### Stroke Patient Management Tool (Standard, CM, Comprehensive) December 2014

**ADMIN**

| Patient ID: | O Ischemic Stroke | O Intracerebral Hemorrhage |
| Final clinical diagnosis related to stroke | O Transient Ischemic Attack (< 24 hours) | O Stroke not otherwise specified |
| | O Subarachnoid Hemorrhage | O No stroke related diagnosis |
| | O Elective Carotid Intervention only |
| If No Stroke Related Diagnosis: | O Migraine | O Electrolyte or metabolic imbalance |
| | O Seizure | O Functional disorder |
| | O Delirium | O Other |
| | | O Uncertain |

**Admin Tab**

| Bold Question = Required |
| ^CSTK Comprehensive Stroke Element |
| ^^GWTG only Comprehensive Stroke Element |

| ICD-9-CM Principal Diagnosis Code | __ __ __ . __ __ |
| ICD-9-CM Other Diagnosis Codes | __ __ __ . __ __ |
| ICD-9-CM Principal Procedure Code | __ __ . __ __ | ☐ MM/DD/YYYY only | ☐ Unknown |
| ICD-9-CM Other Procedure Codes | __ __ . __ __ | ☐ MM/DD/YYYY only | ☐ Unknown |

^What was the ICD-9-CM diagnosis code selected as the admitting diagnosis for this patient? __ __ __ . __ __

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

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 Intermediate Care facility (ICF)
O Long Term Care Hospital (LTCH)
O Skilled Nursing Facility (SNF)
O Other

**ARRIVAL AND ADMISSION INFORMATION**

During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. AMI, CAC, HF, PN, PR, SCIP, 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 Private transportation/taxi/other from home/scene | O Transfer from another hospital | O ND or Unknown

Was the patient an ED patient at the facility? O Yes | O No

^Was the patient a direct admission to the hospital? O Yes | O No

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? O Yes | O No/ND | O N/A

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

**Where was the patient cared for and by whom?**
- □ Neuro Admit
- □ Other Service Admission
- □ Stroke Consult
- □ No Stroke Consult
- □ In Stroke Unit
- □ Not in Stroke Unit

**Physician/Provider NPI:**

**DEMOGRAPHICS**

**Date of Birth:**

**Age:**

**Gender:**
- O Male
- O Female
- O Unknown

**Hispanic Ethnicity:**
- O Yes
- O No/UTD

**Specify Hispanic Ethnicity (see Coding Key):**

**Race:**
- O American Indian /Alaska Native
- O Asian
- O Native Hawaiian or Pacific Islander
- O White
- O UTD

**Specify Asian:**
- ☐

**Specify Native Hawaiian or Pacific Islander:**
- ☐

**Health Insurance Status:**
- O Medicare
- O Self Pay/No Insurance
- O Medicaid
- O ND
- O Private/VA/Champus/Other Insurance

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

**Zip Code:**

- _______ - _______
- O Homeless
- O ND

**MEDICAL HISTORY**

**Previously known medical hx of:**
- (Select all that apply)
- ☐ None
- ☐ Atrial Fib/Flutter
- ☐ CAD/Prior MI
- ☐ Carotid Stenosis
- ☐ Current Pregnancy (or 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
- ☐ Obstructive Sleep Apnea
- ☐ Previous TIA
- ☐ Prosthetic Heart Valve
- ☐ PVD
- ☐ Renal insufficiency – chronic (SCr>2.0)
- ☐ Sickle Cell
- ☐ Smoker

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

**DIAGNOSIS & EVALUATION**

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

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

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

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

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**Notes:**

- For questions, call 888-526-6700

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Total Score  
(Refer to web program for questions)

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

Is there documentation that an initial NIHSS score was done at this hospital?  
O Yes  O No  
Initial NIHSS Score Date and Time  
/ / _____:____  
□ UTD

NIHSS score obtained from transferring facility:  
□ Weakness/Paresis  □ Altered Level of Consciousness  □ Aphasia/Language Disturbance  □ Other neurological signs/symptoms  
□ No neurological signs/symptoms  □ ND

