### DEMOGRAPHICS

**Sex**
- Male
- Female
- Unknown

**Patient Gender Identity**
- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional gender category or other: ___________________
- Did not disclose

**Patient-Identified Sexual Orientation**
- Straight or heterosexual
- Lesbian or gay
- Bisexual
- Queer, pansexual, and/or questioning
- Something else, please specify: ___________________
- Don't know
- Declined to answer

**Date of Birth:**
- _________/
- _________/
- _________

**Age:**
- _________

**Zip Code:**
- __________________ - ___________

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

### RACE AND ETHNICITY

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

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

**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?

<table>
<thead>
<tr>
<th>Day 0 or 1</th>
<th>Day 2 or after</th>
<th>Timing unclear</th>
<th>Not Documented/UTD</th>
</tr>
</thead>
</table>

### Arrival Date/Time:

- **Arrival Date/Time:** ___/___/___________:___
  - **MM/DD/YYYY only**
  - **Unknown**
  - **Admit Date:** ___/___/_______

### Not Admitted:

- **Yes, not admitted**
- **No, patient admitted as in patient**

### 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]
- Yes
- 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:

- **Discharge Date:** ___/___/___________
  - **MM/DD/YYYY only**

### 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 Advice / AMA
- 8 – Not Documented or Unable to Determine (UTD)
### Diagnosis Code

#### Clinical Codes Tab

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Code Description</th>
<th>Code Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9CM or ICD-10-CM Principal Diagnosis Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-9CM or ICD-10-CM Other Diagnosis Codes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-9-CM or ICD-10-PCS Principal Procedure Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-9-CM or ICD-10-PCS Other Procedure Codes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-9-CM Discharge Diagnosis Related to Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-10-CM Discharge Diagnosis Related to Stroke</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### If No Stroke or TIA Related ICD-9-CM Code Present

- [ ]

#### If 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 healthcare 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:**

- [ ] 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  
- [ ] N/ND

**Initial Admitting Service**

- [ ] Neurology
- [ ] Neurosurgery
- [ ] Neurocritical Care
- [ ] Medicine
- [ ] Surgery
- [ ] Other:

**In which settings were care delivered? Select all that apply:**

- [ ] Neuro/Neurosurgery ICU
- [ ] Other ICU
- [ ] Stroke Unit (Non-ICU)
- [ ] General Care Floor
- [ ] Observation
- [ ] Other:

**If the patient was not cared for in a dedicated stroke unit, was a formal inpatient consultation from a stroke expert obtained?**

- [ ] Yes  
- [ ] No  
- [ ] ND
### 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:
    - < 5 years
    - 5 - < 10 years
    - 10 - < 20 years
    - >= 20 years
    - Unknown
- E-Cigarette Use (Vaping)
- HF
- Hypertension
- Previous Stroke
  - Ischemic Stroke
  - ICH
  - SAH
  - Not Specified
- PVD
- Sleep Apnea

### Physician / Provider

NPI:

**Physician / Provider**

**NPI:**

#### MEDICAL HISTORY

<table>
<thead>
<tr>
<th>Previously known medical hx of:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
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<tr>
<td>Atrial Fib/Flutter</td>
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<td>Type I</td>
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<tr>
<td>Type II</td>
<td></td>
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<tr>
<td>ND</td>
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<tr>
<td>Duration:</td>
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<td>&lt; 5 years</td>
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<td>5 - &lt; 10 years</td>
<td></td>
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<tr>
<td>10 - &lt; 20 years</td>
<td></td>
</tr>
<tr>
<td>&gt;= 20 years</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>E-Cigarette Use (Vaping)</td>
<td></td>
</tr>
<tr>
<td>HF</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
</tr>
<tr>
<td>Previous Stroke</td>
<td></td>
</tr>
<tr>
<td>Ischemic Stroke</td>
<td></td>
</tr>
<tr>
<td>ICH</td>
<td></td>
</tr>
<tr>
<td>SAH</td>
<td></td>
</tr>
<tr>
<td>Not Specified</td>
<td></td>
</tr>
<tr>
<td>PVD</td>
<td></td>
</tr>
<tr>
<td>Sleep Apnea</td>
<td></td>
</tr>
</tbody>
</table>

