### 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
- [ ] African American
- [ ] Native Hawaiian or Pacific Islander
- [ ] Native Hawaiian
- [ ] Guamanian or Chamorro
- [ ] Samoan
- [ ] Other Pacific Islander
- [ ] White
- [ ] UTD
- [ ] Other Asian
- [ ] Asian Indian
- [ ] Asian Indian
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Vietnamese
- [ ] Other Asian
- [ ] Asian
- [ ] Chinese
- [ ] Japanese
- [ ] Korean
- [ ] Vietnamese
- [ ] Other Asian

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

- [ ] 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 only
- [ ] Unknown
### Case Record Form

**Active Form Groups:** Stroke, STK (StrokeCM), Comprehensive, Diabetes  
**Updated:** January 2021

| 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:
- [ ] 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:**  
- [ ] 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)

If Other Health Care Facility:
- [ ] Inpatient Rehabilitation Facility (IRF)
- [ ] Intermediate Care facility (ICF)
- [ ] Long Term Care Hospital (LTCH)
- [ ] Skilled Nursing Facility (SNF)
- [ ] Other

### DIAGNOSIS CODE

<table>
<thead>
<tr>
<th>Clinical Codes Tab</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9CM or ICD-10-CM Principal Diagnosis Code</td>
</tr>
<tr>
<td>ICD-9CM or ICD-10-CM Other Diagnosis Codes</td>
</tr>
<tr>
<td>ICD-9-CM or ICD-10-PCS Principal Procedure Code</td>
</tr>
<tr>
<td>ICD-9-CM or ICD-10-PCS Other Procedure Codes</td>
</tr>
<tr>
<td>ICD-9-CM Discharge Diagnosis Related to Stroke</td>
</tr>
<tr>
<td>ICD-10-CM Discharge Diagnosis Related to Stroke</td>
</tr>
<tr>
<td>No Stroke or TIA Related ICD-9-CM Code Present</td>
</tr>
<tr>
<td>No Stroke or TIA Related ICD-10-CM Code Present</td>
</tr>
</tbody>
</table>

### ARRIVAL AND ADMISSION INFORMATION

**Admission Tab**
**Case Record Form**

**Active Form Groups: Stroke, STK (StrokeCM), Comprehensive, Diabetes**

**Updated January 2021**

<table>
<thead>
<tr>
<th>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)?</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this patient admitted for the sole purpose of performance of elective carotid intervention?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

**Patient location when stroke symptoms discovered**

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

**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**

<table>
<thead>
<tr>
<th><strong><strong>/_____/</strong></strong>_<strong>:</strong>__</th>
<th>☐ MM/DD/YYYY only</th>
<th>☐ Unknown</th>
</tr>
</thead>
</table>

**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**

<table>
<thead>
<tr>
<th><strong><strong>/_____/</strong></strong>_<strong>:</strong>__</th>
<th>☐ MM/DD/YYYY only</th>
<th>☐ Unknown</th>
</tr>
</thead>
</table>

**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

**Was the patient an ED patient at the facility?**

| ☐ Yes ☐ No |
| --- | --- |

**Was the patient a direct admission to the hospital?**

| ☐ Yes ☐ No |
| --- | --- |

**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 |
| --- | --- |

**Initial Admitting Service**

- ☐ Neurology
- ☐ Neurosurgery
- ☐ Neurocritical Care
- ☐ Medicine
- ☐ Surgery
- ☐ Other: ____________________________________________
- ☐ 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 |
| --- | --- | --- |

**Physician / Provider NPI:**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

**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
- ☐ CAD/ Prior MI
- ☐ DVT/ PE
- ☐ Drugs/ Alcohol Abuse
- ☐ Familial
- ☐ Hypercholesterolemia
- ☐ HRT
- ☐ Migraine
- ☐ Previous TIA
- ☐ Renal Insufficiency – Chronic
- ☐ Smoker
- ☐ Carotid Stenosis
- ☐ Dementia
- ☐ Depression
- ☐ Dyslipidemia
- ☐ Family History of Stroke
- ☐ Hx of Emerging Infectious Disease
  - ☐ MERS
  - ☐ SARS-COV-1
  - ☐ SARS-COV-2 (COVID-19)
  - ☐ Other Infectious Respiratory Pathogen
- ☐ Obesity Overweight
- ☐ Prosthetic Heart Valve

