 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:**

- [ ] MM/DD/YYYY
- [ ] Unknown

**Admit Date:**

---

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Page 1 of 12
### Not Admitted:
- Yes, not admitted
- No, patient admitted as inpatient

### Reason Not Admitted:
- Transferred from your ED to another acute care hospital
- Discharged directly from ED to home or other location that is not an acute care hospital
- Left from ED AMA
- Died in ED
- Discharged from observation status without an inpatient admission
- other

### If patient transferred from your ED to another hospital, specify hospital name
- [Select hospital name from picker list]
  - Hospital not on list
  - Hospital not documented

### Select reason(s) for why patient transferred
- Evaluation for IV alteplase up to 4.5 hours
- Post Management of IV alteplase (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:
- __/__/___________:

### Documented reason for delay in transfer to referral facility?
- Yes
- No/ND

### Specific reason for delay documented in transfer patient (check all that apply):
- Social/religious
- Initial refusal
- Care team unable to determine eligibility
- Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
- Investigational or experimental protocol for reperfusion
- Delay in stroke diagnosis *
- In-hospital time delay *
- Equipment-related delay *
- Need for additional imaging*
- Catheter lab not available*
- Other *

### 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)
- Intermediate Care facility (ICF)
- Long Term Care Hospital (LTC)
- Skilled Nursing Facility (SNF)
- Other

**DIAGNOSIS CODE**

**Clinical Codes Tab**
ICD-9CM or ICD-10-CM Principal Diagnosis Code
ICD-9CM or ICD-10-CM Other Diagnosis Codes

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

**Admission Tab**

**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
- 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 Transportation/Taxi/Other from home/scene
- Transfer from another hospital
- ND or Unknown

**Referring hospital discharge date/time**

- MM/DD/YYYY only
- Unknown

**If transferred from another hospital, specify hospital name**

[Select hospital name from picker list]
- Hospital not on list
- Hospital not documented

**Referring hospital arrival date/time**

- MM/DD/YYYY only
- Unknown

**If patient transferred to your hospital, select transfer reason(s)**

- Evaluation for IV alteplase up to 4.5 hours
- Post Management of IV alteplase (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 or MSU?**

- Yes
- No/ND

**Where was the patient cared for and by whom? Check all that apply.**

- Neuro Admit
- Stroke Admit
- Other Service Admission
- In Stroke Unit
- No Stroke Consult
- Not in Stroke Unit

**Physician / Provider NPI:**

### MEDICAL HISTORY

**Previously known medical hx of:**

- None
- Atrial Fib/Flutter
- Current Pregnancy (up to 6 weeks post-partum)
- Diabetes Mellitus
  - Type I
  - Type II
  - ND
- Duration:

- CAD/ Prior MI
- DVT/ PE
- Drugs/ Alcohol Abuse
- Familial
- Hypercholesterolemia
- HRT
- Obesity/ Overweight
- Prosthetic Heart Valve
- Sickle Cell
- Carotid Stenosis
- Depression
- Dyslipidemia
- Family History of Stroke
- Hypertension
- Previous Stroke
- Ischemic Stroke
## Case Record Form
### Active Form Groups: Stroke, Diabetes

- **E-Cigarette Use (Vaping)**
- **ICH**
- **SAH**
- **Not Specified**
- **PVD**
- **Sleep Apnea**

### 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

### 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

### 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
- ND

#### Initial NIH Stroke Scale

- Actual
- Estimate from record
- ND

#### Total Score:

- (refer to web program for questions)

#### NIHSS score obtained from transferring facility:

- (ND)

#### Initial exam findings

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

#### MEDICATION PRIOR TO ADMISSION

- No medications prior to admission
- Yes
- No/ND

### Antiplatelet or Anticoagulant Medication(s):

- Yes
- No/ND

#### Antiplalet Medication

- Aspirin
- Aspirin/dipyridamole (Aggrenox)
- Clopidogrel (Plavix)
- Prasugrel (Effient)
- Ticagrelor (Brilinta)
- Ticlopidine (Ticlid)
- Other Antiplatelet