#### 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

#### Pre-stroke Modified Rankin Score

- 1 – A pre-stroke mRS of 0, 1, or 2 was documented in the medical record, OR physician/ APN/PA documentation that the patient was able to look after self without daily help prior to this acute stroke episode.
- 2 - A pre-stroke mRS of 3, 4, or 5 was documented in the medical record, OR physician/ APN/ PA documentation that the present could NOT look after self without daily help prior to this acute stroke episode.
- 3 – A pre-stroke mRS was not documented, OR unable to determine (UTD) from the medical record documentation

### 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**

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

If yes:

- Actual
- Estimate from record
- ND

**Total Score:**

(Refer to web program for questions)

**NIHSS score obtained from transferring facility:**

- ND

**Initial exam findings (Select all that apply):**

- Weakness/Paresis
- Altered Level of Consciousness
- Aphasia/ Language Disturbance
- Other Neurological Signs/ Symptoms
- No Neurological Signs/ Symptoms
- ND
### Case Record Form
Active Form Groups: Stroke, Diabetes

#### 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

#### MEDICATION PRIOR TO ADMISSION

**No medications prior to admission** ☐

**Antiplatelet or Anticoagulant Medication(s):**
- ☐ Yes
- ☐ No/ND

**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)
- ☐ endoxaban (Savaysa)
- ☐ fondaparinux (Arixtra)
- ☐ full dose LMW heparin
- ☐ lepirudin (Refludan)
- ☐ rivaroxaban (Xarelto)
- ☐ unfractionated heparin IV
- ☐ warfarin (Coumadin)
- ☐ other Anticoagulant

#### Antihypertensive
- ☐ Yes
- ☐ No/ND

#### Cholesterol-Reducing Medications
- ☐ 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
- ☐ Insulin
- ☐ Thiazolidinedione
- ☐ Other oral agents

#### Antidepressant Medication
- ☐ Yes
- ☐ No/ND

#### VACCINATIONS & TESTING

**COVID-19 Vaccination:**
- ☐ COVID-19 vaccine was given during this hospitalization
- ☐ COVID-19 vaccine was received prior to admission, not during this hospitalization
- ☐ Documentation of patient's refusal of COVID-19 vaccine
- ☐ Allergy/sensitivity to COVID-19 vaccine or if medically contraindicated
- ☐ Vaccine not available
- ☐ None of the above/Not documented/UTD

**COVID-19 Vaccination Date:** __/__/_______  ☐ MM/DD/YYYY
- ☐ Unknown

**COVID-19 Vaccine Manufacturer:**
- ☐ AstraZeneca
- ☐ Johnson & Johnson's / Janssen
- ☐ Moderna
- ☐ Novavax
- ☐ Pfizer
- ☐ Other
- ☐ Not Documented

**Did the patient receive both doses of vaccine? (if applicable)**
- ☐ Yes
- ☐ No
- ☐ Not applicable

**Is there documentation that this patient was included in a COVID-19 vaccine trial?**
- ☐ Yes
- ☐ No/ND
**Influenza Vaccination:**
- Influenza vaccine was given during this hospitalization during the current flu season
- Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization
- Documentation of patient’s refusal of influenza vaccine
- Allergy/sensitivity to influenza vaccine or if medically contraindicated
- Vaccine not available
- None of the above/Not documented/UTD

### SYMPTOM TIMELINE

<table>
<thead>
<tr>
<th>Date/Time Patient last known to be well?</th>
<th>□ Time of Discovery same as Last Known well</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong>/</strong></strong>/________:____</td>
<td>□ MM/DD/YYYY only</td>
</tr>
<tr>
<td>_</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>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes CT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Brain Imaging First Initiated at your hospital:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong>/</strong></strong>/___<strong><strong>:</strong></strong></td>
</tr>
<tr>
<td>_</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date/Time Stroke Team Activated:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong>/</strong></strong>/___<strong><strong>:</strong></strong></td>
</tr>
<tr>
<td>_</td>
</tr>
</tbody>
</table>

**ADDITIONAL TIME TRACKER**

- Select option
- MM/DD/YYYY HH:MM
- MM/DD/YYYY
- Unknown
- N/A

Date/Time Stroke Team Activated:

Date/Time of ED Physician Assessment:

Date/Time Brain Imaging Ordered:

Date/Time IV alteplase Ordered:

Date/Time Lab Tests Ordered:

Date/Time Stroke Team Arrived:

Date/Time Neurosurgical services consult:

Date/Time Brain Imaging Interpreted:

Date/Time lab Tests Completed:
Date/Time ECG Ordered:
____/____/______  ____:_____
Select one option
☐ MM/DD/YYYY HH:MM
☐ MM/DD/YYYY
☐ Unknown
☐ N/A

Date/Time ECG Completed:
____/____/______  ____:_____
Select one option
☐ MM/DD/YYYY HH:MM
☐ MM/DD/YYYY
☐ Unknown

Date/Time Chest X-ray Ordered:
____/____/______  ____:_____
Select one option
☐ MM/DD/YYYY HH:MM
☐ MM/DD/YYYY
☐ Unknown
☐ N/A

Date/Time Chest X-ray Completed:
____/____/______  ____:_____
Select one option
☐ MM/DD/YYYY HH:MM
☐ MM/DD/YYYY
☐ Unknown

Additional Comments:

IV THROMBOLYTIC THERAPY

IV thrombolytic initiated at this hospital?
☐ Yes ☐ No

Date/Time IV thrombolytic initiated:
____/____/______  ____:_____

Thrombolytic used:
☐ Alteplase (Class 1 evidence)
☐ Alteplase, total dose: _________(mg)
☐ Alteplase dose ND
☐ Tenecteplase (Class 2b evidence)
☐ Tenecteplase, total dose: _________(mg)
☐ Tenecteplase dose ND

Reason for selecting tenecteplase instead of alteplase:
☐ Large Vessel Occlusion (LVO) with potential thrombectomy
☐ Mild Stroke
☐ Other: ________________________

If IV thrombolytic administered beyond 4.5-hour, was imaging used to identify eligibility?
☐ Yes ☐ No

Documented exclusions (Contraindications or Warnings) for not initiating IV thrombolytic in the 0-3hr treatment window?
☐ Yes ☐ No

Documented Contraindications or Warnings for not initiating IV thrombolytic in the 3-4.5hr treatment window?
☐ Yes ☐ No

SHOW ALL

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

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-lobe 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
☐ W7: Stroke severity too mild (non-disabling)
Case Record Form
Active Form Groups: Stroke, Diabetes

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 thrombolytic 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 thrombolytic 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 thrombolytic 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

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**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

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

**IV thrombolytic at an outside hospital or Mobile Stroke Unit?**
- Yes
- No

If yes, select thrombolytic administered at outside hospital or Mobile Stroke Unit:
- Alteplase
- Tenecteplase

**Investigational or experimental protocol for thrombolysis?**
- Yes
- No

**ENDOVASCULAR THERAPY**

**Catheter-based stroke treatment at this hospital?**
- Yes
- No

**IA alteplase or MER Initiation Date/Time**

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

**Complications of Thrombolytic Therapy**
- Symptomatic Intracranial hemorrhage <36 hours
- Life threatening, serious systemic hemorrhage <36 hours
- UTD

**If bleeding complications occur in patient after IV alteplase:**
- Symptomatic hemorrhage detected prior to patient transfer
- Symptomatic hemorrhage detected only after patient transfer

**OTHER IN-HOSPITAL TREATMENT AND SCREENING**

**Dysphagia Screening**

**Patient NPO throughout the entire hospital stay?**
- Yes
- No/ND

**Was patient screened for dysphagia prior to any oral intake including water or medications?**
- Yes
- No/ND
- NC

**If yes, Dysphagia screening results:**
- Pass
- Fail
- ND

**Treatment for Hospital-Acquired Pneumonia**
- Yes
- No
- 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

**Other serious complications**
- No serious complications

**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.
What date was the initial VTE prophylaxis administered after hospital admission? __/__/______  □ Unknown

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

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

Other Therapeutic Anticoagulation
- □ apixaban (Eliquis)
- □ argatroban
- □ dabigatran (Pradaxa)
- □ desirudin (Iprivask)
- □ endoxaban (Savaysa)
- □ lepirudin (Refludan)
- □ rivaroxaban (Xaralto)
- □ unfractionated heparin IV
- □ other anticoagulant

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

Was antithrombotic therapy administered by the end of hospital day 2?  ○ Yes  ○ No/ND  ○ NC