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NOT FOR USE WITHOUT PERMISSION. ©2020 American Heart Association.
| □ E-Cigarette Use (Vaping) | □ Sickle Cell |
| □ HF | |
| □ Hypertension | |
| □ Previous Stroke | |
| □ Ischemic Stroke | |
| □ 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

**Pre-stroke Modified Rankin Score**
- ○ 1 – A score value 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 score value 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 score value 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**
- ○ Yes
- ○ No/ND

**Total Score:** ____________ (refer to web program for questions)

**What is the first NIHSS score obtained prior to or after hospital arrival?** ____________ □ UTD

**Was the initial NIHSS score after hospital arrival less than 6?**
- ○ Yes
- ○ No

**Is there documentation that an initial NIHSS score was done at this hospital?**
- ○ Yes
- ○ No

**What is the date and time that the NIHSS score was first performed at this hospital?** _____/_____/_______:____  □ MM/DD/YYYY only

**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

**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

**HEMORRHAGIC STROKE SCALES**

**First Glasgow Coma Scale (GCS)**
- Eye _____
- Verbal _____
- □ Intubated
- Motor _____
- Total GCS ____________  □ ND

**SUBARACHNOID HEMORRHAGE (SAH)**

**Is there documentation any time during the hospital stay that the hemorrhage was non-aneurysmal or due to head trauma?**
- ○ Yes
- ○ No

**Was an initial Hunt and Hess scale done at this hospital?**
- ○ Yes
- ○ No

**If yes, Hunt and Hess score:** ____________
**Case Record Form**

Active Form Groups: Stroke, STK (StrokeCM), Comprehensive, Diabetes

*Updated January 2021*

### INTRACEREBRAL HEMORRHAGE (ICH)

| ^What is the date and time that the Hunt and Hess Scale was first performed at this hospital? |  
|----------------------------------|--------------------------|
| __/__/___________:____ | MM/DD/YYYY only | Unknown |

| ^WFNS SAH Grading Scale | ____________________ |

| ^Was an initial ICH score done at this hospital? |  
|----------------------------------|---------------|
| Yes | No |

| ^What is the date and time that the ICH score was first performed at this hospital? |  
|----------------------------------|--------------------------|
| __/__/___________:____ | MM/DD/YYYY only | Unknown |

| ^FUNC Score (ICH) | ___________ |

### MEDICATION PRIOR TO ADMISSION

No medications prior to admission [ ]

**Antiplatlet or Anticoagulant Medication(s):**

<table>
<thead>
<tr>
<th>Antiplatlet Medication</th>
<th>Anticoagulant Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>aspirin</td>
<td>apixaban (Eliquis)</td>
</tr>
<tr>
<td>aspirin/dipyridamole</td>
<td>argatroban</td>
</tr>
<tr>
<td>(Aggrenox)</td>
<td>dabigatran (Pradaxa)</td>
</tr>
<tr>
<td>clopidogrel (Plavix)</td>
<td>desirudin (Iprivask)</td>
</tr>
<tr>
<td>prasugrel (Effient)</td>
<td>endoxaban (Savaysa)</td>
</tr>
<tr>
<td>ticagrelor (Brilinta)</td>
<td>fondaparinux (Arixtra)</td>
</tr>
<tr>
<td>ticlopidine (Ticlid)</td>
<td>full dose LMW heparin</td>
</tr>
<tr>
<td>Other Antiplatelet</td>
<td>lepirudin (Refudan)</td>
</tr>
<tr>
<td></td>
<td>rivaroxaban (Xarelto)</td>
</tr>
<tr>
<td></td>
<td>unfractionated heparin IV</td>
</tr>
<tr>
<td></td>
<td>warfarin (Coumadin)</td>
</tr>
<tr>
<td></td>
<td>other Anticoagulant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antiplatelet Medication</th>
<th>Anticoagulant Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>aspirin</td>
<td>apixaban (Eliquis)</td>
</tr>
<tr>
<td>aspirin/dipyridamole</td>
<td>argatroban</td>
</tr>
<tr>
<td>(Aggrenox)</td>
<td>dabigatran (Pradaxa)</td>
</tr>
<tr>
<td>clopidogrel (Plavix)</td>
<td>desirudin (Iprivask)</td>
</tr>
<tr>
<td>prasugrel (Effient)</td>
<td>endoxaban (Savaysa)</td>
</tr>
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<td></td>
<td>warfarin (Coumadin)</td>
</tr>
<tr>
<td></td>
<td>other Anticoagulant</td>
</tr>
</tbody>
</table>