Initial exam findings  
(Select all that apply)

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

Hemorrhagic Stroke Scales

First Glasgow Coma Scale (GCS)  
□ Eye ___  □ Verbal ___  □ Intubated  □ Motor ___  
Total GCS ____  □ ND

Intracerebral Hemorrhage (ICH)

Was an initial ICH score done at this hospital?  
O Yes  O No  
If yes, ICH score:  

What is the date and time that the ICH score was first performed at this hospital?  
/ / _____:____  
□ Unknown

FUNC Score (ICH)  

Subarachnoid Hemorrhage (SAH)

Was an initial Hunt and Hess scale done at this hospital?  
O Yes  O 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?  
/ / _____:____  
□ Unknown

WFNS SAH Grading Scale  

MEDICATIONS PRIOR TO ADMISSION

□ No medications prior to admission

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

Antiplatelet  
□ aspirin  
□ aspirin/dipyridamole (Aggrenox)  
□ clopidogrel (Plavix)  
□ prasugrel (Effient)  
□ ticagrelor (Brilinta)  
□ ticlopidine (Ticlid)  
□ Other Antiplatelet

Anticoagulant  
□ Unfractionated heparin IV  
□ full dose LMW heparin  
□ warfarin (Coumadin)  
□ dabigatran (Pradaxa)  
□ argatroban  
□ desirudin (Iprivask)  
□ fondaparinux (Arixtra)  
□ rivaroxaban (Xarelto)  
□ apixaban (Eliquis)  
□ lepirudin (Refludan)  
□ 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  

Date/Time patient last known to be well?  
□ Time of Discovery same as Last known well  
Date/Time of discovery of stroke symptoms?
**BRAIN IMAGING**

<table>
<thead>
<tr>
<th>Brain imaging completed at your hospital for this episode of care?</th>
<th>O Yes O No/ND O NC</th>
<th>Date/Time Brain Imaging Initiated</th>
<th><em><strong>/</strong></em>/______   ___: ____</th>
</tr>
</thead>
</table>

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

| O Hemorrhage O No Hemorrhage O Not Available |

**ADDITIONAL TIME TRACKER**

See Target: Stroke Patient Time Tracker for data elements

**IV THROMBOLYTIC THERAPY**

<table>
<thead>
<tr>
<th>IV t-PA initiated at this hospital?</th>
<th>O Yes O No</th>
<th>Date/Time IV t-PA initiated:</th>
<th><em><strong>/</strong></em>/______   ___: ____</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>O Yes O No Reasons (see Coding Key)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>O Yes O No Reasons (see Coding Key)</th>
</tr>
</thead>
</table>

Additional Warnings for patients treated between 3-4.5 hrs (see Coding Key)

**If IV tPA was initiated greater than 60 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:**

<table>
<thead>
<tr>
<th>O Yes O No Reasons (see Coding Key)</th>
</tr>
</thead>
</table>

**WAS OTHER THROMBOLYTIC/REPERFUSION THERAPY ADMINISTERED?**

<table>
<thead>
<tr>
<th>IV tPA at an outside hospital?</th>
<th>O Yes O No</th>
</tr>
</thead>
</table>

IA catheter-based treatment at this hospital?

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

\^Arterial puncture Date/Time

<table>
<thead>
<tr>
<th><em><strong>/</strong></em>/______   ___: ____</th>
</tr>
</thead>
</table>

IA t-PA or MER Initiation Date/Time

<table>
<thead>
<tr>
<th><em><strong>/</strong></em>/______   ___: ____</th>
</tr>
</thead>
</table>

\^Is there documentation that the route of thrombolytic (t-PA) administration at this hospital was intra-arterial (IA)?

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

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

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

\^Date/Time associated with IA thrombolytic therapy initiated for this patient at this hospital:

<table>
<thead>
<tr>
<th><em><strong>/</strong></em>/______   ___: ____</th>
</tr>
</thead>
</table>

\^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?

