

Bold font = Required field

## Post Discharge Mortality &amp; Readmission Tab

Patient ID: \_\_\_\_\_

Date of Hospital Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yyyyDate of Hospital Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yyyyDate Follow-up Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yyyy

## PATIENT LOGISTICS

Method used for Patient follow-up:

- Chart Review  
 Health Facility  
 Patient's current residence  
 Phone Call  
 Unable to reach  
 Other

Source of Information (select all that apply):

- Caregiver  
 EMS  
 Family  
 Home Health Aid  
 Patient  
 Chart Review  
 Other

## Patient location:

- Acute care facility/ Hospital  
 Chronic Health Care Facility  
 Home  
 Rehabilitation Facility  
 Skilled Nursing Facility  
 Unknown/ND

## PATIENT STATUS

## Is patient deceased?

- Yes  
 No

## Date of death:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/ DD/ YYYY Unknown

## Cause of Death:

- Cerebrovascular (Stroke [ischemic/ hemorrhagic])  
 Cardiovascular  
 Non-Vascular  
 Unknown/ND

## Specific Cause of Death:

- DVT/PE  
 Heart Failure  
 Intracranial hemorrhage (SAH, ICH, SDH, etc.)  
 Myocardial infarction  
 New ischemic stroke  
 Other cardiovascular  
 Pneumonia/respiratory failure  
 Sepsis/Infection  
 Severe Disability  
 Sudden Death  
 Unknown/ ND  
 Other \_\_\_\_\_

## Post Discharge Modified Rankin Scale:

- Yes  
 No/ND

Date Post Discharge Modified Rankin Scale Performed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy  Unknown

## Modified Rankin Scale – Total Score:

- 0 – No symptoms at all  
 1 – No significant disability; despite symptoms; able to carry out all usual duties and activities  
 2 – Slight disability; unable to perform all previous activities, but able to look after own affairs without assistance  
 3 – Moderate disability; requiring some help, but able to walk without assistance  
 4 – Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance  
 5 – Severe disability; bedridden, incontinent, and requiring constant nursing care and attention  
 6 – Dead  
 Unknown/ ND

**STROKE REHABILITATION**

Type of rehab ordered:

- Occupational therapy  
 Physical therapy  
 Speech therapy

**Current Therapy Status:**

- Home Therapy  
 Home with outpatient therapy  
 Home with no therapy  
 Rehabilitation facility  
 Unknown/ ND

**APPOINTMENTS**

Who did patient see or will see within 30 days of discharge? (check all that apply)

- Primary Care Physician  
 Cardiologist  
 Neurologist  
 Endocrinologist  
 Other

Date of 1<sup>st</sup> post- Discharge Physician Office Visit:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/ dd/ yyyy

 Unknown**ED VISITS**

Has patient been seen in the ED since discharge?

- Yes  
 No  
 Unknown/ND

Total Number of ED Visits:

- 1  
 2  
 3 or more  
 Unknown/ND

**READMISSIONS**

Has patient been readmitted to a hospital since discharge?

**Select Period:**

- Yes, Within 30 days post discharge  
 Yes, Within 60 days post discharge  
 Yes, Within 90 days post discharge  
 No readmissions  
 Unknown/ ND

Total number of readmissions since discharge:

- 1  
 2  
 3 or more  
 Unknown/ND

Date of Readmission:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

 Unknown

Reason for Readmission (check all applicable fields):

- Acute Myocardial Infarction  
 Atrial Fibrillation/Flutter  
 Carotid Intervention (endarterectomy/stent)  
 Deep vein thrombosis/pulmonary embolism/blood clot  
 Fall  
 Heart Failure  
 Infection/Sepsis  
 Other Cardiac event  
 Other Cardiac Surgery  
 Other surgical procedure (i.e. Amputation/diabetes)  
 Peripheral Intervention  
 Pneumonia  
 Recurrent stroke  
 Transient Ischemic Attack  
 Urinary Tract Infection  
 Unknown/ ND  
 Other

**WELLNESS METRICS****Tobacco Use and Cessation**

**NOTE: Tobacco use includes: cigarettes, cigars/cigarillo, little cigars. Pipes, smokeless tobacco (chew, dip, snuff, snus), hookah/water pipe and electronic vapor products (e-cigarettes, e-hookah, vape pens).**

**Use of tobacco since discharge?**

- Yes, within 30 days of discharge  
 Yes, after 30 days since discharge  
 No tobacco products used to date  
 Unknown/ ND

**BLOOD PRESSURE MANAGEMENT**

**Has the patient been monitoring their blood pressure at home or in the community?**

- Yes  
 No  
 Unknown/ ND

Most Recent Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ mmHg  
(systolic: 50-220 / diastolic: 30-160)

**SYMPTOMS & SIGNS (30 DAY) TAB****NEW OR RECURRENT SYMPTOMS WITHIN 30 DAYS OF DISCHARGE:**

- None  
 Stroke Symptoms  
 Chest Pain  
 Shortness of Breath

**VITAL SIGNS:**

(if more than one, use value closest to 30 days post discharge)

Weight: \_\_\_\_\_ O lb O kg

Height: \_\_\_\_\_ O in O cm

Waist Circumference: \_\_\_\_\_ O in O cm

Body Mass Index: \_\_\_\_\_

Heart rate (bpm): \_\_\_\_\_

**LABS (30 DAY) TAB****LABORATORY ASSESSMENTS WITHIN 30 DAYS OF DISCHARGE**

Any blood work since hospital discharge

(If more than one, use value closest to 30 days post discharge)

- Yes  
 No  
 Unknown/ND

**Get With The Guidelines® Follow-up Labs:**

Chemistries:

- Done  
 Not Done  
 Unknown/ND

Creatinine: \_\_\_\_\_ mg/dL

Glucose: \_\_\_\_\_ mg/dL

Lipid Profile:

- Done  
 Not Done  
 Unknown/ND

Total Cholesterol: \_\_\_\_\_ mg/dL

HDL: \_\_\_\_\_ mg/dL

# GWTG® Post-Discharge Follow-up Form

Active Form Group(s): 30-Day

Updated January 2021

LDL: _____mg/dL			
Triglycerides: _____ mg/dL			
Other Laboratories:			
HbA1c: _____ (%)		<input type="checkbox"/> Transthoracic ECHO <input type="checkbox"/> Transesophageal ECHO	
ECHO Findings:			
<input type="checkbox"/> Left atrial thrombus <input type="checkbox"/> Valvular abnormality <input type="checkbox"/> Patent foramen ovale <input type="checkbox"/> Other			
<input type="checkbox"/> LVEF			
Date of New LVEF: ____/____/____ MM/ DD/ YYYY		LVEF: _____(%)	Specify LVEF Findings: <input type="radio"/> LV Thrombus <input type="radio"/> Valvular abnormalities
			If no LVEF, qualitative LV dysfunction: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <input type="checkbox"/> Normal
<input type="checkbox"/> Carotid Ultrasound:		If yes, Degree of Stenosis: <input type="radio"/> Severe (>70%) <input type="radio"/> Moderate (50-69%) <input type="radio"/> Mild (<50%) <input type="radio"/> Normal	
<input type="checkbox"/> MR or CT angiography	<input type="checkbox"/> Holter or long-term heart rhythm monitoring	<input type="checkbox"/> Peripheral Vascular Assessment	<input type="checkbox"/> Repeat Swallow Study
<b>MEDICATIONS (30 DAY) TAB</b>			
Antithrombotic Medication(s) Prescribed?			
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown/ND			
Antithrombotic therapy approved in stroke	Class	Medication	Dosage
Since Discharge:			
<input type="radio"/> Continued dose unchanged <input type="radio"/> Continued dose increased <input type="radio"/> Continued dose decreased <input type="radio"/> Discontinued since hospital discharge <input type="radio"/> Documented contraindication, intolerance, other physician documented			
Missed any doses:	If missed any dose, taking >80% of doses:	Newly Prescribed after Discharge?	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown/ND	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	
<b>Antiplatelet</b>		<b>Anticoagulant</b>	
<input type="checkbox"/> aspirin <input type="checkbox"/> aspirin/dipyridamole (Aggrenox) <input type="checkbox"/> clopidogrel (Plavix) <input type="checkbox"/> prasugrel (Effient) *contraindication in stroke and TIA <input type="checkbox"/> ticagrelor (Brilinta) <input type="checkbox"/> ticlopidine (Ticlid)		<input type="checkbox"/> Unfractionated heparin IV <input type="checkbox"/> full dose LMW heparin (Enoxaparin, Others) <input type="checkbox"/> warfarin (Coumadin) <input type="checkbox"/> dabigatran (Pradaxa) <input type="checkbox"/> argatroban <input type="checkbox"/> desirudin (Iprivask)	

<input type="checkbox"/> Other Antiplatelet	<input type="checkbox"/> fondaparinux (Arixtra) <input type="checkbox"/> rivaroxaban (Xarelto) <input type="checkbox"/> apixaban (Eliquis) <input type="checkbox"/> lepirudin (Refludan) <input type="checkbox"/> Other Anticoagulant
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**ANTICOAGULATION:**

If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?  
 (carried over from inpatient form):

Yes  
 No/ND  
 NC

Since Discharge:

Continued dose unchanged  
 Continued dose increased  
 Continued dose decreased  
 Discontinued since hospital discharge  
 Documented contraindication, intolerance, other physician documented

Missed any doses: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown/ND	If missed any dose, taking >80% of doses: <input type="radio"/> Yes <input type="radio"/> No	Newly Prescribed after Discharge? <input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC
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**ANTIHYPERTENSIVE TX**

Antihypertensive Tx:  
 (carried over from inpatient form):

None prescribed/ND  
 None – contraindicated  
 ACE Inhibitors  
 ARB  
 Beta Blockers  
 Ca++ Channel Blockers  
 Diuretics  
 Other anti-hypertensive med

Since Discharge:

Continued dose unchanged  
 Continued dose increased  
 Continued dose decreased  
 Discontinued since hospital discharge  
 Documented contraindication, intolerance, other physician documented

Missed any doses: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown/ND	If missed any dose, taking >80% of doses: <input type="radio"/> Yes <input type="radio"/> No	Newly Prescribed after Discharge? <input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC
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**CHOLESTEROL-REDUCING TX**

Antihypertensive Tx:  
 (carried over from inpatient form):

None prescribed/ND  
 None – contraindicated  
 Statin  
 Fibrate  
 Niacin  
 Absorption Inhibitor  
 Other med

Since Discharge:

Continued dose unchanged

# GWTG® Post-Discharge Follow-up Form

Active Form Group(s): 30-Day

Updated January 2021

- Continued dose increased
- Continued dose decreased
- Discontinued since hospital discharge
- Documented contraindication, intolerance, other physician documented

Missed any doses:	If missed any dose, taking >80% of doses:	Newly Prescribed after Discharge?
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No/ND
<input type="radio"/> Unknown/ND		<input type="radio"/> NC

## DIABETIC TX

### Antihypertensive Tx:

(carried over from inpatient form):

- None prescribed/ND
- None – contraindicated
- Other subcutaneous/injectable agent
- Insulin
- Oral agents

### Since Discharge:

- Continued dose unchanged
- Continued dose increased
- Continued dose decreased
- Discontinued since hospital discharge
- Documented contraindication, intolerance, other physician documented

### Missed any doses:

- Yes
- No
- Unknown/ND

### Newly Diagnosed Diabetes:

- Yes
- No
- ND

### Basis for Diagnosis

- HbA1c
- Oral Glucose Tolerance
- Fasting Blood Sugar
- Test Other

### If missed any dose, taking >80% of doses:

- Yes
- No

### Newly Prescribed after Discharge?

- Yes
- No/ND
- NC

## ANTI-SMOKING TX

### Newly Prescribed after Discharge?

- Yes
- No/ND
- NC

## EDUCATION & MANAGEMENT TAB (30 DAY)

### EDUCATION/COUNSELING WITHIN 30 DAYS OF DISCHARGE

- Medication adherence
- Diabetes education
- Anticoagulation therapy
- Diet counseling
  - Salt restriction
  - Therapeutic Lifestyle Changes Diet
- Signs and symptoms of stroke or TIA.
- Signs and symptoms of Heart Failure
- Signs and symptoms of Myocardial Infarction
- Whom to call if symptoms worsen
- Need for medical follow-up
- How to activate emergency medical care system (e.g., 911)
- Activity guidelines
- Weight loss/management counseling

Stroke and Cardiovascular risk factors

#### REHABILITATION/ DISEASE MANAGEMENT WITHIN 30 DAYS OF DISCHARGE

Stroke rehabilitation:

- Yes  
 No  
 Was at Discharge but stopped  
 Declined rehab  
 Unknown/ ND

Smoking cessation program (at least one outpatient visit)

Telephone management (at least one contact)

#### FUNCTIONAL OUTCOME/QUALITY OF LIFE WITHIN 30 DAYS OF DISCHARGE

Symptoms (check all that apply):

- Unable to Ambulate without Assistance  
 Difficulty with Speech/Communication  
 Cognitive impairment  
 Difficulty with swallowing

Barthel Index \_\_\_\_\_

#### LIFESTYLE CHANGES WITHIN 30 DAYS OF DISCHARGE

**Has the patient:**

Been monitoring their blood pressure?

- Yes  
 No  
 Unknown/ ND

Returned for each medical follow-up appointment?

- Yes  
 No  
 Unknown/ ND

Been using a pill container to keep track of their medicines?

- Yes  
 No  
 Unknown/ ND

Been on a calorie restricted diet?

- Yes  
 No  
 Unknown/ ND

Been monitoring their daily weights

- Yes  
 No  
 Unknown/ ND

Engaged in physical activity weekly?

- Less than 1 hour  
 1-3 hours  
 3 or more hours  
 Unknown/ND

**END OF FORM**