If yes, select all that apply  □ Antiplatelet  □ Anticoagulant

Active bacterial or viral infection at admission or during hospitalization:
- □ None
- □ Bacterial Infection
- □ Emerging Infectious Disease
  - □ SARS-COV-1
  - □ SARS-COV-2 (COVID-19)
  - □ MERS
  - □ Other Emerging Infectious Disease
- □ Influenza
- □ Seasonal Cold
- □ Other Viral Infection

MEASUREMENTS (first measurement upon presentation to your hospital)

<table>
<thead>
<tr>
<th>Total Chol:</th>
<th>Triglycerides:</th>
<th>HDL:</th>
<th>LDL:</th>
<th>Lipids: NC</th>
<th>Lipids: ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________ mg/dl</td>
<td>__________ mg/dl</td>
<td>__________ mg/dl</td>
<td>__________ mg/dl</td>
<td>□ ND</td>
<td>□ Too Low</td>
</tr>
</tbody>
</table>

A1C: __________ % A1C

Blood Glucose (required if patient received IV alteplase): □ ND  □ Too Low  □ Too High

Serum Creatine: __________  □ ND

INR: __________  □ ND  □ NC

Vital Signs:
- Heart Rate (beats per minute): __________ bpm
- \(^{A}\)What is the first blood pressure obtained prior to or after hospital arrival? (required if patient received IV alteplase)  □ Vital signs UTD

Height: __________  □ in  □ cm  □ ND

Weight: __________  □ lbs  □ kg  □ ND

Waist Circumference: __________  □ in  □ cm  □ ND

BMI: __________  □ ND

DISCHARGE INFORMATION

GWGT Ischemic Stroke-Only Estimated Mortality Rate  [Calculated in the PMT]

GWGT Global Stroke Estimated Mortality Rate (Ischemic Stroke, SAH, ICH, Stroke NOS)  [Calculated in the PMT]

Modified Rankin Scale at Discharge  ○ Yes  ○ No/ND

If Yes:  ○ Actual  ○ Estimated from record  □ ND

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

### Discharge Blood Pressure (Measurement closest to discharge)

\[
\_\_\_\_\_ / \_\_\_\_\_ \text{mmHg (Systolic/Diastolic)} \quad \square \text{ND}
\]

### DISCHARGE TREATMENTS

#### Antithrombotic Therapy approved in stroke

**Prescribed?**  |  ![Yes]  |  ![No/ND]  |  ![NC]
--- | --- | --- | ---

**If yes,**

<table>
<thead>
<tr>
<th>Antplatelet</th>
<th>Anticoagulant</th>
</tr>
</thead>
<tbody>
<tr>
<td>![aspirin]</td>
<td>![apixaban (Eliquis)]</td>
</tr>
<tr>
<td>![aspirin/dipyridamole (Aggrenox)]</td>
<td>![argatroban]</td>
</tr>
<tr>
<td>![clopidogrel (Plavix)]</td>
<td>![dabigatran (Pradaxa)]</td>
</tr>
<tr>
<td>![ticlopidine (Ticlid)]</td>
<td>![endoxaban (Savaysa)]</td>
</tr>
</tbody>
</table>

**Dosage**

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

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________</td>
</tr>
<tr>
<td>2. __________</td>
</tr>
</tbody>
</table>

**Dosage**

1. __________
2. __________
3. __________

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________</td>
</tr>
</tbody>
</table>

**If NC, documented contraindications**

- ![Allergy to or complications r/t antithrombotic](Yes)
- ![Patient/Family refused](Yes)
- ![Risk for bleeding or discontinued due to bleeding](Yes)
- ![Serious side effect to medication](Yes)
- ![Terminal illness/Comfort Measures Only](Yes)
- ![Other](Yes)

#### Other Antithrombotic(s)

**Prescribed?**  |  ![Yes]  |  ![No]
--- | --- | ---

**If yes,**

<table>
<thead>
<tr>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Desirudin (Iprivask)]</td>
</tr>
<tr>
<td>![Ticagrelor (Brilinta)]</td>
</tr>
<tr>
<td><img src="Yes" alt="Prasugrel (Effient) *contraindicated in stroke and TIA" /></td>
</tr>
<tr>
<td><img src="Yes" alt="Other" /></td>
</tr>
</tbody>
</table>

