CASE RECORD FORM
Active Form Group: **Stroke**

Updated February 2018

Patient ID: _____	**LEGEND** Bold Question = Required
	Admin Tab
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 No 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 one option*	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 ○ Multiple potential etiologies identified ○ Stroke of undetermined etiology 6. 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:**
Select one option ☐ MM/DD/YYYY HH:MI ___/___/_____ ___: ____ ☐ MM/DD/YYYY __/___/_____ ☐ Unknown	*Select one option* ☐ MM/DD/YYYY __/___/_____ ☐ Unknown

Not Admitted:	○ Yes, not admitted ○ No, patient admitted as inpatient
Reason Not Admitted:	*Select one option* ○ 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 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:	*Select one option* ☐ MM/DD/YYYY HH:MI ___/___/_____ ___: ____ ☐ MM/DD/YYYY __/___/_____

For patients discharged on or after 04/01/2011: What was the patient's discharge disposition on the day of discharge?	○ Home ○ Hospice - Home ○ Hospice - Health Care Facility ○ Acute Care Facility ○ Other Health Care Facility ○ Expired ○ Left Against Medical Advice/AMA ○ Not Documented or Unable to Determine (UTD)
If *Other Health Care Facility* selected, Indicate Facility Type:	○ Skilled Nursing Facility (SNF) ○ Inpatient Rehabilitation Facility (IRF) ○ Long Term Care Hospital (LTCH) ○ Intermediate Care facility (ICF) ○ Other

Clinical Codes Tab

DIAGNOSIS CODES

ICD-9-CM Principal Diagnosis Code:	*See ICD-9 code list for allowable values*
ICD-10-CM Principal Diagnosis Code:	*See ICD-10 list for allowable values*
ICD-9-CM Other Diagnosis Codes:	
ICD-10-CM Other Diagnosis Codes:	
ICD-9-CM Principal Procedure Code:	
ICD-10-PCS Principal Procedure Code:	
ICD-9-CM Other Procedure Codes:	
ICD-10-PCS Other Procedure Codes:	
CSTK Initial Patient Population	*Calculated by System Logic:* 1. Ischemic Stroke Without Procedure 2. Ischemic Stroke With IV t-PA, IA t-PA, or MER 3. Hemorrhagic Stroke
^ What was the ICD-9-CM diagnosis code selected as the admitting diagnosis for this patient?	
^What was the ICD-10-CM diagnosis code selected as the admitting diagnosis for this patient?	

DISCHARGE DIAGNOSIS

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:	○ *(Check or uncheck)*
No Stroke or TIA Related ICD-10-CM Code Present:	○ *(Check or uncheck)*

Admission Tab

ARRIVAL & ADMISSION INFORMATION

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 transport/taxi/other from home/scene ○ Transfer from other 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 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:	○ Emergency Department/Urgent Care ○ Direct Admit, not through ED ○ Imaging suite ○ ND or Cannot be determined
Advanced Notification by EMS (Traditional Responder or Mobile Stroke Unit)?	○ Yes ○ No/ND ○N/A
Where was the patient cared for and by whom? Check all that apply.	○ Neuro Admission ○ Other Service Admission ○ Stroke Consult ○ No Stroke Consult ○ In Stroke Unit ○ Not in Stroke Unit
Physician/Provider NPI	*Enter Physician Name – NPI*

DEMOGRAPHICS

Date of Birth: ____/____/____ MM /DD / YYYY

Gender: ○ Male ○Female ○ Unknown

Age: _____

Hispanic Ethnicity:	*Select one option* ○ Yes ○ No/UTD	If Yes:	☐ Mexican, Mexican American, Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Another Hispanic, Latino or Spanish Origin

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

Health Insurance Status (Select all that apply)

☐ Medicare ☐ Self Pay/No Insurance
☐ Medicaid ☐ ND
☐ Private/VA/Champus/Other Insurance

Zip Code: _____/_____ ☐ Homeless

MEDICAL HISTORY

Previously known medical hx of:

○ Atrial Fib/Flutter	○ Family History of Stroke	○ Previous TIA
○ CAD/Prior MI	○ HF	○ Prosthetic Heart Valve
○ Carotid Stenosis	○ HRT	○ PVD
○ Current Pregnancy (or up to 6 weeks post partum)	○ Hypertension	○ Renal insufficiency – chronic
○ Depression	○ Migraine	○ Sickle Cell
○ Diabetes Mellitus	○ Obesity/Overweight	○ Sleep Apnea
○ Drugs/Alcohol Abuse	○ Previous Stroke	○ Smoker
○ Dyslipidemia		

Ambulatory status prior to the current event?