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

\^What is the date & time of the First Pass?

<table>
<thead>
<tr>
<th><em><strong>/</strong></em>/______   ___: ____</th>
</tr>
</thead>
</table>

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For questions, call 888-526-6700

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If MER treatment at this hospital, type of treatment:

- □ Retrievable stent
- □ Other mechanical clot retriever device (not retrievable stent)
- □ Clot suction device
- □ Intracranial angioplasty, with or without permanent (non-retrieved stent)
- □ Cervical carotid angioplasty, with or without stent
- □ Other

Proximal or distal occlusion

- O The clot location is proximal
- O The clot location is distal
- O Neither proximal or distal are documented in reference to the location of the clot in the cerebral circulation or UTD from medical record documentation

What cerebral artery is occluded?

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

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

- O Yes
- O No

Investigational or experimental protocol for thrombolysis?

- O Yes
- O No

If yes, specify

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Grade 0</td>
</tr>
<tr>
<td>1</td>
<td>Greater than or equal to 2b was documented post treatment</td>
</tr>
<tr>
<td>2a</td>
<td>Grade 2a</td>
</tr>
<tr>
<td>2b</td>
<td>Less than 2b was documented post treatment</td>
</tr>
<tr>
<td>3</td>
<td>Grade 3</td>
</tr>
<tr>
<td>ND</td>
<td>Not done post treatment, OR UTD from medical record documentation</td>
</tr>
</tbody>
</table>

If there a documented TICI reperfusion grade post treatment?

- O 1 - A TICI reperfusion grade greater than or equal to 2b was documented post treatment
- O 2 - A TICI reperfusion grade less than 2b was documented post treatment
- O 3 - A TICI reperfusion grade was not done post treatment, OR UTD from medical record documentation

Surgical treatment for ICH at this hospital?

- O Yes
- O No

If surgical treatment for ICH at this hospital, type:

- □ External Ventricular Drain (EVD)
- □ Endoscopic evacuation
- □ Conventional craniotomy and evacuation of clot under direct vision
- □ Stereotactic evacuation
- □ Hemispherectomy without clot evacuation
- □ Fibrinolytic infusion via catheter
- □ Other

If ICH was evacuated, time from ictus to evacuation procedure start was: _______________ (hours)

Additional Comments Related to Thrombolytics

IN-HOSPITAL TREATMENT AND COMPLICATIONS

Complications of Thrombolytic Therapy

- □ Symptomatic intracranial hemorrhage <36 hours
- □ Life threatening, serious systemic hemorrhage <36 hours
- □ Other serious complications
- □ No serious complications
- □ UTD
If bleeding complications occur in patient transferred after IV tPA:

<table>
<thead>
<tr>
<th>O Symptomatic hemorrhage detected prior to patient transfer</th>
<th>O Unable to determine</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Symptomatic hemorrhage detected only after patient transfer</td>
<td>O N/A</td>
</tr>
</tbody>
</table>

If bleeding complications occur in patient transferred after IV tPA:

- What is the last NIHSS score documented prior to initiation of IV thrombolytic therapy at this hospital? [ ] UTD
- What is the last NIHSS score documented prior to initiation of IA t-PA or MER at this hospital? [ ]

What is the highest NIHSS score documented within 36 hours following initiation of IV (t-PA) thrombolytic therapy?

- [ ] UTD
- What is the highest NIHSS score documented within 36 hours following IA t-PA or MER initiation? [ ]

Was there a positive finding on brain imaging of parenchymal hematoma, SAH, and or IVH following IV or IA t-PA, OR mechanical endovascular reperfusion therapy initiation?

- O Yes
- O No
- ^ Date/Time of positive brain image[ ]/[/]/______:____ [ ] MM/DD/YYYY only [ ] Unknown

Results of positive brain image

- 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

Is there documentation that aprocogulant reversal agent was initiated at this hospital?

- O Yes
- O No

Is there documentation by a physician/APN/PA or pharmacist in the medical record of a reason for not administering a procoagulant reversal agent?

