**Patient ID:**

<table>
<thead>
<tr>
<th>Bold Question = Required</th>
</tr>
</thead>
</table>

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Gender</th>
<th>☐ Male</th>
<th>☐ Female</th>
<th>☐ Unknown</th>
</tr>
</thead>
</table>

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

[if Asian selected]

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian

- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander

[if native Hawaiian or pacific islander selected]

- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

- ☐ White
- ☐ UTD

Hispanic Ethnicity: ☐ Yes ☐ No/UTD

If Yes,

- ☐ Mexican, Mexican American, Chicano/a
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Another Hispanic, Latino or Spanish Origin

**ADMIN**

Final clinical diagnosis related to stroke:

- ☐ Ischemic Stroke
- ☐ Transient Ischemic Attack (<24 hours)
- ☐ Subarachnoid Hemorrhage
- ☐ Intracerebral Hemorrhage
- ☐ Stroke not otherwise specified
- ☐ No stroke related diagnosis
- ☐ Elective Carotid Intervention only

If not Stroke Related Diagnosis:

- ☐ Migraine
- ☐ Seizure
- ☐ Delirium
- ☐ Electrolyte or metabolic imbalance
- ☐ Functional disorder
- ☐ Other
- ☐ Uncertain

Was the Stroke etiology documented in the patient medical record: ☐ Yes ☐ No

Select documented stroke etiology (select all that apply):

- ☐ 1: Large-artery atherosclerosis (e.g., carotid or basilar stenosis)
- ☐ 2: Cardioembolism (e.g., atrial fibrillation/flutter, prosthetic heart valve, recent MI)
- ☐ 3: Small-vessel occlusion (e.g., subcortical or brain stem lacunar infarction <1.5 cm)
- ☐ 4: Stroke of other determined etiology (e.g., dissection, vasculopathy, hypercoagulable or hematologic disorders.
  - ☐ Dissection
  - ☐ Hypercoagulability
  - ☐ Other
- ☐ 5: Cryptogenic stroke (stroke of undetermined etiology)
  - ☐ Multiple potential etiologies identified
  - ☐ Stroke of undetermined etiology
  - ☐ Unspecified

When is the earliest documentation of comfort measures only?

- ☐ Day 0 or 1
- ☐ Day 2 or after
- ☐ Timing unclear
- ☐ Not Documented/UTD

Arrival Date/Time: __/__/______ __:__

Admit Date: __/__/______

MM/DD/YYYY only

Unknown
### Not Admitted:
- Yes, not admitted
- No, patient admitted as inpatient

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

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

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

### Discharge Date:
- \__/__/___________:____
  - 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 Advise / AMA
- 8 – Not Documented or Unable to Determine (UTD)

### If Other Health Care Facility
- Inpatient Rehabilitation Facility (IRF)
- Intermediate Care facility (ICF)
- Long Term Care Hospital (LTHC)
- Skilled Nursing Facility (SNF)
- Other
### ARRIVAL AND ADMISSION INFORMATION

**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)?**

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

**Was this patient admitted for the sole purpose of performance of elective carotid intervention?**

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

**Patient location when stroke symptoms discovered**

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

**How patient arrived at your hospital**

- EMS from home/scene
- Mobile Stroke Unit
- Private Transportation/Taxi/Other from home/scene
- Transfer from another hospital
- ND or Unknown

**Referring hospital discharge Date/ Time**

<table>
<thead>
<tr>
<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>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

**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?**

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

**Where was the patient cared for and by whom?**

Check all that apply.

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

**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:
- CAD/ Prior MI
- DVT/ PE
- Drugs/ Alcohol Abuse
- Familial
- Hypercholesterolemia
- HRT
- Obesity/ Overweight
- Prosthetic Heart Valve
- Sickle Cell
- Carotid Stenosis
- Depression
- Dyslipidemia
- Family History of Stroke
- Hypertension
- Previous Stroke
- Ischemic Stroke
<table>
<thead>
<tr>
<th>Case Record Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Form Groups: Stroke, Diabetes</td>
</tr>
<tr>
<td>Updated April 2020 - COVID</td>
</tr>
</tbody>
</table>

- **E-Cigarette Use (Vaping)**
  - HF
  - Migraine
  - Previous TIA
  - Renal Insufficiency – Chronic
  - Smoker

**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

**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

**Initial exam findings (Select all that apply)**
- Weakness/Paresis
- Altered Level of Consciousness
- Disturbance
- Aphasia/Language
- 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

**MEDICATION PRIOR TO ADMISSION**

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

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

**Antiplatelet Medication**
- aspirin
- aspirin/dipyridamole (Aggrenox)
- clopidogrel (Plavix)
- prasugrel (Effient)
- ticagrelor (Brilianta)
- ticlopidine (Ticlid)
- Other Antiplatelet