| Antihypertensive | Yes | No/ND |

| Cholesterol-Reducer | Yes | No/ND |

**Antihyperglycemic medications:**

<table>
<thead>
<tr>
<th>DPP-4 Inhibitors</th>
<th>GLP-1 receptor agonist</th>
<th>Insulin</th>
<th>Metformin</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGLT2 inhibitor</td>
<td>Sulfonylurea</td>
<td>Thiazolidinedione</td>
<td></td>
</tr>
<tr>
<td>Other injectable/ subcutaneous agent</td>
<td>Other oral agent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Antidepressant medication | Yes | No/ND |

### VACCINATIONS & TESTING

| COVID-19 Vaccination: |  
|----------------------|--------------------------|
| COVID-19 vaccine was given during this hospitalization | Yes |
| COVID-19 vaccine was received prior to admission, not during this hospitalization | No/ND |
| Documentation of patient’s refusal of COVID-19 vaccine | Not Documented |
| Allergy/sensitivity to COVID-19 vaccine or if medically contraindicated | |
| Vaccine not available | |
| None of the above/Not documented/UTD | |

<table>
<thead>
<tr>
<th>COVID-19 Vaccination date:</th>
<th><strong>/</strong>/___________</th>
</tr>
</thead>
</table>

| Is there documentation that this patient was included in a COVID-19 vaccine trial? |  
|----------------------------------|---------------|
| Yes | No/ND |

| Influenza Vaccine: |  
|-------------------|--------------------------|
| Influenza vaccine was given during this hospitalization during the current flu season | Yes |
| Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization | No/ND |
| Documentation of patient’s refusal of influenza vaccine | Not Documented |
| Allergy/sensitivity to influenza vaccine or if medically contraindicated | |
| Vaccine not available | |
| None of the above/Not documented/UTD | |

<p>| Influenza Vaccination: |</p>
<table>
<thead>
<tr>
<th>-----------------------</th>
<th>--------------------------</th>
</tr>
</thead>
</table>

### SYMPTOM TIMELINE

*Hospitalization Tab*

<table>
<thead>
<tr>
<th>Date/Time Patient last known to be well?</th>
<th>Time of Discovery</th>
</tr>
</thead>
</table>

| Date/Time of discovery of stroke symptoms? |  
|-------------------------------------------|-------------------|

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## BRAIN IMAGING

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

**Date/Time Brain Imaging First Initiated at your hospital:** __/__/______ __:_____

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

**Was acute Vascular or perfusion imaging (e.g., CTA, MRA, DSA) performed at your hospital?**
- [ ] Yes
- [ ] No

**Date/Time 1st vessel or perfusion imaging initiated at your hospital:** __/__/______ __:_____

**Was a target lesion (large vessel occlusion) visualized?**
- [ ] Yes
- [ ] No/ND

**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

**Date/Time Stroke Team Activated:** __/__/______ __:_____

**Date/Time Stroke Team Arrived:** __/__/______ __:_____

**Date/Time of ED Physician Assessment:** __/__/______ __:_____

**Date/Time Neurosurgical services consult:** __/__/______ __:_____

**Date/Time Brain Imaging Ordered:** __/__/______ __:_____

**Date/Time Brain Imaging Interpreted:** __/__/______ __:_____

**Date/Time IV alteplase Ordered:** __/__/______ __:_____

**Date/Time IV alteplase Completed:** __/__/______ __:_____

**Date/Time Lab Tests Ordered:** __/__/______ __:_____

**Date/Time Lab Tests Completed:** __/__/______ __:_____

**Date/Time ECG Ordered:** __/__/______ __:_____

**Date/Time ECG Completed:** __/__/______ __:_____

**Date/Time Chest X-ray Ordered:** __/__/______ __:_____

**Date/Time Chest X-ray Completed:** __/__/______ __:___
### IV THROMBOLYTIC THERAPY

**IV thrombolytic initiated at this hospital?**
- O Yes
- O No

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

**Reason for selecting tenecteplase instead of alteplase:**
- O Large Vessel Occlusion (LVO) with potential thrombectomy
- O Mild Stroke
- O Other: _______________________