**Dosage**

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

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________</td>
</tr>
</tbody>
</table>

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

- ![Yes](Yes)
- ![No](No)

**If NC, documented reasons for no anticoagulation**

- ![Allergy to or complication r/t warfarin or heparins](Yes)
- ![Mental status](Yes)
- ![Patient refused](Yes)
- ![Risk for bleeding or discontinued due to bleeding](Yes)
- ![Risk for falls](Yes)
- ![Serious side effect to medication](Yes)
- ![Terminal illness/Comfort Measures Only](Yes)

#### Anti-hypertensive Tx (Select all that apply)

| ![None prescribed/ND](Yes) |
| ![Other anti-hypertensive med](Yes) |
| ![Ace Inhibitors](Yes) |
| ![Beta Blockers](Yes) |

#### Cholesterol-Reducing Tx (Select all that apply)

| ![None prescribed/ND](Yes) |
| ![None – contraindicated](Yes) |
| ![Statin](Yes) |
| ![Fibrate](Yes) |

<p>| <img src="Yes" alt="Niacin" /> |
| <img src="Yes" alt="Absorption Inhibitor" /> |
| <img src="Yes" alt="PCSK 9 inhibitor" /> |
| <img src="Yes" alt="Other med" /> |</p>
<table>
<thead>
<tr>
<th>Statin Medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Amlodipine + Atorvastatin (Caduet)</td>
</tr>
<tr>
<td>□ Atorvastatin (Lipitor)</td>
</tr>
<tr>
<td>□ Ezetimibe + Simvastatin (Vytorin)</td>
</tr>
<tr>
<td>□ Fluvastatin (Lescol)</td>
</tr>
<tr>
<td>□ Fluvastatin XL (Lescol XL)</td>
</tr>
<tr>
<td>□ Lovastatin (Altoprev)</td>
</tr>
<tr>
<td>□ Lovastatin (Mevacor)</td>
</tr>
<tr>
<td>□ Lovastatin + Niacin (Advicor)</td>
</tr>
<tr>
<td>□ Pitavastatin (Livalo)</td>
</tr>
<tr>
<td>□ Pravastatin (Pravachol)</td>
</tr>
<tr>
<td>□ Rosuvastatin (Crestor)</td>
</tr>
<tr>
<td>□ Simvastatin (Zocor)</td>
</tr>
<tr>
<td>□ Simvastatin + Niacin (Simcor)</td>
</tr>
<tr>
<td>Statin Total Daily Dose: _______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documented Reason for Not Prescribing Guideline Recommended Dose?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Intolerant to moderate (&gt;75yr) or high (&lt;=75yr) intensity statin</td>
</tr>
<tr>
<td>□ No evidence of atherosclerosis (cerebral, coronary, or peripheral vascular disease)</td>
</tr>
<tr>
<td>□ Other documented reason</td>
</tr>
<tr>
<td>□ Unknown/ND</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documented reason for not prescribing a statin medication at discharge?</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Diagnosis of Diabetes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basis for Diagnosis (Select all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ HbA1c</td>
</tr>
<tr>
<td>□ Oral Glucose Tolerance</td>
</tr>
<tr>
<td>□ Fasting Blood Sugar</td>
</tr>
<tr>
<td>□ Test Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anti-hyperglycemic medications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed?</td>
</tr>
<tr>
<td>O Yes</td>
</tr>
<tr>
<td>If yes,</td>
</tr>
<tr>
<td>Class:</td>
</tr>
<tr>
<td>Medication:</td>
</tr>
<tr>
<td>Class:</td>
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<tr>
<td>Medication:</td>
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<tr>
<td>Class:</td>
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<tr>
<td>Medication:</td>
</tr>
<tr>
<td>Class:</td>
</tr>
<tr>
<td>Medication:</td>
</tr>
<tr>
<td>Was there a documented reason for not prescribing a medication with proven CVD benefit?</td>
</tr>
<tr>
<td>O Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Follow-up appointment scheduled for diabetes management?</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Anti-Smoking Tx</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Was the patient prescribed any antidepressant class of medication at discharge?</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes, SSRI</td>
</tr>
</tbody>
</table>