- O Yes
- O No

Date/Time procoagulant initiated[ ]/[/]/______:____ [ ] MM/DD/YYYY only [ ] Unknown

Is there documentation that nimodipine was administered at this hospital (SAH)?

- O Yes
- O No

Is there documentation by a physician/APN/PA or pharmacist in the medical record of a reason for not administering nimodipine treatment?

- O Yes
- O No

What is the date and time of nimodipine administration for this patient at this hospital?[ ]/[/]/______:____ [ ] MM/DD/YYYY only [ ] Unknown

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

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 documentation why VTE prophylaxis was not administered at hospital admission?

- O Yes
- O No

Is there physician/APN/PA documentation why Oral Factor Xa Inhibitor was administered for VTE prophylaxis?

- O Yes
- O No
### Other Therapeutic Anticoagulants
- Unfractionated heparin IV
- Dabigatran (Pradaxa)
- Argatroban
- Desirudin (Iprivask)
- Rivaroxaban (Xarelto)
- Apixaban (Eliquis)
- Lepirudin (Refludan)
- Other Anticoagulant

### MEASUREMENTS

<table>
<thead>
<tr>
<th>Measurements</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cholesterol</td>
<td>mg/dL</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>mg/dL</td>
</tr>
<tr>
<td>HDL</td>
<td>mg/dL</td>
</tr>
<tr>
<td>LDL</td>
<td>mg/dL</td>
</tr>
</tbody>
</table>

### Blood Glucose
- Required if patient received IV tPA: _______ mg/dL

### INR
- If initial INR > 1.4 and treated with procoagulant, Date/Time first INR ≤1.4 after treatment: ___/___/______   ___: ____
  - MM/DD/YYYY only
  - Unknown
  - No documented INR ≤1.4 after tx

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

### Waist Circumference
- _______ O in   O cm

### BMI
- _______ O lbs   O kg

### DISCHARGE INFORMATION

<table>
<thead>
<tr>
<th>Discharge Date/Time</th>
<th><strong>/</strong>/______   ___: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>GWTG Ischemic Stroke-Only Estimated Mortality Rate</td>
<td>[Calculated in the PMT]</td>
</tr>
<tr>
<td>GWTG Global Stroke Estimated Mortality Rate (Ischemic Stroke, SAH, ICH, Stroke NOS)</td>
<td>[Calculated in the PMT]</td>
</tr>
</tbody>
</table>

### Modified Rankin Scale at Discharge
- O Yes   O No/ND
- O Actual   O Estimated from the record   O ND

### Total Score

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

### Discharge Blood Pressure (Measurement closest to discharge)
- _____/_____ mmHg (Systolic/Diastolic)

### DISCHARGE DIAGNOSIS

<table>
<thead>
<tr>
<th>ICD-9 Other Diagnosis Codes</th>
</tr>
</thead>
</table>

### DISCHARGE TREATMENTS

| Antithrombotic Therapy | Prescribed? | O Yes   O No/ND   O NC |

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For questions, call 888-526-6700