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

CASE RECORD FORM
Active Form Group: **Stroke** **Updated February 2018**

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
Initial NIH Stroke Scale	○ Yes ○ No/ND
If yes:	○ Actual ○ Estimated from Record ○ ND

Total Score: _____

NIH Stroke Scale **SHOW** *hyperlink expands to show individual components Below are the 11 questions.*

HIDE

1.a. Level of consciousness:
0-Alert
1-Not alert, but arousable with minimal stimulation
2-Not alert requires repeated stimulation to attend
3-Coma

1.b. Ask patient the month and their age:
0-Answers both correctly
1-Answers one correctly
2-Both incorrect

1.c. Ask patient to open and close eyes; make fist and let go:
0-Obeys both correctly
1-Obeys one correctly
2-Both incorrect

2. Best gaze (only horizontal eye movement):
0-Normal
1-Partial gaze palsy
2-Forced deviation

3. Visual field testing:
0-No visual field loss
1-Partial hemianopia
2-Complete hemianopia
3-Bilateral hemianopia (blind including cortical blindness)

4. Facial paresis (Ask patient to show teeth or raise eyebrows and close eyes tightly):
0-Normal symmetrical movement
1-Minor paralysis (flattened nasolabial fold, asymmetry on smiling)
2-Partial paralysis (total or near paralysis of lower face)
3-Complete paralysis of one or both sides

5l. Motor function - left arm:
0-Normal (extends arm 90 (or 45) degrees for 10 seconds without drift)
1-Drift
2-Some effort against gravity
3-No effort against gravity
4-No Movement
U-Untestable (Joint fused or limb amputated)

5r. Motor function - right arm:
0-Normal (extends arm 90 (or 45) degrees for 10 seconds without drift)
1-Drift
2-Some effort against gravity
3-No effort against gravity
4-No Movement
U-Untestable (Joint fused or limb amputation)

6l. Motor function - left leg:
0-Normal (hold leg 30 degrees position for 5 seconds)

1-Drift
2-Some effort against gravity
3-No effort against gravity
4-No Movement
U-Untestable (Joint fused or limb amputated)

6r. Motor function - right leg:
0-Normal (hold leg 30 degrees position for 5 seconds)
1-Drift
2-Some effort against gravity
3-No effort against gravity
4-No Movement
U-Untestable (Joint fused or limb amputated)

7. Limb ataxia:
0-No ataxia
1-Present in one limb
2-Present in two limbs
U-Untestable (Joint fused or limb amputated)

8. Sensory (use pinprick to test arms, legs, trunk and face - compare side to side):
0-Normal
1-Mild to moderate decrease in sensation
2-Severe to total sensory loss

9. Best language (describe picture, name, items, read sentences):
0-No aphasia
1-Mild to moderate aphasia
2-Severe aphasia
3-Mute

10. Dysarthria (read several words):
0-Normal articulation
1-Mild to moderate slurring of words
2-Near unintelligible or unable to speak
U-Intubated or other physical barrier

11. Extinction and inattention:
0-Normal
1-Inattention or extinction to bilateral stimulation in one modality
2-Severe hemi-inattention or hemi-inattention to multiple

NIHSS score obtained from transferring facility:	_____ ☐ ND
Initial exam findings (Select all that apply)	☐ Weakness/Paresis ☐ Altered Level of Consciousness ☐ Aphasia/Language Disturbance ☐ 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

MEDICATIONS PRIOR TO ADMISSION

No medications prior to admission ☐

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

Class	Medication(s)		
Antiplatelet Anticoagulant	**Antiplatelet** ☐ Aspirin ☐ ASA/dipyridamole (Aggrenox) ☐ clopidogrel (Plavix) ☐ Prasugrel (Effient)	**Anticoagulant** ☐ Apixaban (Eliquis) ☐ Argatroban ☐ Dabigatran (Pradaxa) ☐ Desirudin (Iprivask)	☐ Full dose LMW heparin ☐ Lepirudin (Refludan) ☐ Rivaroxaban (Xarelto) ☐ Unfractionated heparin IV ☐ Warfarin (Coumadin)

☐ Ticagrelor (Brilinta) ☐ Ticlopidine (Ticlid) ☐ Other Antiplatelet	☐ Edoxaban (Savaysa) ☐ Fondaparinux (Arixtra)	☐ Other Anticoagulant

Antihypertensive:	○ Yes ○ No/ND
Cholesterol Reducer:	○ Yes ○ No/ND
Diabetic Medication:	○ Yes ○ No/ND
Antidepressant Medication:	○ Yes ○ No/ND

HOSPITALIZATION TAB

SYMPTOM TIMELINE

Date/Time patient last known to be well?	*Select one option* ☐ MM/DD/YYYY HH:MI ___/___/_____ ___: ___ ☐ MM/DD/YYYY __/___/____ ☐ Unknown
Time of Discovery same as Time Last Known Well:	☐
Date/Time of discovery of stroke symptoms?	*Select one option* ☐ MM/DD/YYYY HH:MI ___/___/_____ ___: ___ ☐ MM/DD/YYYY __/___/____ ☐ Unknown
Comments:	

