Patient ID:		**Bold Question = Required**
DEMOGRAPHICS		***Demographics Tab***
Gender:	O Male O Female O Unknown	
Date of Birth:	___/___/______	**Age:** ______
Zip Code:	___________ - ________ ☐ Homeless	
Health Insurance Status:	☐ Medicare ☐ Medicaid ☐ Private/VA/Champus/Other Insurance ☐ Self Pay/No Insurance ☐ ND	
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	☐ 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
Hispanic Ethnicity:	O Yes O No/UTD	
If Yes,	☐ Mexican, Mexican American, Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Another Hispanic, Latino or Spanish Origin	
ADMIN		***Admin Tab***
Final clinical diagnosis related to stroke	O Ischemic Stroke O Transient Ischemic Attack (< 24 hours) O Subarachnoid Hemorrhage	O Intracerebral Hemorrhage O Stroke not otherwise specified O No stroke related diagnosis O Elective Carotid Intervention only
If No Stroke Related Diagnosis:	O Migraine O Seizure O Delirium	O Electrolyte or metabolic imbalance O Functional disorder O Other O Uncertain
Was the Stroke etiology documented in the patient medical record:	O Yes O No	
Select documented stroke etiology (select all that apply):	O1: Large-artery atherosclerosis (e.g., carotid or basilar stenosis) O2: Cardioembolism (e.g., atrial fibrillation/flutter, prosthetic heart valve, recent MI) O3: Small-vessel occlusion (e.g., subcortical or brain stem lacunar infarction <1.5 cm) O4: Stroke of other determined etiology (e.g., dissection, vasculopathy, hypercoagulable or hematologic disorders. O Dissection O Hypercoagulability O Other O5: Cryptogenic stroke (stroke of undetermined etiology) O Multiple potential etiologies identified O Stroke of undetermined etiology O Unspecified	
When is the earliest documentation of comfort measures only?	O Day 0 or 1 O Day 2 or after O Timing unclear O Not Documented/UTD	
Arrival Date/Time:	___/___/______ ___:_____ ☐ MM/DD/YYYY only ☐ Unknown	**Admit Date:** ___/___/______
Not Admitted:	O Yes, not admitted O No, patient admitted as inpatient	Reason Not Admitted: O Transferred from your ED to another acute care hospital O Discharged directly from ED to home or other location that is not an acute care hospital O Left from ED AMA O Died in ED O Discharged from observation status without an inpatient admission

			O Other

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:	___/___/_____ ____: ____ ☐ MM/DD/YYYY only
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	O Inpatient Rehabilitation Facility (IRF) O Skilled Nursing Facility (SNF) O Intermediate Care facility (ICF) O Other O Long Term Care Hospital (LTCH)

DIAGNOSIS CODE	***Clinical Codes Tab***
ICD-9-CM or ICD-10-CM Principal Diagnosis Code ICD-9-CM or ICD-10-CM Other Diagnosis Codes	________________
ICD-9-CM or ICD-10-PCS Principal Procedure Code ICD-9-CM or ICD-10-PCS Other Procedure Codes	________________
ICD-9-CM Discharge Diagnosis Related to Stroke: ICD-10-CM Discharge Diagnosis Related to Stroke:	_________________
No Stroke or TIA Related ICD-9-CM Code Present: No Stroke or TIA Related ICD-10-CM Code Present:	☐ ☐

ARRIVAL AND ADMISSION INFORMATION	***Admission Tab***
During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. STK,VTE)?	O Yes O No
Was this patient admitted for the sole purpose of performance of elective carotid intervention?	O Yes O No
Patient location when stroke symptoms discovered	O Not in a healthcare setting O Outpatient healthcare setting O Another acute care facility O Stroke occurred after hospital arrival (in ED/Obs/inpatient) O Chronic health care facility O ND or Cannot be determined
How patient arrived at your hospital	O EMS from home/scene O Mobile Stroke Unit O Private transportation/taxi/other from home/scene O Transfer from another hospital O ND or Unknown
Referring hospital discharge Date/ Time	___/___/______ ___: ____ ☐MM/DD/YYYY only ☐ Unknown
If transferred from another hospital, specify hospital name	< Select hospital name from dropdown menu> ☐ Hospital not on the list ☐ Hospital not documented
Referring hospital arrival date/ time	___/___/______ ___: ____ ☐ MM/DD/YYYY only ☐ Unknown

If patient transferred to your hospital, select transfer reason(s)	☐ Evaluation for IV 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.	☐ Neuro Admit ☐ Other Service Admission ☐ Stroke Consult ☐ No Stroke Consult ☐ In Stroke Unit ☐ Not in Stroke Unit
Physician/Provider NPI:	