#### Anticoagulant Medication

- Apixaban (Eliquis)
- Argatroban
- Dabigatran (Pradaxa)
- Desirudin (Iprivask)
- Fondaparinux (Arixtra)
- Full dose LMW heparin
- Lepirudin (Refudan)
- Rivaroxaban (Xarelto)
- Unfractionated heparin IV
- Warfarin (Coumadin)
- Other Anticoagulant

### Antihypertensive

- Yes
- No/ND

### Cholesterol-Reducer

- Yes
- No/ND

### Anti-hyperglycemic medications:

- Yes
- No/ND

### If yes, select medications (select all that apply)

- DPP-4 Inhibitors
- SGLT2 inhibitor
- Other injectable/subcutaneous agent
- GLP-1 receptor agonist
- Sulfonylurea
- Thiazolidinedione
- Insulin
- Metformin
- Other oral agent
**Antidepressant medication**  
- Yes
- No/ND

**SYMPTOM TIMELINE**

<table>
<thead>
<tr>
<th>Date/Time Patient last known to be well?</th>
<th>Date/Time of Discovery same as Last Known well</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ MM/DD/YYYY only</td>
<td>□ MM/DD/YYYY only</td>
</tr>
<tr>
<td>□ Unknown</td>
<td>□ Unknown</td>
</tr>
</tbody>
</table>

**BRAIN IMAGING**

<table>
<thead>
<tr>
<th>Brain imaging completed at your hospital for this episode of care?</th>
<th>Date/Time Brain Imaging First Initiated at your hospital:</th>
</tr>
</thead>
</table>
| □ Yes  
 □ CT  
 □ MRI  
 □ No/ND  
 □ NC | □ MM/DD/YYYY only  
 □ Unknown |

Interpretation of first brain image after symptom onset, done at any facility:
- Acute Hemorrhage
- No Acute Hemorrhage
- Not Available

<table>
<thead>
<tr>
<th>Was acute Vascular or perfusion imaging (e.g. CTA, MRA, DSA) performed at your hospital?</th>
<th>Date/Time 1st vessel or perfusion imaging initiated at your hospital:</th>
</tr>
</thead>
</table>
| □ Yes  
 □ No  
 □ Unknown | □ MM/DD/YYYY only  
 □ Unknown |

If yes, type of vascular imaging (select all that apply):
- CTA
- CT Perfusion
- MRA
- MR Perfusion
- DSA (catheter angiography)
- Image type not documented

<table>
<thead>
<tr>
<th>Was a target lesion (large vessel occlusion) visualized?</th>
<th>Date/Time Stroke Team Activated:</th>
</tr>
</thead>
</table>
| □ Yes  
 □ No/ND | □ MM/DD/YYYY HH:MM  
 □ MM/DD/YYYY  
 □ Unknown  
 □ N/A |

If yes, select site of large vessel occlusion (select all that apply):
- ICA
- Intracranial ICA
- Cervical ICA
- Other/UTD
- MCA
- M1
- M2
- Other/UTD
- Basilar
- Other cerebral artery branch
- Vertebral Artery

**ADDITIONAL TIME TRACKER**

<table>
<thead>
<tr>
<th>Date/Time Stroke Team Activated:</th>
<th>Date/Time Stroke Team Arrived:</th>
</tr>
</thead>
</table>
| □ MM/DD/YYYY HH:MM  
 □ MM/DD/YYYY  
 □ Unknown  
 □ N/A | □ MM/DD/YYYY HH:MM  
 □ MM/DD/YYYY  
 □ Unknown  
 □ N/A |

Date/Time of ED Physician Assessment:
- □ MM/DD/YYYY HH:MM  
 □ MM/DD/YYYY  
 □ Unknown  
 □ N/A

Date/Time Brain Imaging Ordered:
- □ MM/DD/YYYY HH:MM  
 □ MM/DD/YYYY  
 □ Unknown  
 □ N/A

Date/Time IV alteplase Ordered:
- □ MM/DD/YYYY HH:MM  
 □ MM/DD/YYYY  
 □ Unknown  
 □ N/A

Date/Time Lab Tests Ordered:
- □ MM/DD/YYYY HH:MM  
 □ MM/DD/YYYY  
 □ Unknown  
 □ N/A