BRAIN IMAGING

Brain imaging completed at your hospital for this episode of care?	☐ Yes ☐ No/ND ☐ NC
Date/Time Brain Imaging Initiated:	*Select one option* ☐ MM/DD/YYYY HH:MI ___/___/_____ ___: ___ ☐ MM/DD/YYYY __/___/____ ☐ Unknown
Interpretation of first brain image after symptom onset, done at any facility:	☐ Hemorrhage ☐ No Hemorrhage ☐ Not Available

ADDITIONAL TIME TRACKERS

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?	○ Yes ○ No
Date/Time IV tPA initiated:	*Select one option* ☐ MM/DD/YYYY HH:MI ___/___/___ ___: ___ ☐ MM/DD/YYYY __/___/____ ☐ Unknown
Documented exclusions or relative exclusions (contraindications or warnings) for not initiating IV thrombolytic in the 0-3 hr. treatment window?	○ Yes ○ No
Documented exclusions or relative exclusions (contraindications or warnings) for not initiating IV thrombolytic in the 3-4.5 hr. 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.

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
- ☐ 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

For discharges on or after 1 April 2016

If IV tPA was initiated greater than 60 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 ☐ 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 EMS/ Mobile Stroke Unit?	○ Yes ○ No
Investigational or experimental protocol for thrombolysis?	○ Yes ○ If yes, please specify: _____ ○ No
Additional Comments Related to Thrombolytics:	

ENDOVASCULAR THERAPY

Catheter-based stroke treatment at this hospital?	○ Yes ○ No
IA t-PA or MER Initiation Date/Time	*Select one option* ☐ MM/DD/YYYY HH:MI ___/___/___ ___: ___ ☐ 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 OF THROMBOLYTIC THERAPY

Complications of Thrombolytic Therapy (Select all that apply)	☐ Symptomatic intracranial hemorrhage <36 hours ☐ Life threatening, serious systemic hemorrhage <36 hour	☐ Other serious complication ☐ No serious complications ☐ UTD
If bleeding complications occur in patient transferred after IV tPA:	*Select one option* ☐ Symptomatic hemorrhage detected prior to patient transfer ☐ Symptomatic hemorrhage detected only after patient transfer ☐ Unable to determine ☐ N/A	

OTHER IN-HOSPITAL TREATMENTS AND SCREENING

Dysphagia Screening:

Patient NPO throughout the entire hospital stay?	○ Yes	○ No /ND	
Was patient screened for dysphagia prior to any oral intake including water or medications?	○ Yes	○ No /ND	○ NC
If yes, Dysphagia screening results:	○ Pass	○ Fail	○ ND
Treatment for Hospital-Acquired Pneumonia:	○ Yes	○ No /ND	○ 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**
- ☐ **8- Oral Factor Xa Inhibitor**
- ☐ **9- Aspirin**
- ☐ **A- None of the above OR not documented OR unable to determine from medical record documentation**

What date was the 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) ☐ Argatroban ☐ Dabigatran (Pradaxa) ☐ Desirudin (Iprivask) ☐ Edoxaban (Savaysa)

	☐ Lepirudin (Refludan) ☐ Rivaroxaban (Xarelto) ☐ Unfractionated heparin IV ☐ Other Anticoagulant
Was DVT or PE documented?	○ Yes ○ No /ND
Was antithrombotic therapy administered by the end of hospital day 2?	○ Yes ○ No /ND ○ NC
If yes, select all that apply:	○ Antiplatelet ○Anticoagulant

MEASUREMENTS (FIRST MEASUREMENT UPON PRESENTATION TO YOUR HOSPITAL)

Total Cholesterol: ____mg/dL	Triglycerides: _____ mg/dL	HDL: _____ mg/dL	**LDL:** _____ **mg/dL** Lipids: ND ☐ Lipids: NC ☐

A1c: _____ A1c: ND ☐	^What is the first blood glucose value obtained prior to or after hospital arrival? to or after hospital arrival? _____ ☐ ND ☐ Too Low ☐ Too High
Serum Creatinine: _____ Serum Creatinine: ND	^What is the first platelet count obtained prior to or after hospital arrival? _____ ☐ UTD
INR: _____ INR: ND ☐ INR: NC ☐	^Is there documentation in the medical record that the INR value performed closest to hospital arrival was greater than 1.4? ☐ Yes ☐ No
Vital Signs:	Heart Rate (beats per minute):_____ What is the first blood pressure obtained prior to or after hospital arrival? _____/_____ mmHg Systolic/Diastolic Vital Signs: UTD ☐
Height: _____ ☐ in. ☐ cm.	Height: ND ☐
Weight: _____ ☐ lb. ☐ Kg.	Weight: ND ☐
Waist Circumference: _____ ☐ in. ☐ cm.	Waist Circumference: ND ☐
BMI: _____	BMI: ND ☐

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.