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<table>
<thead>
<tr>
<th>Stroke Patient Management Tool (Standard, CM, Comprehensive)</th>
<th>December 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>approved in stroke</td>
<td>If yes,</td>
</tr>
<tr>
<td>□ Antiplatelet</td>
<td>□ Anticoagulant</td>
</tr>
<tr>
<td>□ aspirin</td>
<td>□ Unfractionated heparin IV</td>
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<td>□ dabigatran (Pradaxa)</td>
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<td>□ argatroban</td>
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<tr>
<td>□ ticlopidine (Ticlid)</td>
<td>□ fondaparinux (Arixtra)</td>
</tr>
<tr>
<td>□ aspirin</td>
<td>□ rivaroxaban (Xarelto)</td>
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<tr>
<td>□ aspirin/dipyridamole (Aggrenox)</td>
<td>□ apixaban (Eliquis)</td>
</tr>
<tr>
<td>□ clopidogrel (Plavix)</td>
<td>□ lepirudin (Refludan)</td>
</tr>
<tr>
<td>Dosage</td>
<td>Frequency</td>
</tr>
<tr>
<td>1. _______</td>
<td>1. _______</td>
</tr>
<tr>
<td>2. _______</td>
<td>2. _______</td>
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<tr>
<td>3 _______</td>
<td>3 _______</td>
</tr>
<tr>
<td>4. _______</td>
<td>4. _______</td>
</tr>
<tr>
<td>If NC, documented contraindications</td>
<td>□ Allergy to or complications r/t antithrombotic</td>
</tr>
<tr>
<td></td>
<td>□ Patient/Family refused</td>
</tr>
<tr>
<td></td>
<td>□ Risk for bleeding or discontinued due to bleeding</td>
</tr>
<tr>
<td>Other Antithrombotic(s)</td>
<td>O Yes  O No</td>
</tr>
<tr>
<td>If prescribed?</td>
<td>O Yes  O No</td>
</tr>
<tr>
<td>Medication:</td>
<td>Dosage:</td>
</tr>
<tr>
<td>□ desirudin (Iprivask)</td>
<td>1. _______</td>
</tr>
<tr>
<td>□ ticagrelor (Brilinta)</td>
<td>2. _______</td>
</tr>
<tr>
<td>□ prasugrel (Effient)</td>
<td>3 _______</td>
</tr>
<tr>
<td>□ Other</td>
<td>4. _______</td>
</tr>
<tr>
<td>Persistent or Paroxysmal Atrial Fibrillation/Flutter</td>
<td>O Yes  O No</td>
</tr>
<tr>
<td>If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?</td>
<td>O Yes O No/ND O NC</td>
</tr>
<tr>
<td>If NC, documented reasons for no anticoagulation</td>
<td>□ Allergy to or complication r/t warfarin or heparins</td>
</tr>
<tr>
<td></td>
<td>□ Risk for falls</td>
</tr>
<tr>
<td></td>
<td>□ Mental status</td>
</tr>
<tr>
<td></td>
<td>□ Serious side effect to medication</td>
</tr>
<tr>
<td></td>
<td>□ Patient refused</td>
</tr>
<tr>
<td></td>
<td>□ Terminal illness/Comfort Measures Only</td>
</tr>
<tr>
<td></td>
<td>□ Risk for bleeding or discontinued due to bleeding</td>
</tr>
<tr>
<td>Antihypertensive Tx (Select all that apply)</td>
<td>□ Beta Blockers</td>
</tr>
<tr>
<td>□ None prescribed/ND</td>
<td>□ Ca++ Channel Blockers</td>
</tr>
<tr>
<td>□ None - contraindicated</td>
<td>□ Diuretics</td>
</tr>
<tr>
<td></td>
<td>□ Other anti-hypertensive med</td>
</tr>
<tr>
<td>Cholesterol-Reducing Tx</td>
<td>□ Niacin</td>
</tr>
<tr>
<td>□ None prescribed/ND</td>
<td>□ Absorption Inhibitor</td>
</tr>
<tr>
<td>□ None - contraindicated</td>
<td>□ Other med</td>
</tr>
<tr>
<td>Statin Medication: (see Coding Key)</td>
<td>□ HbA1c</td>
</tr>
<tr>
<td>Statin Total Daily Dose:</td>
<td>□ Fasting Blood Sugar</td>
</tr>
<tr>
<td>Documented reason for not prescribing a statin medication at discharge?</td>
<td>O Yes O No</td>
</tr>
</tbody>
</table>

Stroke form -NOT FOR USE WITHOUT PERMISSION. ©2014 American Heart Association and Quintiles.
For questions, call 888-526-6700
<table>
<thead>
<tr>
<th>Diabetic Tx (Select all that apply):</th>
<th>None prescribed/ND</th>
<th>None – contraindicated</th>
<th>Other subcutaneous/injectable agents</th>
<th>Insulin</th>
<th>Oral agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Smoking Tx</td>
<td>O Yes</td>
<td>O No/ND</td>
<td>O NC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the patient prescribed any antidepressant class of medication at discharge?</td>
<td>O Yes, SSRI</td>
<td>O Yes, any other antidepressant class</td>
<td>O No/ND</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER LIFESTYLE INTERVENTIONS**