Date/Time ECG Ordered:
- □ MM/DD/YYYY HH:MM  
 □ MM/DD/YYYY  
 □ Unknown  
 □ N/A

Date/Time Brain Imaging Interpreted:
- □ MM/DD/YYYY HH:MM  
 □ MM/DD/YYYY  
 □ Unknown  
 □ N/A

Date/Time lab Tests Completed:
- □ MM/DD/YYYY HH:MM  
 □ MM/DD/YYYY  
 □ Unknown  
 □ N/A

Date/Time ECG Completed:
- □ MM/DD/YYYY HH:MM  
 □ MM/DD/YYYY  
 □ Unknown  
 □ N/A
**Case Record Form**  
*Active Form Groups: Stroke, Diabetes*  
*Updated April 2020 - COVID*

<table>
<thead>
<tr>
<th>Date/Time Chest X-ray Ordered:</th>
<th>Select one option</th>
<th>Date/Time Chest X-ray Completed:</th>
<th>Select one option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong>/</strong></strong>/_______  <strong><strong>:</strong></strong>_</td>
<td>MM/DD/YYYY HH:MM</td>
<td><strong><strong>/</strong></strong>/_______  <strong><strong>:</strong></strong>_</td>
<td>MM/DD/YYYY HH:MM</td>
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<td>MM/DD/YYYY</td>
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<td>MM/DD/YYYY</td>
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<tr>
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<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Additional Comments:**

**IV THROMBOLYTIC THERAPY**

<table>
<thead>
<tr>
<th>IV alteplase initiated at this hospital?</th>
<th>Date/Time IV alteplase initiated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
<td><strong><strong>/</strong></strong>/_______  <strong><strong>:</strong></strong>_</td>
</tr>
<tr>
<td>O No</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**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)

**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
- [ ] W7: Stroke severity too mild (non-disabling)
- [ ] 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
- W7: Stroke severity too mild (non-disabling)
- 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
- Rapid or Early Improvement
- 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
- Rapid or Early Improvement
- Other – requires specific reason to be entered in the PMT when this option is selected

If IV alteplase was initiated greater than 60 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:
- Yes
- No

If IV alteplase was initiated greater than 45 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:
- Yes
- No

If IV alteplase was initiated greater than 30 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
- Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
- Investigational or experimental protocol for thrombolysis
- Need for additional PPE for suspected/confirmed infectious disease
- Specify medical reason:

Hospital Related or Other Reason(s):
- Delay in stroke diagnosis
- In-hospital time delay
- Equipment-related delay
- Other

IV alteplase at an outside hospital or Mobile Stroke Unit?
- Yes
- No
<table>
<thead>
<tr>
<th>Investigational or experimental protocol for thrombolysis?</th>
<th>O Yes</th>
<th>O No</th>
<th>If yes, specify_______________________________</th>
</tr>
</thead>
</table>

**ENDOVASCULAR THERAPY**

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

<table>
<thead>
<tr>
<th>IA alteplase or MER Initiation Date/Time</th>
<th><strong><strong>/</strong></strong>/_______ <em><strong>:</strong></em>_</th>
<th>O MM/DD/YYYY only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>O Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Catheter-based stroke treatment at outside hospital?</th>
<th>O Yes</th>
<th>O 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**

<table>
<thead>
<tr>
<th>Complications of Reperfusion Therapy (Thrombolytic or MER)</th>
<th>Symptomatic Intracranial hemorrhage &lt;36 hours</th>
<th>Life threatening, serious systemic hemorrhage &lt;36 hours</th>
<th>UTD</th>
<th>Other serious complications</th>
<th>No serious complications</th>
</tr>
</thead>
</table>