MEDICAL HISTORY

Previously known medical hx of:	☐ None ☐ Atrial Fib/Flutter ☐ CAD/Prior MI ☐ Carotid Stenosis ☐ Current Pregnancy (up to 6 weeks post partum) ☐ Depression ☐ Diabetes Mellitus ☐ Drugs/Alcohol Abuse ☐ Dyslipidemia ☐ Family History of Stroke ☐ HF ☐ HRT ☐ Hypertension ☐ Migraine ☐ Obesity/Overweight ☐ Previous Stroke ☐ Previous TIA ☐ Prosthetic Heart Valve ☐ PVD ☐ Renal insufficiency – chronic ☐ Sickle Cell ☐ Sleep Apnea ☐ 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 $\geq$ 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	_______________ (refer to web program for questions)
NIHSS score obtained from transferring facility:	__________ ☐ ND
Initial exam findings (Select all that apply)	☐ Weakness/Paresis ☐ Altered Level of Consciousness ☐Disturbance Aphasia/Language ☐ Other neurological *signs*/symptoms ☐ No neurological signs/symptoms ☐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

☐ **Class: Antiplatelet**	☐ **Class: Anticoagulant**
Antiplatelet Medication ☐ aspirin ☐ aspirin/dipyridamole (Aggrenox) ☐ clopidogrel (Plavix) ☐ prasugrel (Effient) ☐ ticagrelor (Brilinta) ☐ ticlopidine (Ticlid) ☐ Other Antiplatelet	**Anticoagulant Medication** ☐ apixaban (Eliquis) ☐ argatroban ☐ dabigatran (Pradaxa) ☐ desirudin (Iprivask) ☐ endoxaban (Savaysa) ☐ fondaparinux (Arixtra) ☐ full dose LMW heparin ☐ lepirudin (Refludan) ☐ rivaroxaban (Xarelto) ☐ unfractionated heparin IV ☐ warfarin (Coumadin) ☐ other Anticoagulant ☐

Antihypertensive	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

Hospitalization Tab

Date/Time patient last known to be well?		☐ Time of Discovery same as Last known well	**Date/Time of discovery of stroke symptoms?**	
___/___/___ ___: __	☐ MM/DD/YYYY only ☐ Unknown		___/___/____ ___: ___	☐ MM/DD/YYYY only ☐ 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**	___/___/____ ___: ___	☐ MM/DD/YYYY only ☐ 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:	Select one option ☐ MM/DD/YYYY HH:MI _/__/__ __: __ ☐ MM/DD/YYYY __/___/___ ☐ Unknown ☐ N/A	Date/Time Stroke Team Arrived	Select one option ☐ MM/DD/YYYY HH:MI __/__/__ __: __ ☐ MM/DD/YYYY __/___/____ ☐ Unknown
Date/Time of ED Physician Assessment:	Select one option ☐ MM/DD/YYYY HH:MI ___/__/__ __: __ ☐ MM/DD/YYYY __/___/____ ☐ Unknown ☐ N/A	Date/Time Neurosurgical Services Consulted:	Select one option ☐ MM/DD/YYYY HH:MI __/__/___ __: __ ☐ MM/DD/YYYY __/___/____ ☐ Unknown ☐ N/A
Date/Time Brain Imaging Ordered:	Select one option ☐ MM/DD/YYYY HH:MI _/__/_ __: _ ☐ MM/DD/YYYY __/___/____ ☐Unknown ☐ N/A	Date/Time Brain Imaging Interpreted:	Select one option ☐ MM/DD/YYYY HH:MI __/__/__ __: __ ☐ MM/DD/YYYY __/___/____ ☐ Unknown
Date/Time IV t-PA Ordered:			Select one option ☐ MM/DD/YYYY HH:MI __/__/__ __: __ ☐ MM/DD/YYYY __/__/____ ☐ Unknown ☐ N/A
Date/Time Lab Tests Ordered:	Select one option ☐ MM/DD/YYYY HH:MI __/__/__ __: __ ☐ MM/DD/YYYY __/___/____ ☐ Unknown ☐ N/A	Date/Time Lab Tests Completed:	Select one option ☐ MM/DD/YYYY HH:MI __/__/__ __: __ ☐ MM/DD/YYYY __/___/____ ☐ Unknown
Date/Time Chest X-ray Ordered:	Select one option ☐ MM/DD/YYYY HH:MI __/__/__ __: __ ☐ MM/DD/YYYY __/___/____ ☐ Unknown ☐ N/A	Date/Time Chest X-ray Completed:	Select one option ☐ MM/DD/YYYY HH:MI __/__/__ __: __ ☐ MM/DD/YYYY __/___/____ ☐ Unknown
Additional comments:			

IV THROMBOLYTIC THERAPY

IV t-PA initiated at this hospital?	O Yes O No	**Date/Time IV tPA initiated:**	___/___/______ ___: ____	☐ MM/DD/YYYY only ☐ Unknown

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

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-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*
- ☐ *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)*

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?	O Yes O No/ND
Was patient screened for dysphagia prior to any oral intake including water or medications?	O Yes O No/ND O NC
If yes, Dysphagia screening results:	O Pass O Fail O ND
Treatment for Hospital-Acquired Pneumonia	O Yes O No O 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?	O Yes O 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?	O Yes O No

Other Therapeutic Anticoagulation			
	☐ apixaban (Eliquis) ☐ argatroba ☐ dabigatran (Pradaxa)	☐ desirrudin (Iprivask) ☐ endoxaban (Savaysa) ☐ lepirudin (Refludan)	☐ rivaroxaban (Xaralto) ☐ unfractionated heparin IV ☐ other anticoagulant

Was DVT or PE documented?	O Yes O No/ND
Was antithrombotic therapy administered by the end of hospital day 2?	O Yes O No/ND O NC
If yes, select all that apply	☐ Antiplatelet ☐ Anticoagulant

MEASUREMENTS

Total Chol:	______ mg/dL	Triglycerides:	_______ mg/dL	HDL:	_______ mg/dL	**LDL:**	_______ mg/dL	☐ Lipids: NC ☐ Lipids: ND

A_1C:	_______ % A_1C: 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) ☐ ND		
Height:	_______ O in O cm ☐ ND		
Weight:	_______ O lbs. O kg ☐ND		
Waist Circumference:	_______ O in O cm ☐ ND		
BMI:	_______ ☐ ND		

DISCHARGE INFORMATION

Discharge Tab

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 O No/ND
If Yes:	O Actual O Estimated from the record O ND
Total Score	______________

Ambulatory status at discharge	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
Discharge Blood Pressure (Measurement closest to discharge)	________/________ mmHg(Systolic/Diastolic) ☐ ND

DISCHARGE TREATMENTS

<table>
<tr><td rowspan="4">Antithrombotic Therapy approved in stroke</td><td>Prescribed?</td><td colspan="2">O Yes O No/ND O NC</td></tr>
<tr><td colspan="3">If yes,</td></tr>
<tr><td>☐ Antiplatelet</td><td colspan="2">☐ Anticoagulant</td></tr>
<tr><td>☐ aspirin
☐ aspirin/dipyridamole (Aggrenox)
☐ clopidogrel (Plavix)
☐ ticlopidine (Ticlid)</td><td>☐ apixaban (Eliquis)
☐ argatroban
☐ dabigatran (Pradaxa)
☐ endoxaban (Savaysa)
☐ fondaparinux (Arixtra)</td><td>☐ full dose LMW heparin
☐ lepirudin (Refludan)
☐ rivaroxaban (Xarelto)
☐ Unfractionated heparin IV
☐ warfarin (Coumadin)</td></tr>
</table>

Dosage	Frequency	Dosage	Frequency
1. _______ 2. _______ 3 _______ 4. _______	1. _______ 2. _______ 3 _______ 4. _______	1. _______ 2. _______ 3 _______ 4. _______	1. _______ 2. _______ 3 _______ 4. _______

If NC, documented contraindications	☐ Allergy to or complications r/t antithrombotic ☐ Patient/Family refused ☐ Risk for bleeding or discontinued due to bleeding	☐ Serious side effect to medication ☐ Terminal illness/Comfort Measures Only ☐ Other

<table>
<tr><td rowspan="3">Other Antithrombotic(s)</td><td>Prescribed?</td><td colspan="2">O Yes O No</td></tr>
<tr><td colspan="3">If yes,</td></tr>
<tr><td>Medication:
☐ desirudin (Iprivask)
☐ ticagrelor (Brilinta)
☐ prasugrel (Effient)*contraindication in stroke and TIA
☐ Other</td><td>Dosage:
1. _______
2. _______
3 _______
4. _______</td><td>Frequency:
1. _____________
2. _____________
3. ______________
4. ______________</td></tr>
</table>

Persistent or Paroxysmal Atrial Fibrillation/Flutter	O Yes O No
If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?	O Yes O No/ND O NC

If NC, documented reasons for no anticoagulation	☐ Allergy to or complication r/t warfarin or heparins ☐ Mental status ☐ Patient refused ☐ Risk for bleeding or discontinued due to bleeding	☐ Risk for falls ☐ Serious side effect to medication ☐ Terminal illness/Comfort Measures Only	
Antihypertensive Tx (Select all that apply)	☐ None prescribed/ND ☐ None - contraindicated	☐ ACE Inhibitors ☐ ARB	☐ Beta Blockers ☐ Ca++ Channel Blockers
			☐ Diuretics ☐ Other anti-hypertensive med
Cholesterol-Reducing Tx	☐ None prescribed/ND ☐ None - contraindicated	☐ Statin ☐ Fibrate	☐ Niacin ☐ Absorption Inhibitor
			☐ Other med

Statin Medications:	O Amlodipine + Atorvastatin (Caduet) O Atorvastatin (Lipitor) O Ezetimibe + Simvastatin (Vytorin) O Fluvastatin (Lescol) O Fluvastatin XL (Lescol XL) O Lovastatin (Altoprev) O Lovastatin (Mevacor) O Lovastatin + Niacin (Advicor) O Pitavastatin (Livalo) O Pravastatin (Pravachol)	**Statin Total Daily Dose:**	_______________

	O Rosuvastatin (Crestor) O Simvastatin (Zocor) O Simvastatin + Niacin (Simcor)		
Documented reason for not prescribing a statin medication at discharge?	O Yes O No		
Intensive Statin Therapy	O Yes O No/ND O NC		
New Diagnosis of Diabetes?	O Yes O No O ND		
Basis for Diagnosis (Select all that apply):	☐ HbA1c ☐ Fasting Blood Sugar ☐ Oral Glucose Tolerance ☐ Test Other		
Diabetic Tx (Select all that apply):	☐ None prescribed/ND ☐ Insulin ☐ None – contraindicated ☐ Oral agents ☐ Other subcutaneous/injectable agents		
Anti-Smoking Tx	O Yes O No/ND O NC	Smoking Cessation Therapies Prescribed (select all that apply):	☐ Counseling ☐ Over the Counter Nicotine Replacement Therapy ☐ Prescription Medications ☐ Other ☐ Treatment not specified
Any antidepressant class of medication at discharge?	O Yes, SSRI O Yes, any other antidepressant class O No/ND		

OTHER LIFESTYLE INTERVENTIONS

Reducing weight and/or increasing activity recommendations	O Yes O No/ND O NC
TLC Diet or Equivalent	O Yes O No/ND O NC
Antihypertensive Diet	O Yes O No/ND O NC
Was Diabetes Teaching Provided?	O Yes O No/ND O 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	O Yes O No	**Stroke Warning Signs and Symptoms**	O Yes O No
How to Activate EMS for Stroke	O Yes O No	**Need for Follow-Up After Discharge**	O Yes O No
Their Prescribed Medications	O Yes O No		

STROKE REHABILITATION

Patient assessed for and/or received rehabilitation services during this hospitalization?	O Yes O No
Check all rehab services that patient received or was assessed for:	☐ 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)

Stroke Diagnostic Tests and Interventions

Cardiac ultrasound/echocardiography O Performed during this admission or prior 3 months O Planned post discharge O Not performed or planned	Extended surface cardiac rhythm monitoring > 7 days O Performed during this admission or prior 3 months O Planned post discharge O Not performed or planned	Intracranial Vascular Imaging O Performed during this admission or prior 3 months O Planned post discharge O Not performed or planned
Carotid Imaging O Performed during this admission or prior 3 months O Planned post discharge O Not performed or planned	Extended Implantable Cardiac Rhythm Monitoring O Performed during this admission or prior 3 months O Planned post discharge O Not performed or planned	Short-Term Cardiac Rhythm Monitoring ≤ 7 days O Performed during this admission or prior 3 months O Planned post discharge O Not performed or planned

Carotid revascularization O Performed during this admission or prior 3 months O Planned post discharge O Not performed or planned	Hypercoagulability Testing O Performed during this admission or prior 3 months O Planned post discharge O Not performed or planned	

OPTIONAL FIELDS – Please do not enter any patient identifiers in this section				***Optional Fields Tab***
Field 1	Field 2	Field 3	Field 4	Field 5
Field 6	Field 7	Field 8	Field 9	Field 10
Field 11		Field 12		
Field 13	___/___/______ ___: ____ ☐ MM/DD/YYYY ☐ Unknown	Field 14	___/___/______ ___: ____ ☐ MM/DD/YYYY only ☐ Unknown	
Additional Comments				

Administrative			
PMT used concurrently or retrospectively or combination?	O Concurrently	O Retrospectively	O Combination
Was a stroke admission order set used in this patient?	O Yes	O No	
Was a stroke discharge checklist used in this patient?	O Yes	O No	
Patient adherence contract/compact used?	O Yes	O No	