**If IV thrombolytic administered beyond 4.5-hour, was imaging used to identify eligibility?**
- O Yes, Diffusion-FLAIR mismatch
- O Yes, Core-Perfusion mismatch
- O None
- O Other: _______________________

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

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

### Additional Comments:

### 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:**
- O C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment
- O C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months
- O C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
- O C4: Active internal bleeding
- O C5: Acute bleeding diathesis (low platelet count, increased PTT, INR >= 1.7 or use of NOAC)
- O C6: Symptoms suggest subarachnoid hemorrhage
- O C7: CT demonstrates multi-lobar infarction (hypodensity >1/3 cerebral hemisphere)
- O C8: Arterial puncture at non-compressible site in previous 7 days
- O C9: Blood glucose concentration <50 mg/dL (2.7 mmol/L)

**Relative Exclusion Criteria (Warnings) 0-3 hr treatment window. Select all that apply:**
- O W1: Care-team unable to determine eligibility
- O W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
- O W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission
- O W4: Pregnancy
- O W5: Patient/family refusal
- O W6: Stroke severity too mild (non-disabling)
- O W7: Recent acute myocardial infarction (within previous 3 months)
- O W8: Seizure at onset with postictal residual neurological impairments
- O W9: Major surgery or serious trauma within previous 14 days
- O W10: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)

**Exclusion Criteria (contraindications) 3-4.5 hr treatment window. Select all that apply:**
- O C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment
- O C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous
### 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
- **W6**: Stroke severity too mild (non-disabling)
- **W7**: Recent acute myocardial infarction (within previous 3 months)
- **W8**: Seizure at onset with postictal residual neurological impairments
- **W9**: Major surgery or serious trauma within previous 14 days
- **W10**: 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:

<table>
<thead>
<tr>
<th>Type of Delay</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### If IV thrombolytic was initiated greater than 45 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:

<table>
<thead>
<tr>
<th>Type of Delay</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### If IV thrombolytic was initiated greater than 30 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:

<table>
<thead>
<tr>
<th>Type of Delay</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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):
- Need for additional imaging
- Delay in stroke diagnosis
- In-hospital time delay
- Equipment-related delay
- Other ____________________________

### 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

### Additional Comments Related to Thrombolytics:

### ENDOVASCULAR THERAPY

**Is there documentation of a suspected LVO in the medical record?**
- Yes  No

**Is there documentation in the medical record that the patient is eligible for MER therapy or a mechanical thrombectomy procedure?**
- Yes  No

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

**IA alteplase or MER Initiation Date/Time**
-  __/__/______  ____:_____
  - MM/DD/YYYY only
  - Unknown

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

*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 Reperfusion Therapy (Thrombolytic or MER)**
- Symptomatic Intracranial hemorrhage <36 hours
- Life threatening, serious systemic hemorrhage <36 hours
- UTD
- Other serious complications
- No serious complications

**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
- N/A

### 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
- Low dose unfractionated heparin (LDUH)
- Low molecular weight heparin (LMWH)
- Intermittent pneumatic compression devices (IPC)
- Graduated compression stockings (GCS)
- Factor Xa Inhibitor
- Warfarin
- Venous foot pumps (VFP)
- Oral Factor Xa Inhibitor
- None of the above or ND

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

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

#### For discharges on or after 01/01/2013: Is there physician/APN/PA documentation why Oral Factor Xa Inhibitor was administered for VTE prophylaxis?