**If bleeding complications occur in patient after IV alteplase:**

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

**OTHER IN-HOSPITAL TREATMENT AND SCREENING**

**Dysphagia Screening**

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

**Was patient screened for dysphagia prior to any oral intake including water or medications?**

| O Yes | O No/ND | O NC |

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

**Treatment for Hospital-Acquired Pneumonia**

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

**VTE Interventions**

<table>
<thead>
<tr>
<th>O 1- Low dose unfractionated heparin (LDUH)</th>
<th>O 7- Venous foot pumps (VFP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>O 2- Low molecular weight heparin (LMWH)</td>
<td>O 8- Oral Factor Xa Inhibitor</td>
</tr>
<tr>
<td>O 3- Intermittent pneumatic compression devices (IPC)</td>
<td>O 9- Aspirin</td>
</tr>
<tr>
<td>O 4- Graduated compression stockings (GCS)</td>
<td>O A- None of the above or ND</td>
</tr>
<tr>
<td>O 5- Factor Xa Inhibitor</td>
<td>O</td>
</tr>
<tr>
<td>O 6- Warfarin</td>
<td>O</td>
</tr>
</tbody>
</table>

**What date was the initial VTE prophylaxis administered after hospital admission?**

| ____/____/_______ | O Unknown |

**Is there physician/APN/PA or pharmacist documentation why VTE prophylaxis was not administered at hospital admission?**

| O Yes | O 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?**

| O Yes | O No |

**Other Therapeutic Anticoagulation**

<table>
<thead>
<tr>
<th>O apixaban (Eliquis)</th>
<th>O desirudrin (Iprivask)</th>
<th>O rivaroxaban (Xaralto)</th>
</tr>
</thead>
<tbody>
<tr>
<td>O argatroban</td>
<td>O endoxaban (Savaysa)</td>
<td>O unfractionated heparin IV</td>
</tr>
<tr>
<td>O dabigatran (Pradaxa)</td>
<td>O lepirudin (Refludan)</td>
<td>O other anticoagulant</td>
</tr>
</tbody>
</table>

**Was DVT or PE documented?**

| O Yes | O No/ND |

**Was antithrombotic therapy administered by the end of hospital day 2?**

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

<table>
<thead>
<tr>
<th>If yes, select all that apply</th>
<th>O Antiplatlet</th>
<th>O Anticoagulant</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>O Seasonal cold or flu</th>
<th>O Emerging Infectious Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>O SARS-COV-1</td>
<td>O Bacterial Infection</td>
</tr>
<tr>
<td>O SARS-COV-2 (COVID-19)</td>
<td>O None/ ND</td>
</tr>
<tr>
<td>O MERS</td>
<td>O</td>
</tr>
<tr>
<td>O Other Infectious Respiratory Pathogen</td>
<td>O</td>
</tr>
</tbody>
</table>

**Active bacterial or viral infection at admission or during hospitalization:**

<table>
<thead>
<tr>
<th>O</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

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### MEASUREMENTS (first measurement upon presentation to your hospital)

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Chol:</td>
<td></td>
</tr>
<tr>
<td>Triglycerides:</td>
<td></td>
</tr>
<tr>
<td>HDL:</td>
<td></td>
</tr>
<tr>
<td>LDL:</td>
<td></td>
</tr>
<tr>
<td>Lipids: NC</td>
<td></td>
</tr>
<tr>
<td>Lipids: ND</td>
<td></td>
</tr>
<tr>
<td>A1C:</td>
<td></td>
</tr>
<tr>
<td>Blood Glucose (required if patient received IV alteplase):</td>
<td></td>
</tr>
<tr>
<td>Serum Creatine:</td>
<td></td>
</tr>
<tr>
<td>INR:</td>
<td></td>
</tr>
<tr>
<td>Vital Signs:</td>
<td></td>
</tr>
<tr>
<td>Heart Rate:</td>
<td></td>
</tr>
<tr>
<td>Vital signs UTD:</td>
<td></td>
</tr>
<tr>
<td>Blood Glucose (required if patient received IV alteplase):</td>
<td></td>
</tr>
<tr>
<td>Height:</td>
<td></td>
</tr>
<tr>
<td>Weight:</td>
<td></td>
</tr>
<tr>
<td>Waist Circumference:</td>
<td></td>
</tr>
<tr>
<td>BMI:</td>
<td></td>
</tr>
</tbody>
</table>