OTHER LIFESTYLE INTERVENTIONS

<table>
<thead>
<tr>
<th>Reducing weight and/or increasing activity recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TLC Diet or Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antihypertensive Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was Diabetic Teaching Provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
</tr>
</tbody>
</table>

STROKE EDUCATION

Patient and/or caregiver received education and/or resource materials regarding all the following:
### Case Record Form

**Active Form Groups:** Stroke, Diabetes  
**Updated July 2021**

<table>
<thead>
<tr>
<th>Check all as Yes:</th>
<th>☐</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Factors for Stroke</strong></td>
<td>☐Yes ☐No</td>
<td><strong>Stroke Warning Signs and Symptoms</strong></td>
</tr>
<tr>
<td><strong>How to Activate EMS for Stroke</strong></td>
<td>☐Yes ☐No</td>
<td><strong>Need for Follow-Up After Discharge</strong></td>
</tr>
<tr>
<td><strong>Their Prescribed Medications</strong></td>
<td>☐Yes ☐No</td>
<td></td>
</tr>
</tbody>
</table>

**STROKE REHABILITATION**

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

☐ 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)

Check all rehab services that patient received or was assessed for:

☐ Living Situation/Housing  
☐ Food  
☐ Utilities  
☐ Personal Safety  
☐ Financial Strain  
☐ None

**HEALTH RELATED SOCIAL NEEDS ASSESSMENT**

During this admission, was a standardized health related social needs form or assessment completed?

☐ Yes ☐ No/ND

If Yes, identify the areas of unmet social need. Select all that apply.

☐ Employment  
☐ Education  
☐ Mental Health  
☐ Substance Use  
☐ Transportation Barriers

**STROKE DIAGNOSTIC TESTS AND INTERVENTIONS**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>During This Admission</th>
<th>Planned Post Discharge</th>
<th>Performed During This Admission or in the 3 Months Prior</th>
<th>Not Performed or Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiac ultrasound/echocardiography</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
| ☐ Performed during this admission or in the 3 months prior  
☐ Planned post discharge  
☐ Not performed or planned |
| **Extended implantable cardiac rhythm monitoring** | ☐ | ☐ | ☐ | ☐ |
| ☐ Performed during this admission or in the 3 months prior  
☐ Planned post discharge  
☐ Not performed or planned |
| **Carotid imaging** | ☐ | ☐ | ☐ | ☐ |
| ☐ Performed during this admission or in the 3 months prior  
☐ Planned post discharge  
☐ Not performed or planned |
| **Hypercoagulability testing** | ☐ | ☐ | ☐ | ☐ |
| ☐ Performed during this admission or in the 3 months prior  
☐ Planned post discharge  
☐ Not performed or planned |
| **Carotid revascularization** | ☐ | ☐ | ☐ | ☐ |
| ☐ Performed during this admission or in the 3 months prior  
☐ Planned post discharge  
☐ Not performed or planned |
| **Extended surface cardiac rhythm monitoring > 7 days** | ☐ | ☐ | ☐ | ☐ |
| ☐ Performed during this admission or in the 3 months prior  
☐ Planned post discharge  
☐ Not performed or planned |
| **Intracranial vascular imaging** | ☐ | ☐ | ☐ | ☐ |
| ☐ Performed during this admission or in the 3 months prior  
☐ Planned post discharge  
☐ Not performed or planned |
| **Short-term cardiac rhythm monitoring <= 7 days** | ☐ | ☐ | ☐ | ☐ |
| ☐ Performed during this admission or in the 3 months prior  
☐ Planned post discharge  
☐ Not performed or planned |

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

<table>
<thead>
<tr>
<th>Field 1</th>
<th>Field 2</th>
<th>Field 3</th>
<th>Field 4</th>
<th>Field 5</th>
<th>Field 6</th>
<th>Field 7</th>
<th>Field 8</th>
<th>Field 9</th>
<th>Field 10</th>
<th>Field 11</th>
<th>Field 12</th>
<th>Field 13</th>
<th>Field 14</th>
<th>Optional Fields Tab</th>
</tr>
</thead>
</table>

**ADMINISTRATIVE**

PMT used concurrently or retrospectively or combination?  
☐ Concurrently ☐ Retrospectively ☐ Combination

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

Additional Comments:
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a stroke discharge checklist used in this patient?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient adherence contract/compact used?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

END OF FORM