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

### Was DVT or PE documented?

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

### 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)

#### Total Chol:

#### Triglycerides:

#### HDL:

#### LDL:

#### A1C:

#### Blood Glucose (required if patient received IV alteplase):

#### Serum Creatine:

#### INR:

### Vital Signs:
- Heart Rate (beats per minute):

### Height:

### Weight:

### Waist Circumference:

### BMI:
<table>
<thead>
<tr>
<th>CATHETER-BASED/ENDOVASCULAR STROKE TREATMENT</th>
<th>Advanced stroke Care Tab</th>
</tr>
</thead>
<tbody>
<tr>
<td>^Is there documentation that the route of alteplase administration was intra-arterial (IA)?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>^Is there documentation that IA thrombolytic therapy was initiated at this hospital?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>^What is the date and time that IA thrombolytic therapy was initiated for this patient at this hospital?</td>
<td><em><strong>/</strong></em>/_______ <strong><strong>:</strong></strong></td>
</tr>
<tr>
<td>^Is there documentation in the medical record that the first endovascular treatment procedure was initiated greater than 8 hours after arrival at this hospital?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>^Is there documentation of skin puncture at this hospital to access the arterial site selected for endovascular treatment of a cerebral artery occlusion?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>^What is the date and time of skin puncture at this hospital to access the arterial site selected for endovascular treatment of a cerebral artery occlusion?</td>
<td><em><strong>/</strong></em>/_______ <strong><strong>:</strong></strong></td>
</tr>
<tr>
<td>^Did the patient receive intravenous (IV) alteplase at this hospital or a transferring hospital prior to receiving intra-arterial (IA) alteplase or mechanical reperfusion therapy at this hospital?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>^Was a mechanical endovascular reperfusion procedure attempted during this episode of care (at this hospital)?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>^Was a mechanical thrombectomy procedure attempted but unsuccessful or aborted before removal of the LVO?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>^Are reasons for not performing mechanical endovascular reperfusion therapy documented?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

^Reasons for not performing mechanical endovascular reperfusion therapy (select all that apply):

- Significant pre-stroke disability (pre-stroke mRS > 1)
- No evidence of proximal occlusion
- NIHSS <6
- Brain imaging not favorable/hemorrhage transformation (ASPECTS score <6)
- Groin puncture could not be initiated within 6 hours of symptom onset
- Anatomical reason - unfavorable vascular anatomy that limits access to the occluded artery
- Patient/family refusal
- MER performed at outside hospital
- Allergy to contrast material
- Equipment-related delay *
- No endovascular specialist available *
- Delay in stroke diagnosis *
- Vascular imaging not performed *
- Advanced Age *
- Other *
* These reasons do not exclude from measure population

^If MER treatment at this hospital, type of treatment:

- Retrievable stent
- Other mechanical clot retrieval device beside stent retrieval
- Clot suction device
- Intracranial angioplasty, with or without permanent stent
- Cervical carotid angioplasty, with or without permanent stent
- Other

^Is there documentation in the medical record of the first pass of a mechanical reperfusion device to remove a clot occluding a cerebral artery at this hospital? | ☐ Yes ☐ No |
| ^What is the date and time of the first pass of a clot retrieval device at this hospital? | ___/___/_______ ____:____ | ☐ MM/DD/YYYY only ☐ Unknown |
| ^Is a cause(s) for delay in performing mechanical endovascular reperfusion therapy documented? | ☐ Yes ☐ No |

^Reasons for delay (select all that apply):

- Social/religious
- Initial refusal
- Care-team unable to determine eligibility
- Management of concurrent emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
- Investigational or experimental protocol for thrombolysis
- Additional proximal vascular procedure required prior to first pass (stent)
- Need for additional PPE for suspected/confirmed infectious disease
- Delay in stroke diagnosis *
- In-hospital time delay *
| □ Equipment-related delay * | □ Need for additional imaging* |
| □ Catheter lab not available * | □ Other * |

| □ Proximal cerebral occlusion | □ Distal cerebral occlusion |
| □ Neither proximal or distal, OR unable to determine (UTD) from the medical record documentation |

| □ Anterior cerebral artery (ACA) | □ A1 ACA |
| □ Anterior communicating artery | □ Internal carotid artery (ICA) |
| □ ICA terminus (T-lesion; T occlusion) | □ Middle cerebral artery (MCA) |
| □ M1 MCA | □ M2 MCA |
| □ M3/M4 MCA | □ Vertebral artery (VA) |
| □ Basilar artery (BA) | □ Posterior cerebral artery (PCA) |
| □ Other cerebral artery branch/segment | □ The clinical location of the primary occluded vessel was not documented, OR unable to determine (UTD) from the medical record documentation. |