### DISCHARGE INFORMATION

**Discharge Tab**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>GWTG Ischemic Stroke-Only Estimated Mortality Rate</td>
<td>[Calculated in the PMT]</td>
</tr>
<tr>
<td>GWTG Global Stroke Estimated Mortality Rate (Ischemic Stroke, SAH, ICH, Stroke NOS)</td>
<td>[Calculated in the PMT]</td>
</tr>
<tr>
<td>Modified Rankin Scale at Discharge</td>
<td>OYes  ONo/ND</td>
</tr>
<tr>
<td>If Yes:</td>
<td>OActual OEstimated from record OND</td>
</tr>
<tr>
<td>Total Score:</td>
<td></td>
</tr>
<tr>
<td>Ambulatory status at discharge:</td>
<td></td>
</tr>
<tr>
<td>Discharge Blood Pressure (Measurement closest to discharge)</td>
<td></td>
</tr>
</tbody>
</table>

### DISCHARGE TREATMENTS

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>OYes ONo/ND ONC</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes,</td>
<td>Antiplatelet</td>
</tr>
<tr>
<td></td>
<td>aspirin</td>
</tr>
<tr>
<td></td>
<td>aspirin/dipyridamole (Aggrenox)</td>
</tr>
<tr>
<td></td>
<td>clopidogrel (Plavix)</td>
</tr>
<tr>
<td></td>
<td>ticlopidine (Ticlid)</td>
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</tbody>
</table>

<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>
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<tr>
<td>2.</td>
<td>2.</td>
<td>2.</td>
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<tr>
<td>3.</td>
<td>3.</td>
<td>3.</td>
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<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

Other Antithrombotic(s)
Prescribed? ○ Yes ○ No

If yes,
- Desirudin (Iprivask)
- Ticagrelor (Brilinta)
- Prasugrel (Effient) *contraindicated in stroke and TIA
- Other

Dosage
1. __________ 2. __________ 3. __________ 4. __________

Frequency
1. __________ 2. __________ 3. __________ 4. __________

Persistent or Paroxysmal Atrial Fibrillation/Flutter ○ Yes ○ No

If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation? ○ Yes ○ No/ND ○ 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
- Risk for falls
- Serious side effect to medication
- Terminal illness/Comfort Measures Only

Anti-hypertensive Tx (Select all that apply)
- None prescribed/ND
- Other anti-hypertensive med
- Ace Inhibitors
- Beta Blockers

- None - Contraindicated
- Diuretics
- ARB
- CA++ Channel Blockers

Cholesterol-Reducing Tx (Select all that apply)
- None prescribed/ND
- None – contraindicated
- Statin
- Fibrate
- Statin Total Daily Dose: ____________________________
- Niacin
- Absorption Inhibitor
- PCSK 9 inhibitor
- Other med

Statin Medication:
- Amlodipine + Atorvastatin (Caduet)
- Atorvastatin (Lipitor)
- Ezetimibe + Simvastatin (Vytorin)
- Fluvastatin (Lescol)
- Fluvastatin XL (Lescol XL)
- Lovastatin (Altoprev)
- Lovastatin (Mevacor)
- Lovastatin + Niacin (Advicor)
- Pitavastatin (Livalo)
- Pravastatin (Pravachol)
- Rosuvastatin (Crestor)
- Simvastatin (Zocor)
- Simvastatin + Niacin (Simcor)

Documented Reason for Not Prescribing Guideline Recommended Dose?
- Intolerant to moderate (>75yr) or high (<=75yr) intensity statin
- No evidence of atherosclerosis (cerebral, coronary, or peripheral vascular disease)
- Other documented reason
- Unknown/ND

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

New Diagnosis of Diabetes? ○ Yes ○ No ○ ND

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

Anti-hyperglycemic medications:
Prescribed? ○ Yes ○ No ○ NC

If yes,
- Class:
- Medication:
- Class:
- Medication:
<table>
<thead>
<tr>
<th>Class:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class:</th>
<th>Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was there a documented reason for not prescribing a medication with proven CVD benefit?  
○ Yes  ○ No/ND

<table>
<thead>
<tr>
<th>Follow-up appointment scheduled for diabetes management?</th>
<th>○ Yes  ○ No/ND  ○ NC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of scheduled diabetes follow-up appointment:</th>
<th><strong><strong>/_____/</strong></strong>___  ○ Unknown</th>
</tr>
</thead>
</table>