**Anticoagulant Medication**
- apixaban (Eliquis)
- argatroban
- dabigatran (Pradaxa)
- desirudin (Iprivask)
- endoxaban (Savaysa)
- fondaparinux (Arixtra)
- full dose LMW heparin
- lepirudin (Refludan)
- rivaroxaban (Xarelto)
- unfractionated heparin IV
- warfarin (Coumadin)
- other Anticoagulant

**Antihypertensive**
- Yes
- No/ND

**Cholesterol-Reducer**
- Yes
- No/ND

**Anti-hyperglycemic medications:**
- Yes
- No/ND

**If yes, select medications (select all that apply)**
- DPP-4 Inhibitors
- SGLT2 inhibitor
- Other injectable/subcutaneous agent
- GLP-1 receptor agonist
- Sulfonylurea
- Thiazolidinedione
- Metformin
- Other oral agent
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant medication</td>
<td>Yes</td>
</tr>
<tr>
<td>Date/Time Patient last known to be well?</td>
<td>12/31/2023 12:00 AM</td>
</tr>
<tr>
<td>Time of Discovery same as Last Known well</td>
<td>Yes</td>
</tr>
<tr>
<td>Date/Time of discovery of stroke symptoms?</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>BRAIN IMAGING</td>
<td></td>
</tr>
<tr>
<td>Brain imaging completed at your hospital for this episode of care?</td>
<td>Yes</td>
</tr>
<tr>
<td>Date/Time Brain Imaging First Initiated at your hospital:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Interpretation of first brain image after symptom onset, done at any facility:</td>
<td>Acute Hemorrhage</td>
</tr>
<tr>
<td>Was acute Vascular or perfusion imaging (e.g. CTA, MRA, DSA) performed at your hospital?</td>
<td>Yes</td>
</tr>
<tr>
<td>Date/Time 1st vessel or perfusion imaging initiated at your hospital:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Was a target lesion (large vessel occlusion) visualized?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, select site of large vessel occlusion (select all that apply):</td>
<td>ICA: M1</td>
</tr>
<tr>
<td>ADDITIONAL TIME TRACKER</td>
<td></td>
</tr>
<tr>
<td>Date/Time Stroke Team Activated:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Date/Time Stroke Team Arrived:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Date/Time of ED Physician Assessment:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Date/Time Neurosurgical services consult:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Date/Time Brain Imaging Ordered:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Date/Time Brain Imaging Interpreted:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Date/Time IV alteplase Ordered:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Date/Time IV alteplase Completed:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Date/Time Lab Tests Ordered:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Date/Time Lab Tests Completed:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Date/Time ECG Ordered:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
<tr>
<td>Date/Time ECG Completed:</td>
<td>12/30/2023 9:00 AM</td>
</tr>
</tbody>
</table>
### Date/Time Chest X-ray Ordered:

\[ __/__/_______  ____:_____

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

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

\[ __/__/_______  ____:_____

Select one option:
- MM/DD/YYYY HH:MM
- MM/DD/YYYY
- Unknown

### Additional Comments:

**IV THROMBOLYTIC THERAPY**

- **IV alteplase initiated at this hospital?**
  - Yes
  - No

- **Date/Time IV alteplase initiated:** \[ __/__/_______  ____:_____

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

- Yes
- No

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

- Yes
- No

**SHOW ALL**

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

For discharges on or after 1 April 2016

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

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

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

- W1: Care-team unable to determine eligibility
- W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
- W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission
- W4: Pregnancy
- W5: Patient/family refusal
- W7: Stroke severity too mild (non-disabling)
- 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-lobe infarction (hypodensity >1/3 cerebral hemisphere)
- C8: Arterial puncture at non-compressible site in previous 7 days
- C9: Blood glucose concentration <50 mg/dL (2.7 mmol/L)

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

- W1: Care-team unable to determine eligibility
<table>
<thead>
<tr>
<th>Case Record Form</th>
<th>Active Form Groups: Stroke, Diabetes</th>
<th>Updated April 2020 - COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival</td>
<td></td>
<td></td>
</tr>
<tr>
<td>W3: Life expectancy &lt; 1 year or severe co-morbid illness or CMO on admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>W4: Pregnancy</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Relative Exclusion Criteria 3-4.5 hr treatment window. Select all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AW1: Age &gt; 80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AW2: History of both diabetes and prior ischemic stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AW3: Taking an oral anticoagulant regardless of INR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AW4: Severe Stroke (NIHSS &gt; 25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Reasons (Hospital-related or other factors) 0-3-hour treatment window.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay in Patient Arrival</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-hospital Time Delay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay in Stroke diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No IV access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid or Early Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke too severe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other – requires specific reason to be entered in the PMT when this option is selected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Reasons (Hospital-related or other factors) 3-4.5-hour treatment window.</td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

