<table>
<thead>
<tr>
<th><strong>Patient ID:</strong></th>
<th><strong>Bold Question = Required</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEMOGRAPHICS</strong></td>
<td><strong>Demographics Tab</strong></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Male</td>
</tr>
<tr>
<td><strong>Date of Birth:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Zip Code:</strong></td>
<td>-</td>
</tr>
<tr>
<td><strong>Payment Source</strong></td>
<td>Medicare Title 18</td>
</tr>
<tr>
<td></td>
<td>Medicaid – Private/ HMO/ PPO/ Other</td>
</tr>
<tr>
<td><strong>RACE AND ETHNICITY</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Race (Select all that apply):</strong></td>
<td>American Indian/Alaska Native</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
</tr>
<tr>
<td></td>
<td>[if Asian selected] Asian Indian</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
</tr>
<tr>
<td></td>
<td>Filipino</td>
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<tr>
<td></td>
<td>Japanese</td>
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<tr>
<td></td>
<td>Korean</td>
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<tr>
<td></td>
<td>Vietnamese</td>
</tr>
<tr>
<td></td>
<td>Other Asian</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hispanic Ethnicity:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>If Yes,</strong></td>
<td>Mexican, Mexican American, Chicano/a</td>
</tr>
<tr>
<td></td>
<td>Another Hispanic, Latino or Spanish Origin</td>
</tr>
<tr>
<td><strong>ADMIN</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Final clinical diagnosis related to stroke</strong></td>
<td>Ischemic Stroke</td>
</tr>
<tr>
<td></td>
<td>Transient Ischemic Attack (&lt;24 hours)</td>
</tr>
<tr>
<td></td>
<td>Subarachnoid Hemorrhage</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If not Stroke Related Diagnosis:</strong></td>
<td>Migraine</td>
</tr>
<tr>
<td></td>
<td>Seizure</td>
</tr>
<tr>
<td></td>
<td>Delirium</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td><strong>Was the Stroke etiology documented in the patient medical record:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Select documented stroke etiology (select all that apply):</strong></td>
<td>1: Large-artery atherosclerosis (e.g., carotid or basilar stenosis)</td>
</tr>
<tr>
<td></td>
<td>2: Cardioembolism (e.g., atrial fibrillation/flutter, prosthetic heart valve, recent MI)</td>
</tr>
<tr>
<td></td>
<td>3: Small-vessel occlusion (e.g., subcortical or brain stem lacunar infarction &lt;1.5 cm)</td>
</tr>
<tr>
<td></td>
<td>4: Stroke of other determined etiology (e.g., dissection, vasculopathy, hypercoagulable or hematologic disorders.</td>
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<tr>
<td></td>
<td>5: Cryptogenic stroke (stroke of undetermined etiology)</td>
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<tr>
<td><strong>When is the earliest documentation of comfort measures only?</strong></td>
<td>Day 0 or 1</td>
</tr>
<tr>
<td><strong>Arrival Date/Time:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Admit Date:</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Not Admitted:
- Yes, not admitted
- No, patient admitted as in patient

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

If patient transferred from your ED to another hospital, specify hospital name:
- [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 (LTCH)
- Skilled Nursing Facility (SNF)
- Other

**Clinical Codes Tab**
### ICD-9CM or ICD-10-CM Principal Diagnosis Code


### ICD-9CM 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)?**

- [ ] Yes
- [ ] No

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

- [ ] Yes
- [ ] No

### 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**

[ ] __/__/______ :____

- [ ] MM/DD/YYYY only
- [ ] Unknown

**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**

[ ] __/__/______ :____

- [ ] MM/DD/YYYY only
- [ ] Unknown

**If patient transferred to your hospital, select transfer reason(s)**

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

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

- [ ] Yes
- [ ] No

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

- [ ] Yes
- [ ] No

**Where patient first received care at your hospital**

- [ ] Emergency Department / Urgent Care
- [ ] Direct Admit, not through ED
- [ ] Imaging suite
- [ ] ND or Cannot be determined

**Advanced Notification by EMS or MSU?**

- [ ] Yes
- [ ] No/ND

**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
- Current Pregnancy (up to 6 weeks post-partum)
- Diabetes Mellitus
  - Type I
  - Type II
  - ND
  - Duration:
    - < 5 years
    - 5 - < 10 years
    - 10 - < 20 years
    - >= 20 years
    - Unknown
- E-Cigarette Use (Vaping)
- HF
- Migraine
- Previous TIA
- Renal Insufficiency – Chronic
- Smoker
- 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
- ICH
- SAH
- Not Specified
- PVD
- Sleep Apnea

### Ambulatory status prior to current event

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

### Pre-stroke Modified Rankin Score

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

#### Total Score:

- Actual
- Estimate from record
- ND

^What is the first NIHSS score obtained prior to or after hospital arrival?

- UTD

^Is there documentation that an initial NIHSS score was done at this hospital?

- Yes
- No

^What is the date and time that the NIHSS score was first performed at this hospital?

- MM/DD/YYYY only
- Unknown

#### 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

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

### HEMORRHAGIC STROKE SCALES
**Case Record Form**

Active Form Groups: Stroke, STK (StrokeCM), Comprehensive, Diabetes  Updated April 2020

---

<table>
<thead>
<tr>
<th><strong>First Glasgow Coma Scale (GCS)</strong></th>
<th>Eye ____</th>
<th>Verbal ____</th>
<th>☐ Intubated</th>
<th>Motor _____</th>
<th>Total GCS ________</th>
<th>☐ ND</th>
</tr>
</thead>
</table>

**SUBARACHNOID HEMORRHAGE (SAH)**

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

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

- If yes, Hunt and Hess score:  
  - ____________

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

**WFNS SAH Grading Scale**  
- ____________

**INTRACEREBRAL HEMORRHAGE (ICH)**

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

- If yes, ICH score:  
  - ____________

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

**FUNC Score (ICH)**  
- ____________

**MEDICATION PRIOR TO ADMISSION**

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

- Antplatelet or Anticoagulant Medication(s):  
  - ☐ Yes  
  - ☐ No/ND

  - **Antplatelet Medication**
    - ☐ aspirin  
    - ☐ aspirin/dipyridamole (Aggrenox)  
    - ☐ clopidogrel (Plavix)  
    - ☐ prasugrel (Effient)  
    - ☐ ticagrelor (Brilinta)  
    - ☐ ticlopidine (Ticlid)  
    - ☐ Other Antplatelet  

  - **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  
  - ☐ Insulin  
  - ☐ Thiazolidinedione  
  - ☐ Metformin  
  - ☐ Other oral agent

- Antidepressant medication  
  - ☐ Yes  
  - ☐ No/ND

**SYMPTOM TIMELINE**

**Hospitalization Tab**

- Date/Time Patient last known to be well?  
  - ____/_____/___________:____  
  - ☐ MM/DD/YYYY only  
  - ☐ Unknown

- Time of Discovery same as Last Known well?  
  - ☐ Yes  
  - ☐ No/ND

- Date/Time of discovery of stroke symptoms?  
  - ____/_____/___________:____  
  - ☐ MM/DD/YYYY only  
  - ☐ Unknown

- Comments:  
  - 

**BRAIN IMAGING**

- Brain imaging completed at your hospital for this episode of care?  
  - ☐ Yes  
  - ☐ CT  
  - ☐ MRI  
  - ☐ No/ND

- Date/Time Brain Imaging First Initiated at your  
  - ____/_____/___________:____  
  - ☐ MM/DD/YYYY only  
  - ☐ Unknown

---

NOT FOR USE WITHOUT PERMISSION. ©2020 American Heart Association
Interpretation of first brain image after symptom onset, done at any facility:

<table>
<thead>
<tr>
<th>OAcute Hemorrhage</th>
<th>ONo Acute Hemorrhage</th>
<th>ONot Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>No/ND</td>
<td>NC</td>
<td></td>
</tr>
</tbody>
</table>

Was acute Vascular or perfusion imaging (e.g. CTA, MRA, DSA) performed at your hospital?

- Yes
- No

Date/Time 1st vessel or perfusion imaging initiated at your hospital:

- MM/DD/YYYY only
- Unknown

If yes, type of vascular imaging (select all that apply):

- CTA
- CT Perfusion
- MR Perfusion
- DSA (catheter angiography)
- Image type not documented

Was a target lesion (large vessel occlusion) visualized?

- Yes
- No

If yes, select site of large vessel occlusion (select all that apply):

- ICA
- Intracranial ICA
- Cervical ICA
- Other/UTD
- MCA
- M1
- M2
- Other/UTD
- Basilar
- Other cerebral artery branch
- Vertebral Artery

Additional Time Tracker:

- Date/Time Stroke Team Activated:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

- Date/Time of ED Physician Assessment:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

- Date/Time Brain Imaging Ordered:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

- Date/Time IV alteplase Ordered:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

- Date/Time Lab Tests Ordered:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

- Date/Time ECG Ordered:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

- Date/Time Chest X-ray Ordered:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

- Date/Time Brain Imaging Interpreted:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

- Date/Time Stroke Team Arrived:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

- Date/Time Neurosurgical services consult:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

- Date/Time lab Tests Completed:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

- Date/Time ECG Completed:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

- Date/Time Chest X-ray Completed:
  - MM/DD/YYYY HH:MM
  - MM/DD/YYYY
  - Unknown
  - N/A

Additional Comments:

IV Thrombolytic Therapy:

IV alteplase initiated at this hospital?

- Yes
- No

Date/Time IV alteplase initiated:

- MM/DD/YYYY HH:MM
- MM/DD/YYYY
- Unknown
- N/A
Documented exclusions (Contraindications or Warnings) for not initiating IV thrombolytic in the 0-3hr treatment window?

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

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

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

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
- 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-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
- 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)

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

- AW1: Age > 80
Other Reasons (Hospital-related or other factors) 0-3-hour treatment window.
- Delay in Patient Arrival
- In-hospital Time Delay
- Delay in Stroke diagnosis
- No IV access
- Rapid or Early Improvement
- Advanced Age
- Stroke too severe
- Other – requires specific reason to be entered in the PMT when this option is selected.

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

If IV 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

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

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

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

IV alteplase at an outside hospital or Mobile Stroke Unit?
- Yes
- No

Investigational or experimental protocol for thrombolysis?
- Yes
- No
  If yes, specify__________________________

Additional Comments Related to Thrombolytics:

ENDOVASCULAR THERAPY

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

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

Catheter-based stroke treatment at this
- Yes
- No
**Case Record Form**  
**Active Form Groups: Stroke, STK (StrokeCM), Comprehensive, Diabetes**  
**Updated April 2020**

<table>
<thead>
<tr>
<th>hospital?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>IA alteplase or MER Initiation Date/Time</th>
</tr>
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<tr>
<td><strong>/</strong>/_____ <strong>:</strong>__</td>
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<thead>
<tr>
<th>Catheter-based stroke treatment at outside hospital?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
</tbody>
</table>

**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?**

| __/__/_____ | □ 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)
- □ argatroban
- □ dabigatran (Pradaxa)
- □ desirudrin (Iprivask)
- □ endoxaban (Savaysa)
- □ 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

**Active bacterial or viral infection at admission or during hospitalization:**
- □ Seasonal cold or flu
- □ Emerging Infectious Disease
  - □ SARS-COV-1
  - □ SARS-COV02 (COVID-19)
  - □ MERS
  - □ Other Infectious Respiratory Pathogen
- □ Bacterial Infection
- □ None/ND

### MEASUREMENTS (first measurement upon presentation to your hospital)

<table>
<thead>
<tr>
<th>Total Chol:</th>
<th>Triglycerides:</th>
<th>HDL:</th>
<th>LDL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________ mg/dl</td>
<td>__________ mg/dl</td>
<td>__________ mg/dl</td>
<td>__________ mg/dl</td>
</tr>
</tbody>
</table>

**Lipids:**
- □ NC
- □ ND
<table>
<thead>
<tr>
<th>A1C:</th>
<th>Blood Glucose (required if patient received IV alteplase):</th>
</tr>
</thead>
<tbody>
<tr>
<td>________ %</td>
<td>□ ND □ Too Low □ Too High</td>
</tr>
<tr>
<td>________ mg/dl</td>
<td></td>
</tr>
<tr>
<td>□ ND</td>
<td></td>
</tr>
</tbody>
</table>

Serum Creatine: ________ □ ND □ Too Low □ Too High

INR: ________ □ ND □ NC

^Is there documentation in the medical record that the INR value performed closest to hospital arrival was greater than 1.4?

○ Yes □ No

Heart Rate (beats per minute): ________ bpm

^What is the first blood pressure obtained prior to or after hospital arrival? (required if patient received IV alteplase)

__________/__________ □ Vital signs UTD

Vital Signs:

Height: ________ □ in □ cm □ ND

Weight: ________ □ lbs □ kg □ ND

Waist Circumference: ________ □ in □ cm □ ND

BMI: ________ □ ND

CATHETER-BASED/ENDOVASCULAR STROKE TREATMENT

^Is there documentation that the route of alteplase administration was intra-arterial (IA)?

○ Yes □ No

^Is there documentation that IA thrombolytic therapy was initiated at this hospital?

○ Yes □ No

^What is the date and time that IA thrombolytic therapy was initiated for this patient at this hospital?

____/____/_______  ____:_____

□ MM/DD/YYYY only □ Unknown

^Is there documentation in the medical record that the first endovascular treatment procedure was initiated greater than 8 hours after arrival at this hospital?

○ Yes □ No

^Is there documentation of skin puncture at this hospital to access the arterial site selected for endovascular treatment of a cerebral artery occlusion?

○ Yes □ No

^What is the date and time of skin puncture at this hospital to access the arterial site selected for endovascular treatment of a cerebral artery occlusion?

____/____/_______  ____:_____

□ MM/DD/YYYY only □ Unknown

^Did the patient receive intravenous (IV) alteplase at this hospital or a transferring hospital prior to receiving intra-arterial (IA) alteplase or mechanical reperfusion therapy at this hospital?

○ Yes □ No

^Was a mechanical endovascular reperfusion procedure attempted during this episode of care (at this hospital)?

○ Yes □ No

^Was a mechanical thrombectomy procedure attempted but unsuccessful or aborted before removal of the LVO?

○ Yes □ No

^Are reasons for not performing mechanical endovascular reperfusion therapy documented?

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

* These reasons do not exclude from measure population

^Reasons for not performing mechanical endovascular reperfusion therapy (select all that apply):
If MER treatment at this hospital, type of treatment:

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

Is there documentation in the medical record of the first pass of a mechanical reperfusion device to remove a clot occluding a cerebral artery at this hospital?  

- Yes
- No

What is the date and time of the first pass of a clot retrieval device at this hospital?  

- MM/DD/YYYY only
- Unknown

Is a cause(s) for delay in performing mechanical endovascular reperfusion therapy documented?  

- Yes
- No

Reasons for delay (select all that apply):

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

What is the location of the clot in the cerebral circulation?  

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

What cerebral artery is occluded?  

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

Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grade

- Grade 0
- Grade 1
- Grade 2a
- Grade 2b
- Grade 3
- ND

Is there a documented TICI reperfusion grade post-treatment?  

- O1 - A TICI reperfusion grade greater than or equal to (>=) 2B was documented posttreatment
- O2 - A TICI reperfusion grade less than (<) 2B was documented post-treatment
- O3 - A TICI reperfusion grade was not done post-treatment, OR Unable to determine (UTD) from the medical record documentation

What was the date and time that a TICI 2B/3 was first documented during the mechanical thrombectomy procedure?  

- MM/DD/YYYY only
- Unknown

COMPLICATIONS
<table>
<thead>
<tr>
<th><strong>Was there a positive finding on brain imaging of parenchymal hematoma, SAH, and/or IVH following IV or IA alteplase, or mechanical endovascular reperfusion therapy initiation?</strong></th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Date/Time of positive brain image:</strong></th>
<th>/MM/DD/YYYY only</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Results of positive brain image:</strong></th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th><strong>What is the last NIHSS score documented prior to initiation of alteplase at this hospital?</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>This score obtained from:</th>
</tr>
</thead>
</table>

| ☐ Baseline NIHSS |
| ☐ Subsequent NIHSS |

<table>
<thead>
<tr>
<th><strong>What is the highest NIHSS score documented within 36 hours following initiation of IV alteplase?</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>What is the last NIHSS score documented prior to initiation of IA alteplase or MER at this hospital?</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>This score obtained from:</th>
</tr>
</thead>
</table>

| ☐ Baseline NIHSS |
| ☐ Subsequent NIHSS |

<table>
<thead>
<tr>
<th><strong>What is the highest NIHSS score documented within 36 hours following IA alteplase or MER initiation?</strong></th>
</tr>
</thead>
</table>

| **Is there documentation that a procoagulant reversal agent was initiated at this hospital?** | ☐ Yes ☐ No |

<table>
<thead>
<tr>
<th><strong>Date/Time procoagulant initiated:</strong></th>
<th>/MM/DD/YYYY only</th>
</tr>
</thead>
</table>

| **Is there documentation by a physician/APN/PA or pharmacist in the medical record of a reason for not administering a procoagulant reversal agent?** | ☐ Yes ☐ No |

<table>
<thead>
<tr>
<th><strong>Date/Time first INR &lt;= 1.4 after treatment:</strong></th>
<th>/MM/DD/YYYY only</th>
</tr>
</thead>
</table>

| ☐ No documented INR <= 1.4 after tx |
| ☐ Unknown |

### HEMORRHAGIC STROKE TREATMENT

| **Is there documentation that nimodipine was administered at this hospital?** | ☐ Yes ☐ No |

<table>
<thead>
<tr>
<th><strong>What is the date and time that nimodipine was first administered to this patient at this hospital?</strong></th>
<th>/MM/DD/YYYY only</th>
</tr>
</thead>
</table>

| **Is there documentation by a physician/APN/PA or pharmacist in the medical record of a reason for not administering nimodipine treatment?** | ☐ Yes ☐ No |

<table>
<thead>
<tr>
<th><strong>Surgical treatment for ICH at this hospital?</strong></th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th><strong>If ICH was evacuated, time from ictus to evacuation procedure start was:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Discharge Tab</th>
</tr>
</thead>
</table>

<p>| 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 |</p>
<table>
<thead>
<tr>
<th>If Yes:</th>
<th>O Actual</th>
<th>O Estimated from record</th>
<th>O ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Score:</td>
<td>__________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

**Antithrombotic Therapy approved in stroke**
- Prescribed?  □ Yes  □ No/ND  □ NC
  - If yes,
    - □ Antiplatlet
    - □ Anticoagulant

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td></td>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

  - □ 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

**Other Antithrombotic(s)**
- Prescribed?  □ Yes  □ No
  - If yes,

<table>
<thead>
<tr>
<th>Medication:</th>
<th>Dosage 1.</th>
<th>Frequency 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Desirudin (Iprivask)</td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>□ Ticagrelor (Brilinta)</td>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>□ Prasugrel (Effient) *contraindicated in stroke and TIA</td>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>□ Other</td>
<td></td>
<td>4.</td>
</tr>
</tbody>
</table>

**Persistent or Paroxysmal Atrial Fibrillation/Flutter**
- O Yes  □ No

**If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?**
- O Yes  □ No/ND  □ 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

**Anti-hypertensive Tx (Select all that apply)**
- □ None prescribed/ND
- □ Other anti-hypertensive med
- □ None - Contraindicated
- □ Diuretics
- □ ARB
- □ CA++ Channel Blockers
- □ 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:

- Amlodipine + Atorvastatin (Caduet)
- Atorvastatin (Lipitor)
- Ezetimibe + Simvastatin (Vytorin)
- Fluvastatin (Lescol)
- Fluvastatin XL (Lescol XL)
- Lovastatin (Altoprev)
- Lovastatin (Mevacor)
- Lovastatin + Niacin (Advicor)
- Pitavastatin (Livalo)
- Pravastatin (Pravachol)
- Rosuvastatin (Crestor)
- Simvastatin (Zocor)
- Simvastatin + Niacin (Simcor)

### Statin Total Daily Dose:

- ____________

### 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?

- Yes
- No

### New Diagnosis of Diabetes?

- Yes
- No
- ND

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

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

### Anti-hyperglycemic medications:

- Prescribed?
  - Yes
  - No
  - NC

  - If yes, Class: Medication:
    - Class: Medication:
    - Class: Medication:
    - Class: Medication:

  - 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
- 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
### 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

### 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
- 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

### Extended surface cardiac rhythm monitoring > 7 days
- 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

### 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

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
Field 14

Field 14

Field 15

Field 16
### Administrative

- **PMT used concurrently or retrospectively or combination?**
  - [ ] Concurrently
  - [ ] Retrospectively
  - [ ] Combination

- **Was a stroke admission order set used in this patient?**
  - [ ] Yes
  - [ ] No

- **Was a stroke discharge checklist used in this patient?**
  - [ ] Yes
  - [ ] No

- **Patient adherence contract/compact used?**
  - [ ] Yes
  - [ ] No

### Outpatient Tab

- **Encounter Date:** ___/___/_____
- **E/M Code:** ___________________

- **What is the date/time the patient departed from the emergency department?** ___/___/_____  ____:____
  - [ ] MM/DD/YYYY only
  - [ ] Unknown

- **For discharges on or after 07/01/2012: What was the patient’s discharge code from the outpatient setting?**
  - [ ] C

### Core Measure Tab

- **Check if patient is part of a sample**
  - [ ]

- **First Name**
  - [ ]

- **Last Name**
  - [ ]

- **Race**
  - [ ] Black or African American
  - [ ] American Indian or Alaska Native
  - [ ] Asian
  - [ ] White
  - [ ] Native Hawaiian or Pacific Islander
  - [ ] UTD

- **Zip Code**
  - [ ]

- **Homeless**
  - [ ]

- **What is the patient's source of payment for this episode of care?**
  - [ ] Medicare
  - [ ] Non-Medicare

### History & Last Known Well

- **Was there physician/APN/PA documentation of a diagnosis, signed ECG tracing, or a history of ANY atrial fibrillation/flutter in the medical record?**
  - [ ] Yes
  - [ ] No

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

- **Is there documentation that the date and time of last known well was witnessed or reported?**
  - [ ] Yes
  - [ ] No

- **What was the date and time at which the patient was last known to be well or at his or her baseline state of** ___/___/_____  ____:____
  - [ ] MM/DD/YYYY only
  - [ ] Unknown

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

### Thrombolytics

- **Is there documentation that IV alteplase therapy initiated at this hospital?**
  - [ ] Yes
  - [ ] No

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

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

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

### Early Antithrombotics

- **Was antithrombotic therapy administered by the end of hospital day 2?**
  - [ ] Yes
  - [ ] No

### Labs

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

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

### Discharge Information

- **Discharge Date/Time** ___/___/_____  ____:____
  - [ ] MM/DD/YYYY only
  - [ ] Unknown

- **Was antithrombotic therapy prescribed at hospital discharge?**
  - [ ] Yes
  - [ ] No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there documentation by a physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist in the medical record of a reason for not prescribing antithrombotic therapy at hospital discharge?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was anticoagulation therapy prescribed at hospital discharge?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there documentation by a physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist in the medical record of a reason for not prescribing anticoagulation therapy at hospital discharge?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a statin medication prescribed at discharge?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Stroke Core Measure Additional Comments:

CSTK Additional Comments:

END OF FORM