Anti-Smoking Tx  
○ Yes  ○ No/ND  ○ NC

<table>
<thead>
<tr>
<th>Smoking Cessation Therapies Prescribed (select all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Counseling  □ Over the Counter Nicotine Replacement Therapy  □ Prescription Medications  □ Other  □ Treatment not specified</td>
</tr>
</tbody>
</table>

| Was the patient prescribed any antidepressant class of medication at discharge? |  ○ Yes, SSRI  ○ Yes, any other antidepressant class  ○ No/ND |
|--------------------------------------------------------------------------------|

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

<table>
<thead>
<tr>
<th>STROKE EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient and/or caregiver received education and/or resource materials regarding all the following:</td>
</tr>
<tr>
<td>Check all as Yes:  □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Factors for Stroke</th>
<th>○ Yes  ○ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Warning Signs and Symptoms  ○ Yes  ○ No</td>
<td></td>
</tr>
<tr>
<td>How to Activate EMS for Stroke</td>
<td>○ Yes  ○ No</td>
</tr>
<tr>
<td>Need for Follow-Up After Discharge  ○ Yes  ○ No</td>
<td></td>
</tr>
<tr>
<td>Their Prescribed medications</td>
<td>○ Yes  ○ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STROKE REHABILITATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient assessed for and/or received rehabilitation services during this hospitalization?  ○ Yes  ○ No</td>
</tr>
<tr>
<td>Check all rehab services that patient received or was assessed for:</td>
</tr>
<tr>
<td>□ 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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STROKE DIAGNOSTIC TESTS AND INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac ultrasound/echocardiography  ○ Performed during this admission or in the 3 months prior  ○ Planned post discharge  ○ Not performed or planned</td>
</tr>
<tr>
<td>Extended implantable cardiac rhythm monitoring  ○ Performed during this admission or in the 3 months prior  ○ Planned post discharge  ○ Not performed or planned</td>
</tr>
<tr>
<td>Carotid imaging  ○ Performed during this admission or in the 3 months prior  ○ Planned post discharge  ○ Not performed or planned</td>
</tr>
</tbody>
</table>

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# Case Record Form

## Active Form Groups: Stroke, Diabetes

**Updated April 2020 - COVID**

### Hypercoagulability testing
- Performed during this admission or in the 3 months prior
- Planned post discharge
- Not performed or planned

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carotid revascularization</td>
<td>Performed during this admission or in the 3 months prior</td>
</tr>
<tr>
<td></td>
<td>Planned post discharge</td>
</tr>
<tr>
<td></td>
<td>Not performed or planned</td>
</tr>
</tbody>
</table>

### Intracranial vascular imaging
- Performed during this admission or in the 3 months prior
- Planned post discharge
- Not performed or planned

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term cardiac rhythm monitoring &lt;= 7 days</td>
<td>Performed during this admission or in the 3 months prior</td>
</tr>
<tr>
<td></td>
<td>Planned post discharge</td>
</tr>
<tr>
<td></td>
<td>Not performed or planned</td>
</tr>
</tbody>
</table>

### Extended surface cardiac rhythm monitoring > 7 days
- Performed during this admission or in the 3 months prior
- Planned post discharge
- Not performed or planned

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field 1</td>
<td>Field 2</td>
</tr>
<tr>
<td>Field 3</td>
<td>Field 4</td>
</tr>
<tr>
<td>Field 5</td>
<td>Field 6</td>
</tr>
<tr>
<td>Field 7</td>
<td>Field 8</td>
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<tr>
<td>Field 9</td>
<td>Field 10</td>
</tr>
<tr>
<td>Field 11</td>
<td>Field 12</td>
</tr>
<tr>
<td>Field 13</td>
<td>Field 14</td>
</tr>
<tr>
<td>Additional Comments:</td>
<td>Administrative</td>
</tr>
</tbody>
</table>

**Optional Fields Tab**

- **PMT used concurrently or retrospectively or combination?**
  - Concurrently
  - Retrospectively
  - Combination

- **Was a stroke admission order set used in this patient?**
  - Yes
  - No

- **Was a stroke discharge checklist used in this patient?**
  - Yes
  - No

- **Patient adherence contract/compact used?**
  - Yes
  - No

**END OF FORM**