If IV alteplase was initiated greater than 30 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay: ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>Eligibility Reason(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social/Religious</td>
</tr>
<tr>
<td>Initial refusal</td>
</tr>
<tr>
<td>Care-team unable to determine eligibility</td>
</tr>
<tr>
<td>Specify eligibility reason:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Reason(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension requiring aggressive control with IV medications</td>
</tr>
<tr>
<td>Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose &lt; 50), seizures, or major metabolic disorders</td>
</tr>
<tr>
<td>Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)</td>
</tr>
<tr>
<td>Investigational or experimental protocol for thrombolysis</td>
</tr>
<tr>
<td>Need for additional PPE for suspected/confirmed infectious disease</td>
</tr>
<tr>
<td>Specify medical reason:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Related or Other Reason(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay in stroke diagnosis</td>
</tr>
<tr>
<td>In-hospital time delay</td>
</tr>
<tr>
<td>Equipment-related delay</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV alteplase at an outside hospital or Mobile Stroke Unit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>
### Investigational or experimental protocol for thrombolysis?
- **Yes**
- **No**
  
  If yes, specify ________________________________

### Additional Comments Related to Thrombolytics:

### ENDOVASCULAR THERAPY

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

#### IA alteplase or MER Initiation Date/Time
- **MM/DD/YYYY only**
- **Unknown**

#### IA alteplase or MER Initiation Date/Time
- **MM/DD/YYYY**
- **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
- 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?
- **MM/DD/YYYY**
- **Unknown**

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

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

#### Other Therapeutic Anticoagulation
- apixaban (Eliquis)
- argatroba
- dabigatran (Pradaxa)
- desirrudin (Iprivask)
- endoxaban (Savaysa)
- lepirudin (Refudan)
- rivaroxaban (Xaralto)
- unfractionated heparin IV
- Other anticoagulant

#### Was DVT or PE documented?
- **Yes**
- **No/ND**

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

#### If yes, select all that apply
- **Antiplatelet**
- **Anticoagulant**

#### Active bacterial or viral infection at admission or during hospitalization:
- Seasonal cold or flu
- Emerging Infectious Disease
  - SARS-COV-1
  - SARS-COV-2 (COVID-19)
  - MERS
  - Other Infectious Respiratory Pathogen
- Bacterial Infection
- None/ ND
### MEASUREMENTS (first measurement upon presentation to your hospital)

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Chol:</td>
<td>________ mg/dl</td>
<td></td>
</tr>
<tr>
<td>Triglycerides:</td>
<td>________ mg/dl</td>
<td></td>
</tr>
<tr>
<td>HDL:</td>
<td>________ mg/dl</td>
<td></td>
</tr>
<tr>
<td>LDL:</td>
<td>________ mg/dl</td>
<td>□ Lipids: NC □ Lipids: ND</td>
</tr>
<tr>
<td>A1C:</td>
<td>________ % A1C</td>
<td>□ ND</td>
</tr>
<tr>
<td>Blood Glucose (required if patient received IV alteplase):</td>
<td>________ mg/dl</td>
<td></td>
</tr>
<tr>
<td>Serum Creatine:</td>
<td>________</td>
<td>□ ND □ NC</td>
</tr>
<tr>
<td>INR:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Rate (beats per minute):</td>
<td>________ bpm</td>
<td></td>
</tr>
</tbody>
</table>

### Vital Signs:

![](https://example.com/vital_signs.png)

### 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

O Yes □ No/ND

If Yes:

O 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)

_______/_______ mmHg (Systolic/Diastolic) □ ND

### DISCHARGE TREATMENTS

**Antithrombotic Therapy approved in stroke**

If yes, □ Antiplatelet □ Anticoagulant

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>aspirin</td>
<td>1. _____</td>
<td>1. _____</td>
<td>1. _____</td>
<td>1. _____</td>
</tr>
<tr>
<td>aspirin/dipyridamole (Aggrenox)</td>
<td>2. _____</td>
<td>2. _____</td>
<td>2. _____</td>
<td>2. _____</td>
</tr>
<tr>
<td>clopidogrel (Plavix)</td>
<td>3. _____</td>
<td>3. _____</td>
<td>3. _____</td>
<td>3. _____</td>
</tr>
<tr>
<td>ticlopidine (Ticlid)</td>
<td>4. _____</td>
<td>4. _____</td>
<td>4. _____</td>
<td>4. _____</td>
</tr>
<tr>
<td>apixaban (Eliquis)</td>
<td>1. _____</td>
<td>1. _____</td>
<td>1. _____</td>
<td>1. _____</td>
</tr>
<tr>
<td>argatroban</td>
<td>2. _____</td>
<td>2. _____</td>
<td>2. _____</td>
<td>2. _____</td>
</tr>
<tr>
<td>dabigatran (Pradaxa)</td>
<td>3. _____</td>
<td>3. _____</td>
<td>3. _____</td>
<td>3. _____</td>
</tr>
<tr>
<td>edoxaban (Savaysa)</td>
<td>4. _____</td>
<td>4. _____</td>
<td>4. _____</td>
<td>4. _____</td>
</tr>
<tr>
<td>fondaparinux (Arixtra)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>full dose LMW heparin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lepirudin (Refludan)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>rivaroxaban (Xarelto)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unfractionated heparin IV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>warfarin (Coumadin)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Persistent or Paroxysmal Atrial Fibrillation/Flutter