| □ Grade 0 | □ Grade 1 |
| □ Grade 2a | □ Grade 2b |
| □ Grade 3 | □ ND |

| □ Grade 0 | □ Grade 1 |
| □ Grade 2a | □ Grade 2b |
| □ Grade 3 | □ ND |

| □ MM/DD/YYYY only | □ Unknown |
| □ MM/DD/YYYY only | □ Unknown |

| □ PH2 (Parenchymal Hematoma Type 2) | □ IVH (Intraventricular Hemorrhage) |
| □ SAH (Subarachnoid Hemorrhage) | □ RIH (Remote site of intraparenchymal hemorrhage outside the area of infarction) |
| □ Other positive finding not listed above | □ Not documented |

| □ Baseline NIHSS | □ Subsequent NIHSS |
| □ Baseline NIHSS | □ Subsequent NIHSS |

| □ Yes | □ No |
| □ Yes | □ No |

| □ Yes | □ No |
| □ Yes | □ No |
initiated at this hospital?

^Date/Time procoagulant initiated

/mm/dd/yyyy :__ :__

□ MM/DD/YYYY only
□ Unknown

^Is there documentation by a physician/APN/PA or pharmacist in the medical record of a reason for not administering a procoagulant reversal agent?

○ Yes ○ No

^If initial INR > 1.4 and treated with procoagulant, Date/Time first INR <= 1.4 after treatment:

/mm/dd/yyyy :__ :__

□ No documented INR <= 1.4 after tx
□ MM/DD/YYYY only
□ Unknown

HEMORRHAGIC STROKE TREATMENT

^Is there documentation that nimodipine was administered at this hospital?

○ Yes ○ No

^What is the date and time that nimodipine was first administered to this patient at this hospital?

/mm/dd/yyyy :__ :__

□ MM/DD/YYYY only
□ Unknown

^Is there documentation by a physician/APN/PA or pharmacist in the medical record of a reason for not administering nimodipine treatment?

○ Yes ○ No

^Surgical treatment for ICH at this hospital?

□ External Ventricular Drain (EVD)
□ Endoscopic evacuation
□ Conventional craniotomy and evacuation of clot under direct vision
□ Stereotaxic evacuation
□ Hemicraniectomy without clot evacuation
□ Fibrinolytic infusion via catheter
□ Other

^If surgical treatment for ICH at this hospital, type:

□

^If ICH was evacuated, time from ictus to evacuation procedure start was:

__________ hours

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 ○ 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)

/mm/dd/yyyy mmHg (Systolic/Diastolic) ○ ND

DISCHARGE TREATMENTS

Antithrombotic Therapy approved in stroke

Prescribed? ○ Yes ○ No/ND ○ NC

If yes,

□ Antiplatelet □ Anticoagulant

○ aspirin
○ aspirin/diprydamole (Aggrenox)
○ clopidogrel (Plavix)
○ ticlopidine (Ticlid)

○ apixaban (Eliquis)
○ argatroban
○ dabigatran (Pradaxa)
○ endoxaban (Savaysa)
○ fondaparinux (Arixtra)

○ full dose LMW heparin
○ lepirudin (Refludan)
○ rivaroxaban (Xarelto)
○ Unfractionated heparin IV
○ warfarin
<table>
<thead>
<tr>
<th>Case Record Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Form Groups: Stroke, STK (StrokeCM), Comprehensive, Diabetes</td>
</tr>
<tr>
<td>Updated January 2021</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Allergy to or complications r/t antithrombotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Family refused</td>
</tr>
<tr>
<td>Risk for bleeding or discontinued due to bleeding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Desirudin (Iprivask)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ticagrelor (Brilinta)</td>
</tr>
<tr>
<td>Prasugrel (Effient) *contraindicated in stroke and TIA</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