Discharge Tab

Get With The Guidelines® Ischemic Stroke-Only Estimated Mortality Rate	[% Calculated in the PMT]
Get With The Guidelines® Global Stroke Estimated Mortality Rate (Ischemic Stroke, SAH, ICH, Stroke not otherwise specified)	[% Calculated in the PMT]
Modified Rankin Scale at Discharge	○ Yes ○ No /ND
If Yes	○ Actual ○Estimate from Record ○ND

Total Score	_____ ☐ ND
SHOW/ HIDE button Modified Rankin Scale at Discharge	○ 0 - No symptoms at all ○ 1 - No significant disability despite symptoms: Able to carry out all usual activities ○ 2 - Slight disability ○ 3 - Moderate disability: Requiring some help but able to walk without assistance ○ 4 - Moderate to 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 - Death
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:	
Prescribed?	○ Yes ○ No /ND ○ NC

If Yes, Indicate Class, Medication, Dosage, and Frequency:

Class	Medication	Dosage	Frequency
☐ Antiplatelet ☐ Anticoagulant	**Antiplatelet** ☐ aspirin ☐ ASA/dipyridamole (Aggrenox) ☐ clopidogrel (Plavix) ☐ ticlopidine (Ticlid) **Anticoagulant** ☐ apixaban (Eliquis) ☐ argatroban ☐ dabigatran (Pradaxa) ☐ endoxaban (Savaysa) ☐ fondaparinux (Arixtra) ☐ full dose LMW heparin ☐ lepirudin (Refludan) ☐ rivaroxaban (Xarelto) ☐ unfractionated heparin IV ☐ warfarin (Coumadin)	*Dependent on selected medication*	

Class	Medication	Dosage	Frequency
1.	**1.**	**1.**	**1.**
2.	**2.**	**2.**	**2.**
3.	**3.**	**3.**	**3.**
4.	**4.**	**4.**	**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

Other Antithrombotic(s):

Prescribed?	○ Yes ○ No /ND ○ NC	
Medication: ☐ desirudin (Iprivask) ☐ ticagrelor (Brilinta) ☐ prasugrel (Effient)**contraindication in stroke and TIA* ☐ Other	Dosage: 1. 2. 3. 4.	Frequency: 1. 2. 3. 4.
Persistent or Paroxysmal Atrial Fibrillation/Flutter		○ Yes ○ No
If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?		○ 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	
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 Medication:	_____	**Statin Total Daily Dose:**	_____	
Documented reason for not prescribing a statin medication at discharge?			○ Yes ○ No	
Intensive Statin Therapy	○ Yes ○ No/ND ○ NC			
New Diagnosis of Diabetes?	○ Yes ○ No ○ ND			

CASE RECORD FORM

Active Form Group: **Stroke** **Updated February 2018**

Basis for Diagnosis (Select all that apply):	☐ HbA1c ☐ Oral Glucose Tolerance	☐ Fasting Blood Sugar ☐ Test Other
Diabetic Tx. (Select all that apply):	☐ None prescribed/ND ☐ None – contraindicated ☐ Other subcutaneous/injectable agents	☐ Insulin ☐ Oral agents
Anti-Smoking Tx	O Yes O No/ND O NC	
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 of 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 Medication	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 regiment

STROKE DIAGNOSTIC TESTS AND INTERVENTIONS

Cardiac ultrasound/echocardiography
- ○ Performed during this admission or prior 3 months
- ○ Planned post discharge
- ○ Not performed or planned

Carotid Imaging
- ○ Performed during this admission or prior 3 months
- ○ Planned post discharge
- ○ Not performed or planned

Carotid revascularization
- ○ Performed during this admission or prior 3 months
- ○ Planned post discharge
- ○ Not performed or planned

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

Extended Implantable Cardiac Rhythm Monitoring
- ○ Performed during this admission or prior 3 months
- ○ Planned post discharge
- ○ Not performed or planned

Hypercoagulability Testing
- ○ Performed during this admission or prior 3 months
- ○ Planned post discharge
- ○ Not performed or planned

Intracranial Vascular Imaging
- ○ Performed during this admission or prior 3 months
- ○ Planned post discharge
- ○ Not performed or planned

Short-Term Cardiac Rhythm Monitoring ≤ 7 days
- ○ Performed during this admission or prior 3 months
- ○ Planned post discharge
- ○ Not performed or planned

Optional Tab

OPTIONAL FIELDS

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 only ☐ 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	