### DEMOGRAPHICS

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

### RACE AND ETHNICITY

**Race (select all that apply):**
- ☐ White
- ☐ UTD
- ☐ American Indian/Alaska Native
- ☐ Asian

**[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

<table>
<thead>
<tr>
<th><strong>Hispanic Ethnicity:</strong></th>
<th>O Yes</th>
<th>O No/UTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- ☐ Mexican, Mexican American, Chicano/a
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Another Hispanic, Latino or Spanish Origin

### ADMIN

<table>
<thead>
<tr>
<th><strong>Final clinical diagnosis related to stroke</strong></th>
<th>O Ischemic Stroke</th>
<th>O Intracerebral Hemorrhage</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Transient Ischemic Attack (&lt; 24 hours)</td>
<td>O Stroke not otherwise specified</td>
<td></td>
</tr>
<tr>
<td>O Subarachnoid Hemorrhage</td>
<td>O No stroke related diagnosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>O Elective Carotid Intervention only</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>If No Stroke Related Diagnosis:</strong></th>
<th>O Migraine</th>
<th>O Electrolyte or metabolic imbalance</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Seizure</td>
<td>O Functional disorder</td>
<td></td>
</tr>
<tr>
<td>O Delirium</td>
<td>O Other</td>
<td></td>
</tr>
<tr>
<td>O Other</td>
<td>O Uncertain</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Was the Stroke etiology documented in the patient medical record:</strong></th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Select documented stroke etiology (select all that apply):</strong></th>
<th>O1: Large-artery atherosclerosis (e.g., carotid or basilar stenosis)</th>
<th>O2: Cardioembolism (e.g., atrial fibrillation/flutter, prosthetic heart valve, recent MI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>O3: Small-vessel occlusion (e.g., subcortical or brain stem lacunar infarction &lt;1.5 cm)</td>
<td>O4: Stroke of other determined etiology (e.g., dissection, vasculopathy, hypercoagulable or hematologic disorders.</td>
<td>O5: Cryptogenic stroke (stroke of undetermined etiology)</td>
</tr>
</tbody>
</table>
- ☐ Dissection
- ☐ Hypercoagulability
- ☐ Other
- ☐ Uncertain
- ☐ Multiple potential etiologies identified
- ☐ Stroke of undetermined etiology
- ☐ Unspecified

<table>
<thead>
<tr>
<th><strong>When is the earliest documentation of comfort measures only?</strong></th>
<th>O Day 0 or 1</th>
<th>O Day 2 or after</th>
<th>O Timing unclear</th>
<th>O Not Documented/UTD</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Arrival Date/Time:</strong></th>
<th><em><strong>/</strong></em>/______</th>
<th>O MM/DD/YYYY only</th>
<th>O Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Admit Date:</strong></td>
<td><em><strong>/</strong></em>/______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Not Admitted:</strong></th>
<th>O Yes, not admitted</th>
<th>O No, patient admitted as inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reason Not Admitted:</strong></td>
<td>O Transferred from your ED to another acute care hospital</td>
<td>O Discharged directly from ED to home or other location that is not an acute care hospital</td>
</tr>
<tr>
<td></td>
<td>O Died in ED</td>
<td>O Discharged from observation status without an inpatient admission</td>
</tr>
</tbody>
</table>
### If patient transferred from your ED to another hospital, specify hospital name
- **Select hospital name from picker list**
  - Hospital not on the list
  - Hospital not documented

### Select reason(s) for why patient transferred
- Evaluation for IV tPA up to 4.5 hours
- Post Management of IV tPA (e.g. Drip and Ship)
- Evaluation for Endovascular thrombectomy
- Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)
- Patient/family request
- Other advanced care (not stroke related)
- Not documented

### Discharge Date/Time:
- **Enter date and time format as MM/DD/YYYY**

### 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
- **Select facility type**
  - Inpatient Rehabilitation Facility (IRF)
  - Skilled Nursing Facility (SNF)
  - Intermediate Care facility (ICF)
  - Long Term Care Hospital (LTCH)
  - Other

### DIAGNOSIS CODE

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

### No Stroke or TIA Related ICD 9-CM or 10-CM Code Present:

### ARRIVAL AND ADMISSION INFORMATION

<table>
<thead>
<tr>
<th>Code Description</th>
<th>Code System</th>
<th>Code System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not in a healthcare setting</td>
<td>O</td>
<td>Outpatient healthcare setting</td>
</tr>
<tr>
<td>Another acute care facility</td>
<td>O</td>
<td>Stroke occurred after hospital arrival (in ED/Obs/inpatient)</td>
</tr>
<tr>
<td>Chronic health care facility</td>
<td>O</td>
<td>ND or Cannot be determined</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Description</th>
<th>Code System</th>
<th>Code System</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS from home/scene</td>
<td>O</td>
<td>Mobile Stroke Unit</td>
</tr>
<tr>
<td>Private transportation/taxi/other from home/scene</td>
<td>O</td>
<td>Transfer from another hospital</td>
</tr>
<tr>
<td>ND or Unknown</td>
<td>O</td>
<td>ND or Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Description</th>
<th>Code System</th>
<th>Code System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time format</td>
<td>MM/DD/YYYY</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Description</th>
<th>Code System</th>
<th>Code System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital name from picker list</td>
<td>&lt; Select from drop-down menu &gt;</td>
<td>Hospital not on the list</td>
</tr>
<tr>
<td>Hospital not documented</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Description</th>
<th>Code System</th>
<th>Code System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time format</td>
<td>MM/DD/YYYY</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

---

**Updated August 2018**
If patient transferred to your hospital, select transfer reason(s)
- Evaluation for IV tPA up to 4.5 hours
- Post Management of IV tPA (e.g. Drip and Ship)
- Evaluation for Endovascular thrombectomy
- Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)
- Patient/family request
- Other advanced care (not stroke related)
- Not documented

Where patient first received care at your hospital
- O Emergency Department/ Urgent Care
- O Direct Admit, not through ED
- O Imaging suite
- O ND or Cannot be determined

Advanced Notification by EMS (Traditional Responder or Mobile Stroke Unit)?
- O Yes
- O No/ND
- O N/A

Where was the patient cared for and by whom?
Check all that apply.
- O Neuro Admit
- O Stroke Consult
- O In Stroke Unit
- O No Stroke Consult
- O Not in Stroke Unit

Physician/Provider NPI:

MEDICAL HISTORY

Previously known medical hx of:
- O None
- O Atrial Fib/Flutter
- O CAD/Prior MI
- O Carotid Stenosis
- O Current Pregnancy (up to 6 weeks post partum)
- O Depression
- O Diabetes Mellitus
- O Drugs/Alcohol Abuse
- O Dyslipidemia
- O Family History of Stroke
- O HF
- O HRT
- O Hypertension
- O Migraine
- O Obesity/Overweight
- O Previous Stroke
- O Previous TIA
- O Prosthetic Heart Valve
- O PVD
- O Renal insufficiency – chronic
- O Sickle Cell
- O Sleep Apnea
- O Smoker

Ambulatory status prior to current event
- O Able to ambulate independently (no help from another person) w/ or w/o device
- O With assistance (from person)
- O Unable to ambulate
- O ND

DIAGNOSIS & EVALUATION

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

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

Initial NIH Stroke Scale
- O Yes
- O No/ND

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

Total Score

NIHSS score obtained from transferring facility:

Initial exam findings (Select all that apply)
- O Weakness/Paresis
- O Altered Level of Consciousness
- O Disturbance Aphasia/Language
- O Other neurological signs/symptoms
- O No neurological signs/symptoms
- O ND

Ambulatory status on admission
- O Able to ambulate independently (no help from another person) w/ or w/o device
- O With assistance (from person)
- O Unable to ambulate
- O ND

MEDICATIONS PRIOR TO ADMISSION

No medications prior to admission

Antiplatelet or Anticoagulant Medication(s):
- O Yes
- O No/ND
### Case Record Form

**Active Form Group: Stroke**

**Updated August 2018**

**Class: Antiplatelet**

<table>
<thead>
<tr>
<th>Antiplatelet Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>aspirin</td>
</tr>
<tr>
<td>aspirin/dipyridamole (Aggrenox)</td>
</tr>
<tr>
<td>clopidogrel (Plavix)</td>
</tr>
<tr>
<td>prasugrel (Effient)</td>
</tr>
<tr>
<td>ticagrelor (Brilinta)</td>
</tr>
<tr>
<td>ticlopidine (Ticlid)</td>
</tr>
<tr>
<td>Other Antiplatelet</td>
</tr>
</tbody>
</table>

**Class: Anticoagulant**

<table>
<thead>
<tr>
<th>Anticoagulant Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>apixaban (Eliquis)</td>
</tr>
<tr>
<td>argatroban</td>
</tr>
<tr>
<td>dabigatran (Pradaxa)</td>
</tr>
<tr>
<td>desirudin (Ipravask)</td>
</tr>
<tr>
<td>endoxaban (Savaysa)</td>
</tr>
<tr>
<td>fondaparinux (Arixtra)</td>
</tr>
<tr>
<td>full dose LMW heparin</td>
</tr>
<tr>
<td>lepirudin (Refludan)</td>
</tr>
<tr>
<td>rivaroxaban (Xarelto)</td>
</tr>
<tr>
<td>unfractionated heparin IV</td>
</tr>
<tr>
<td>warfarin (Coumadin)</td>
</tr>
<tr>
<td>other Anticoagulant</td>
</tr>
</tbody>
</table>

**Antihypertensive**

- O Yes
- O No/ND

**Cholesterol-Reducer**

- O Yes
- O No/ND

**Diabetic medication**

- O Yes
- O No/ND

**Antidepressant medication**

- O Yes
- O No/ND

### SYMPTOM TIMELINE

**Date/Time patient last known to be well?**

- O MM/DD/YYYY only
- O Unknown

**Date/Time of discovery of stroke symptoms?**

- O MM/DD/YYYY only
- O Unknown

**Comments**

### BRAIN IMAGING

**Brain imaging completed at your hospital for this episode of care?**

- O Yes
- O No/ND
- O NC

**Date/Time Brain Imaging Initiated**

- O MM/DD/YYYY only
- O Unknown

**Interpretation of first brain image after symptom onset, done at any facility:**

- O Hemorrhage
- O No Hemorrhage
- O Not Available

### ADDITIONAL TIME TRACKER

**Date/Time Stroke Team Activated:**

- O MM/DD/YYYY HH:MI __/__/__ __:__
- O MM/DD/YYYY __/__/__ __:__
- O N/A

**Date/Time Stroke Team Arrived:**

- O MM/DD/YYYY HH:MI __/__/__ __:__
- O MM/DD/YYYY __/__/__
- O Unknown

**Date/Time of ED Physician Assessment:**

- O MM/DD/YYYY HH:MI __/__/__ __:__
- O MM/DD/YYYY __/__/__
- O Unknown
- O N/A

**Date/Time Neurosurgical Services Consulted:**

- O MM/DD/YYYY HH:MI __/__/__ __:__
- O MM/DD/YYYY __/__/__
- O Unknown
- O N/A

**Date/Time Brain Imaging Ordered:**

- O MM/DD/YYYY HH:MI __/__/__ __:__
- O MM/DD/YYYY __/__/__
- O Unknown
- O N/A

**Date/Time Brain Imaging Interpreted:**

- O MM/DD/YYYY HH:MI __/__/__ __:__
- O MM/DD/YYYY __/__/__
- O Unknown

**Date/Time IV t-PA Ordered:**

- O MM/DD/YYYY HH:MI __/__/__ __:__
- O MM/DD/YYYY __/__/__
- O Unknown
- O N/A

**Date/Time Lab Tests Ordered:**

- O MM/DD/YYYY HH:MI __/__/__ __:__
- O MM/DD/YYYY __/__/__
- O Unknown
- O N/A

**Date/Time Lab Tests Completed:**

- O MM/DD/YYYY HH:MI __/__/__ __:__
- O MM/DD/YYYY __/__/__
- O Unknown

**Date/Time Chest X-ray Ordered:**

- O MM/DD/YYYY HH:MI __/__/__ __:__
- O MM/DD/YYYY __/__/__
- O Unknown
- O N/A

**Date/Time Chest X-ray Completed:**

- O MM/DD/YYYY HH:MI __/__/__ __:__
- O MM/DD/YYYY __/__/__
- O Unknown

**Additional comments:**

---

**Hospitalization Tab**
<table>
<thead>
<tr>
<th>IV THROMBOLYTIC THERAPY</th>
<th>Date/Time IV tPA initiated:</th>
<th>Documented exclusions (Contraindications or Warnings) for not initiating IV thrombolytic in the 0-3hr treatment window?</th>
<th>Documented Contraindications or Warnings for not initiating IV thrombolytic in the 3-4.5hr treatment window?</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV t-PA initiated at this hospital?</td>
<td></td>
<td>O Yes O No</td>
<td>O Yes O No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MM/DD/YYYY only</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

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

For discharges on or after 1 April 2016

Exclusion Criteria (contraindications) 0-3 hr treatment window. Select all that apply:

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

Relative Exclusion Criteria (Warnings) 0-3 hr treatment window. Select all that apply:

- W1: Care-team unable to determine eligibility
- W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
- W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission
- W4: Pregnancy
- W5: Patient/family refusal
- W6: Rapid improvement
- W7: Stroke severity too mild
- W8: Recent acute myocardial infarction (within previous 3 months)
- W9: Seizure at onset with postictal residual neurological impairments
- W10: Major surgery or serious trauma within previous 14 days
- W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)

Exclusion Criteria (contraindications) 3-4.5 hr treatment window. Select all that apply:

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

Relative Exclusion Criteria (Warnings) 3-4.5 hr treatment window. Select all that apply:

- W1: Care-team unable to determine eligibility
- 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
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- W6: Rapid improvement
- W7: Stroke severity too mild
- W8: Recent acute myocardial infarction (within previous 3 months)
- W9: Seizure at onset with postictal residual neurological impairments
W10: Major surgery or serious trauma within previous 14 days
W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)

Additional Relative Exclusion Criteria 3-4.5 hr treatment window. Select all that apply:
AW1: Age > 80
AW2: History of both diabetes and prior ischemic stroke
AW3: Taking an oral anticoagulant regardless of INR
AW4: Severe Stroke (NIHSS > 25)

Other Reasons (Hospital-related or other factors) 0-3 hour treatment window:
- Delay in Patient Arrival
- In-hospital Time Delay
- Delay in Stroke diagnosis
- No IV access
- Advanced Age
- Stroke too severe
- Other – requires specific reason to be entered in the PMT when this option is selected.

Other Reasons (Hospital-related or other factors) 3-4.5 hour treatment window:
- Delay in Patient Arrival
- In-hospital Time Delay
- Delay in Stroke diagnosis
- No IV access
- Other – requires specific reason to be entered in the PMT when this option is selected.

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

Eligibility Reason(s):
- Social/Religious
- Initial refusal
- Care-team unable to determine eligibility
- Specify eligibility reason: __________________

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

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

IV tPA at an outside hospital or Mobile Stroke Unit? O Yes O No

Investigational or experimental protocol for thrombolysis? O Yes If yes, specify________ O No

Additional Comments Related to Thrombolytics

ENDOVASCULAR THERAPY
Catheter-based stroke treatment at this hospital? O Yes O No

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

Catheter-based stroke treatment at outside hospital? O Yes O 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 Thrombolytic Therapy
- 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 transferred after IV tPA:
- O Symptomatic hemorrhage detected prior to patient transfer
- O Symptomatic hemorrhage detected only after patient transfer
- O Unable to determine
- O N/A
### Other In-hospital Treatments 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  
- 7- Venous foot pumps (VFP)  
- 8- Oral Factor Xa Inhibitor  
- 9- Aspirin  
- A- None of the above or ND

What date was the initial VTE prophylaxis administered after hospital admission?  
- ___/___/______  
- Unknown

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

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  
- Unknown

**Other Therapeutic Anticoagulation**

- apixaban (Eliquis)  
- argatroban  
- dabigatran (Pradaxa)  
- desirudin (Iprivask)  
- 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

---

**MEASUREMENTS**

<table>
<thead>
<tr>
<th>Total Chol.</th>
<th>Triglycerides</th>
<th>HDL:</th>
<th>LDL:</th>
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</table>
| _____ mg/dL | _____ mg/dL   | _____ mg/dL | _____ mg/dL | Lipids: NC

A1C:  
- _____ %  
- A1C: ND

Blood Glucose (required if patient received IV tPA):  
- _____ mg/dl  
- ND  
- Too Low  
- Too High

Serum Creatinine:  
- _________ ND

INR:  
- _________ ND  
- NC

Vital Signs:  
- Heart Rate (beats per minute):  
- Blood Pressure (required if patient received IV tPA): / mmHg

- Systolic/Diastolic

Height:  
- _____ O in  
- _____ O cm

Weight:  
- _____ O lbs.  
- _____ O kg

Waist Circumference:  
- _____ O in  
- _____ O cm

BMI:  
- _________

- ND

---

**DISCHARGE INFORMATION**

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

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

Modified Rankin Scale at Discharge  
- Yes  
- No/ND

If Yes:  
- Actual  
- Estimated from the record

Total Score  
- _________
<table>
<thead>
<tr>
<th>Ambulatory status at discharge</th>
<th>O Able to ambulate independently (no help from another person) w/ or w/o device</th>
<th>O With assistance (from person)</th>
<th>O Unable to ambulate</th>
<th>O ND</th>
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</thead>
<tbody>
<tr>
<td>Discharge Blood Pressure (Measurement closest to discharge)</td>
<td><em><strong><strong><strong>/</strong></strong></strong></em> mmHg(Systolic/Diastolic)</td>
<td>□ ND</td>
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<td><strong>DISCHARGE TREATMENTS</strong></td>
<td></td>
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<tr>
<td>Prescribed?</td>
<td>O Yes</td>
<td>O No/ND</td>
<td>O NC</td>
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<tr>
<td>If yes, Antithrombotic Therapy approved in stroke</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>□ aspirin</td>
<td>□ apixaban (Eliquis)</td>
<td>□ full dose LMW heparin</td>
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<tr>
<td>□ aspirin/dipyridamole (Aggrenox)</td>
<td>□ argatroban</td>
<td>□ lepirudin (Refludan)</td>
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<tr>
<td>□ clopidogrel (Plavix)</td>
<td>□ dabigatran (Pradaxa)</td>
<td>□ rivaroxaban (Xarelto)</td>
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<tr>
<td>□ ticlopidine (Ticlid)</td>
<td>□ endoxaban (Savaysa)</td>
<td>□ Unfractionated heparin IV</td>
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<tr>
<td>□ fondaparinux (Arixtra)</td>
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<td>□ warfarin (Coumadin)</td>
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<tr>
<td><strong>Dosage</strong></td>
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<tr>
<td>□ Allergy to or complications r/t antithrombotic</td>
<td>□ Serious side effect to medication</td>
<td></td>
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</tr>
<tr>
<td>□ Patient/Family refused Measures Only</td>
<td>□ Terminal illness/Comfort</td>
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<tr>
<td>□ Risk for bleeding or discontinued due to bleeding</td>
<td>□ Other</td>
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<tr>
<td><strong>If NC, documented contraindications</strong></td>
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<tr>
<td>Prescribed?</td>
<td>O Yes</td>
<td>O No</td>
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<td>If yes, Other Antithrombotic(s)</td>
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<tr>
<td>□ desirudin (Iprivask)</td>
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<td>□ Risk for falls</td>
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<tr>
<td>□ ticagrelor (Brilinta)</td>
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<td>□ Serious side effect to medication</td>
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<tr>
<td>□ prasugrel (Effient)*contraindication in stroke and TIA</td>
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<td>□ Terminal illness/Comfort Measures Only</td>
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<tr>
<td>□ Other</td>
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<tr>
<td>□ Allergy to or complication r/t warfarin or heparins</td>
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<tr>
<td>□ Mental status</td>
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<tr>
<td>□ Patient refused</td>
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<tr>
<td>□ Risk for bleeding or discontinued due to bleeding</td>
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<tr>
<td><strong>Persistent or Paroxysmal Atrial Fibrillation/Flutter</strong></td>
<td>O Yes</td>
<td>O No</td>
<td></td>
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<tr>
<td>If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?</td>
<td>O Yes</td>
<td>O No/ND</td>
<td>O NC</td>
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<tr>
<td><strong>If NC, documented reasons for no anticoagulation</strong></td>
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<tr>
<td>□ Antihypertensive Tx (Select all that apply)</td>
<td>□ beta Blockers</td>
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<tr>
<td>□ None prescribed/ND</td>
<td>□ Ca++ Channel Blockers</td>
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<tr>
<td>□ None - contraindicated</td>
<td>□ Diuretics</td>
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<tr>
<td>□ ACE Inhibitors</td>
<td>□ Other anti-hypertensive med</td>
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<tr>
<td>□ ARB</td>
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<tr>
<td>□ Other med</td>
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<td>□ Cholesterol-Reducing Tx</td>
<td>□ Statin</td>
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<tr>
<td>□ None prescribed/ND</td>
<td>□ Niacin</td>
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<tr>
<td>□ None - contraindicated</td>
<td>□ Absorption Inhibitor</td>
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<tr>
<td>□ Fibrate</td>
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<tr>
<td>□ Other med</td>
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<td>□ Statin Medications:</td>
<td>□ Statin Total Daily Dose:</td>
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<tr>
<td>O Amlodipine + Atorvastatin (Caduet)</td>
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<tr>
<td>O Atorvastatin (Liptor)</td>
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<tr>
<td>O Ezetimibe + Simvastatin (Vytorin)</td>
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<tr>
<td>O Fluvastatin (Lescol)</td>
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<tr>
<td>O Fluvastatin XL (Lescol XL)</td>
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<tr>
<td>O Lovastatin (Altoprev)</td>
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<tr>
<td>O Lovastatin (Mevacor)</td>
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<tr>
<td>O Lovastatin + Niacin (Advicor)</td>
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<tr>
<td>O Pitavastatin (Livalo)</td>
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<tr>
<td>O Pravastatin (Pravachol)</td>
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<tr>
<td>Case Record Form</td>
<td>Active Form Group: Stroke</td>
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<tr>
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<tr>
<td><strong>Documented reason for not prescribing a statin medication at discharge?</strong></td>
<td>O Yes  O No</td>
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<tr>
<td><strong>Intensive Statin Therapy</strong></td>
<td>O Yes  O No/ND  O NC</td>
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<tr>
<td><strong>New Diagnosis of Diabetes?</strong></td>
<td>O Yes  O No  O ND</td>
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<tr>
<td><strong>Basis for Diagnosis (Select all that apply):</strong></td>
<td>□ HbA1c  □ Oral Glucose Tolerance  □ Fasting Blood Sugar  □ Test Other</td>
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<tr>
<td><strong>Diabetic Tx (Select all that apply):</strong></td>
<td>□ None prescribed/ND  □ Insulin  □ Oral agents  □ None – contraindicated  □ Other  □ Other subcutaneous/injectable agents</td>
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<tr>
<td><strong>Anti-Smoking Tx</strong></td>
<td>O Yes  O No/ND  O NC</td>
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<tr>
<td><strong>Smoking Cessation Therapies Prescribed (select all that apply):</strong></td>
<td>□ Counseling  □ Over the Counter Nicotine Replacement Therapy  □ Prescription Medications  □ Other  □ Treatment not specified</td>
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<tr>
<td><strong>Any antidepressant class of medication at discharge?</strong></td>
<td>O Yes, SSRI  O Yes, any other antidepressant class  O No/ND</td>
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<tr>
<td><strong>OTHER LIFESTYLE INTERVENTIONS</strong></td>
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<tr>
<td><strong>Reducing weight and/or increasing activity recommendations</strong></td>
<td>O Yes  O No/ND  O NC</td>
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<tr>
<td><strong>TLC Diet or Equivalent</strong></td>
<td>O Yes  O No/ND  O NC</td>
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<td><strong>Antihypertensive Diet</strong></td>
<td>O Yes  O No/ND  O NC</td>
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<tr>
<td><strong>Was Diabetes Teaching Provided?</strong></td>
<td>O Yes  O No/ND  O NC</td>
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<tr>
<td><strong>STROKE EDUCATION</strong></td>
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<tr>
<td><strong>Patient and/or caregiver received education and/or resource materials regarding all the following:</strong></td>
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<tr>
<td><strong>Risk Factors for Stroke</strong></td>
<td>O Yes  O No</td>
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<tr>
<td><strong>Stroke Warning Signs and Symptoms</strong></td>
<td>O Yes  O No</td>
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<tr>
<td><strong>How to Activate EMS for Stroke</strong></td>
<td>O Yes  O No</td>
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<tr>
<td><strong>Need for Follow-Up After Discharge</strong></td>
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<tr>
<td><strong>Their Prescribed Medications</strong></td>
<td>O Yes  O No</td>
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<tr>
<td><strong>STROKE REHABILITATION</strong></td>
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<tr>
<td><strong>Patient assessed for and/or received rehabilitation services during this hospitalization?</strong></td>
<td>O Yes  O No</td>
<td></td>
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<tr>
<td><strong>Check all rehab services that patient received or was assessed for:</strong></td>
<td>□ Patient received rehabilitation services during hospitalization  □ Patient transferred to rehabilitation facility  □ Patient referred to rehabilitation services following discharge  □ Patient ineligible to receive rehabilitation services because symptoms resolved  □ Patient ineligible to receive rehabilitation services due to impairment (i.e. poor prognosis, patient unable to tolerate rehabilitation therapeutic regimen)</td>
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<tr>
<td><strong>Stroke Diagnostic Tests and Interventions</strong></td>
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<tr>
<td><strong>Cardiac ultrasound/echocardiography</strong></td>
<td>O Performed during this admission or prior 3 months  O Planned post discharge  O Not performed or planned</td>
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<tr>
<td><strong>Carotid Imaging</strong></td>
<td>O Performed during this admission or prior 3 months  O Planned post discharge  O Not performed or planned</td>
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<tr>
<td><strong>Extended surface cardiac rhythm monitoring &gt; 7 days</strong></td>
<td>O Performed during this admission or prior 3 months  O Planned post discharge  O Not performed or planned</td>
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<tr>
<td><strong>Extended Implantable Cardiac Rhythm Monitoring</strong></td>
<td>O Performed during this admission or prior 3 months  O Planned post discharge  O Not performed or planned</td>
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<tr>
<td><strong>Intracranial Vascular Imaging</strong></td>
<td>O Performed during this admission or prior 3 months  O Planned post discharge  O Not performed or planned</td>
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<tr>
<td><strong>Short-Term Cardiac Rhythm Monitoring ≤ 7 days</strong></td>
<td>O Performed during this admission or prior 3 months  O Planned post discharge  O Not performed or planned</td>
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<tr>
<td>Carotid revascularization</td>
<td>Hypercoagulability Testing</td>
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<tr>
<td>○ Performed during this admission or prior 3 months</td>
<td>○ Performed during this admission or prior 3 months</td>
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<tr>
<td>○ Planned post discharge</td>
<td>○ Planned post discharge</td>
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<td>○ Not performed or planned</td>
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**Optional Fields** – Please do not enter any patient identifiers in this section

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<td><strong>/</strong>/____</td>
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**Administrative**

<table>
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<tr>
<th>PMT used concurrently or retrospectively or combination?</th>
<th>O Concurrently</th>
<th>O Retrospectively</th>
<th>O Combination</th>
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<tbody>
<tr>
<td>Was a stroke admission order set used in this patient?</td>
<td>O Yes</td>
<td>O No</td>
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<tr>
<td>Was a stroke discharge checklist used in this patient?</td>
<td>O Yes</td>
<td>O No</td>
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<tr>
<td>Patient adherence contract/compact used?</td>
<td>O Yes</td>
<td>O No</td>
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