**Persistent or Paroxysmal Atrial Fibrillation/Flutter**

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

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

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

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

<table>
<thead>
<tr>
<th>Allergy to or complication r/t warfarin or heparins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental status</td>
</tr>
<tr>
<td>Patient refused</td>
</tr>
<tr>
<td>Risk for bleeding or discontinued due to bleeding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>None prescribed/ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other anti-hypertensive med</td>
</tr>
<tr>
<td>Ace Inhibitors</td>
</tr>
<tr>
<td>Beta Blockers</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>None - Contraindicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diuretics</td>
</tr>
<tr>
<td>ARB</td>
</tr>
<tr>
<td>CA++ Channel Blockers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>None prescribed/ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>None – contraindicated</td>
</tr>
<tr>
<td>Statin</td>
</tr>
<tr>
<td>Fibrate</td>
</tr>
<tr>
<td>Niacin</td>
</tr>
<tr>
<td>Absorption Inhibitor</td>
</tr>
<tr>
<td>PCSK 9 inhibitor</td>
</tr>
<tr>
<td>Other med</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amlodipine + Atorvastatin (Caduet)</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statin Total Daily Dose:</th>
</tr>
</thead>
</table>

**Documented Reason for Not Prescribing Guideline Recommended Dose?**

<table>
<thead>
<tr>
<th>Intolerant to moderate (&gt;75yr) or high (&lt;=75yr) intensity statin</th>
</tr>
</thead>
<tbody>
<tr>
<td>No evidence of atherosclerosis (cerebral, coronary, or peripheral vascular disease)</td>
</tr>
</tbody>
</table>

**Documented reason for not prescribing a statin medication at discharge?**

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

---

NOT FOR USE WITHOUT PERMISSION. ©2020 American Heart Association.
<table>
<thead>
<tr>
<th>New Diagnosis of Diabetes?</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basis for Diagnosis (Select all that apply)</td>
<td>☐ HbA1c</td>
<td>☐ Oral Glucose Tolerance</td>
<td>☐ Fasting Blood Sugar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anti-hyperglycemic medications:</th>
<th>Prescribed?</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ NC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Class:</td>
<td>Medication:</td>
<td>Class:</td>
<td>Medication:</td>
</tr>
<tr>
<td></td>
<td>Class:</td>
<td>Medication:</td>
<td>Class:</td>
<td>Medication:</td>
</tr>
<tr>
<td></td>
<td>Was there a documented reason for not prescribing a medication with proven CVD benefit?</td>
<td>☐ Yes</td>
<td>☐ No/ND</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of scheduled diabetes follow-up appointment:</th>
<th>☐ Yes</th>
<th>☐ No/ND</th>
<th>☐ NC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Anti-Smoking Tx</th>
<th>☐ Yes</th>
<th>☐ No/ND</th>
<th>☐ NC</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Was the patient prescribed any antidepressant class of medication at discharge?</th>
<th>☐ Yes, SSRI</th>
<th>☐ Yes, any other antidepressant class</th>
<th>☐ No/ND</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHER LIFESTYLE INTERVENTIONS</th>
<th>☐ Yes</th>
<th>☐ No/ND</th>
<th>☐ NC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reducing weight and/or increasing activity recommendations</th>
<th>☐ Yes</th>
<th>☐ No/ND</th>
<th>☐ NC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TLC Diet or Equivalent</th>
<th>☐ Yes</th>
<th>☐ No/ND</th>
<th>☐ NC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Antihypertensive Diet</th>
<th>☐ Yes</th>
<th>☐ No/ND</th>
<th>☐ NC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Was Diabetic Teaching Provided?</th>
<th>☐ Yes</th>
<th>☐ No/ND</th>
<th>☐ NC</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STROKE EDUCATION</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Risk Factors for Stroke</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Stroke Warning Signs and Symptoms</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How to Activate EMS for Stroke</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Need for Follow-Up After Discharge</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Their Prescribed medications</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STROKE REHABILITATION</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient assessed for and/or received rehabilitation services during this hospitalization?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Check all rehab services that patient received or was assessed for:</th>
<th>☐ Patient received rehabilitation services during hospitalization</th>
<th>☐ Patient transferred to rehabilitation facility</th>
<th>☐ Patient referred to rehabilitation services following discharge</th>
<th>☐ Patient ineligible to receive rehabilitation services because symptoms resolved</th>
<th>☐ Patient ineligible to receive rehabilitation services due to impairment (i.e. poor prognosis, patient unable to tolerate rehabilitation therapeutic regimen)</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>
### 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.  
- Living Situation/Housing  
- Food  
- Utilities  
- Personal Safety  
- Financial Strain  
- Employment  
- Education  
- Mental Health  
- Substance Use  
- Transportation Barriers  
- None