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

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

If NC, documented reasons for no anticoagulation:

- Allergy to or complications r/t warfarin or heparins
- Mental status
- Patient refused
- Risk for bleeding or discontinued due to bleeding

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

- None prescribed/ND
- Other anti-hypertensive med
- Ace Inhibitors
- Beta Blockers

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

- None prescribed/ND
- None – contraindicated
- Statin
- Fibrate
- Niacin
- Absorption Inhibitor
- PCSK 9 inhibitor
- Other med

### Statin Medication:

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

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

- Intolerant to moderate (>75yr) or high (<=75yr) intensity statin
- No evidence of atherosclerosis (cerebral, coronary, or peripheral vascular disease)
- Other documented reason
- Unknown/ND

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

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

### New Diagnosis of Diabetes?

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

### Basis for Diagnosis (Select all that apply)

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

### Anti-hyperglycemic medications:

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
<th>NC</th>
</tr>
</thead>
</table>

If yes, Class: Medication:

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

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

Follow-up appointment scheduled for diabetes management?  
- [ ] Yes  
- [X] No/ND  
- [ ] NC

Date of scheduled diabetes follow-up appointment:  
_____/_____/_______  
- [ ] Unknown

Anti-Smoking Tx  
- [ ] Yes  
- [ ] No/ND  
- [ ] NC

Smoking Cessation Therapies Prescribed (select all that apply)  
- [ ] Counseling  
- [ ] Over the Counter Nicotine Replacement Therapy  
- [ ] Prescription Medications  
- [ ] Other  
- [ ] Treatment not specified

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

OTHER LIFESTYLE INTERVENTIONS

Reducing weight and/or increasing activity recommendations  
- [ ] Yes  
- [ ] No/ND  
- [ ] NC

TLC Diet or Equivalent  
- [ ] Yes  
- [ ] No/ND  
- [ ] NC

Antihypertensive Diet  
- [ ] Yes  
- [ ] No/ND  
- [ ] NC

Was Diabetic Teaching Provided?  
- [ ] Yes  
- [ ] No/ND  
- [ ] NC

STROKE EDUCATION

Patient and/or caregiver received education and/or resource materials regarding all the following:  
Check all as Yes:  
- [ ]

Risk Factors for Stroke  
- [ ] Yes  
- [ ] No

Stroke Warning Signs and Symptoms  
- [ ] Yes  
- [ ] No

How to Activate EMS for Stroke  
- [ ] Yes  
- [ ] No

Need for Follow-Up After Discharge  
- [ ] Yes  
- [ ] No

Their Prescribed medications  
- [ ] Yes  
- [ ] No

STROKE REHABILITATION

Patient assessed for and/or received rehabilitation services during this hospitalization?  
- [ ] Yes  
- [ ] No

STROKE DIAGNOSTIC TESTS AND INTERVENTIONS

Cardiac ultrasound/echocardiography  
- [ ] Performed during this admission or in the 3 months prior  
- [ ] Planned post discharge  
- [ ] Not performed or planned

Extended implantable cardiac rhythm monitoring  
- [ ] Performed during this admission or in the 3 months prior  
- [ ] Planned post discharge  
- [ ] Not performed or planned

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

### Carotid revascularization
- **Performed during this admission or in the 3 months prior**
- **Planned post discharge**
- **Not performed or planned**

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

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

### Short-term cardiac rhythm monitoring <= 7 days
- **Performed during this admission or in the 3 months prior**
- **Planned post discharge**
- **Not performed or planned**

### Optional Fields – Please do not enter any patient identifiers in this section

<table>
<thead>
<tr>
<th>Field 1</th>
<th>Field 2</th>
<th>Field 3</th>
<th>Field 4</th>
<th>Field 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field 6</td>
<td>Field 7</td>
<td>Field 8</td>
<td>Field 9</td>
<td>Field 10</td>
</tr>
<tr>
<td>Field 11</td>
<td>Field 12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Administrative

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

**END OF FORM**