<table>
<thead>
<tr>
<th>Reducing weight and/or increasing activity recommendations</th>
<th>O Yes</th>
<th>O No/ND</th>
<th>O NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>TLC Diet or Equivalent</td>
<td>O Yes</td>
<td>O No/ND</td>
<td>O NC</td>
</tr>
<tr>
<td>Anthypertensive Diet</td>
<td>O Yes</td>
<td>O No/ND</td>
<td>O NC</td>
</tr>
<tr>
<td>Was Diabetes Teaching Provided?</td>
<td>O Yes</td>
<td>O No/ND</td>
<td>O NC</td>
</tr>
</tbody>
</table>

**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
- Stroke Warning Signs and Symptoms
- How to Activate EMS for Stroke
- Need for Follow-Up After Discharge
- Their Prescribed Medication

**STROKE REHABILITATION**

Patient assessed for and/or received rehabilitation services during this hospitalization?

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)

What is the patients Modified Rankin Score (mRS) at 90 days post discharge?

What is the date that the Modified Rankin Score (mRS) was obtained post discharge?

---

**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 | __/__/____ | __:__ | MM/DD/YYYY only | Unknown
Field 14 | __/__/____ | __:__ | MM/DD/YYYY only | Unknown

Additional Comments

Administrative

PMT used concurrently or retrospectively or combination?

Was a stroke admission order set used in this patient?

Was a stroke discharge checklist used in this patient?

Patient adherence contract/compact used?

Check if patient is part of a sample

First Name | Last Name
<table>
<thead>
<tr>
<th>Race</th>
<th>O Black or African American</th>
<th>O American Indian or Alaska Native</th>
<th>O Asian</th>
<th>O White</th>
<th>O Native Hawaiian or Pacific Islander</th>
<th>O UTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zip Code</td>
<td>__________ - __________</td>
<td>Homeless</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What is the patient's source of payment for this episode of care?**

<table>
<thead>
<tr>
<th></th>
<th>O Medicare</th>
<th>O Non-Medicare</th>
</tr>
</thead>
</table>

**HIC Number**

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

**Was history of atrial fibrillation/flutter or current finding of atrial fibrillation/flutter documented in the medical record?**

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

**Is there documentation that the patient was on a lipid-lowering medication prior to hospital arrival?**

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

**Is there documentation that the date and time of last known well was witnessed or reported?**

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

**What was the date and time at which the patient was last known to be well or at his or her baseline state of health?**

<table>
<thead>
<tr>
<th></th>
<th><strong>/</strong>/____</th>
<th>___: ___</th>
</tr>
</thead>
</table>

**When is the earliest physician/APN/PA documentation of comfort measures only?**

<table>
<thead>
<tr>
<th></th>
<th>O Day 0 or 1</th>
<th>O Day 2 or after</th>
<th>O Timing unclear</th>
<th>O Not Documented/UTD</th>
</tr>
</thead>
</table>

**IV thrombolytic therapy initiated at this hospital?**

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

**Did the patient receive IV or IA thrombolytic (t-PA) therapy at this hospital or within 24 hours prior to arrival?**

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

**Documented reasons for not initiating IV thrombolytic?**

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

**Was antithrombotic therapy administered by the end of hospital day 2?**

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

**Was the LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival?**

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

**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?**

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

**Discharge Date/Time**

<table>
<thead>
<tr>
<th></th>
<th><strong>/</strong>/____</th>
<th>___: ___</th>
</tr>
</thead>
</table>

**Was antithrombotic therapy prescribed at hospital discharge?**

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

**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?**

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

**Was anticoagulation therapy prescribed at hospital discharge?**

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

**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?**

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

**Was a statin medication prescribed at discharge?**

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

**Stroke Core Measure Additional Comments**