### STROKE DIAGNOSTIC TESTS AND INTERVENTIONS

<table>
<thead>
<tr>
<th>Test/Intervention</th>
<th>During this admission or in the 3 months prior</th>
<th>Planned post discharge</th>
<th>Not performed or planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac ultrasound/echocardiography</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended implantable cardiac rhythm monitoring</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carotid imaging</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypercoagulability testing</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carotid revascularization</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended surface cardiac rhythm monitoring &gt; 7 days</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intracranial vascular imaging</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-term cardiac rhythm monitoring &lt;= 7 days</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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>Field10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field 11</td>
<td>Field 12</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Field 13: __/__/____  ____:____  
- MM/DD/YYYY  
- Unknown

Additional Comments:

**Administrative**

- 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

**Outpatient**

- Encounter Date: __/__/____  
- E/M Code: ______________________
Case Record Form
Active Form Groups: Stroke, STK (StrokeCM), Comprehensive, Diabetes

What is the date/time the patient departed from the emergency department? ___/___/______ ____:____ □ MM/DD/YYYY only □ Unknown

For discharges on or after 07/01/2012: What was the patient’s discharge code from the outpatient setting? □

Core Measure Tab
CORE MEASURE TAB (many elements are auto-populated within the online PMT)

Check if patient is part of a sample □

First Name ____________________________ Last Name ____________________________

Race □ Black or African American □ American Indian or Alaska Native □ Asian (2020) / Asian or Pacific Islander (2021) □ White □ Native Hawaiian or Pacific Islander (discharges prior to 2021) □ UTD

Zip Code ______ Homeless □

What is the patient’s source of payment for this episode of care? □ Medicare □ Non-Medicare

HIC Number ____________________________

History & Last Known Well
Was there physician/APN/PA documentation of a diagnosis, signed ECG tracing, or a history of ANY atrial fibrillation/flutter in the medical record? □ Yes □ No

Is there documentation that the patient was on a lipid-lowering medication prior to hospital arrival? □ Yes □ No

Is there documentation that the date and time of last known well was witnessed or reported? □ Yes □ No

What was the date and time at which the patient was last known to be well or at his or her baseline state of health? ___/___/______ ____:____ □ MM/DD/YYYY only □ Unknown

When is the earliest physician/APN/PA documentation of comfort measures only? □ Day 0 or 1 □ Day 2 or after □ Timing unclear □ Not Documented/UTD

Thrombolytics
Is there documentation that IV alteplase therapy initiated at this hospital? □ Yes □ No

Is there documentation on the day of or day after hospital arrival of a reason for extending the initiation of IV thrombolytic to 3 to 4.5 hours of Time Last Known Well? □ Yes □ No

Did the patient receive IV or IA alteplase at this hospital or within 24 hours prior to arrival? □ Yes □ No

Is there documentation on the day of or day after hospital arrival of a reason for not initiating IV thrombolytic? □ Yes □ No

Early Antithrombotics
Was antithrombotic therapy administered by the end of hospital day 2? □ Yes □ No

Labs
Was the LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival? □ Yes □ No

Was the patient’s highest LDL-cholesterol (LDL-c) level greater than or equal to 100 mg/dL in the first 48 hours or within 30 days prior to hospital arrival? □ Yes □ No

Discharge Information
Discharge Date/Time ___/___/______ ____:____ □ MM/DD/YYYY only □ Unknown

Was antithrombotic therapy prescribed at hospital discharge? □ Yes □ No

Is there documentation by a physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist in the medical record of a reason for not prescribing antithrombotic therapy at hospital discharge? □ Yes □ No

Was anticoagulation therapy prescribed at hospital discharge? □ Yes □ No

Is there documentation by a physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist in the medical record of a reason for not prescribing anticoagulation therapy at hospital discharge? □ Yes □ No

Was a statin medication prescribed at discharge? □ Yes □ No

Stroke Core Measure Additional Comments: