**Patient ID:**

### DEMOGRAPHICS

**Gender:**
- [ ] Male
- [ ] Female
- [ ] Unknown

**Date of Birth:** ______/_____/_______

**Age:** _________

**Zip Code:** ____________ - ____________

**Homeless:** [ ]

**Payment Source:**
- [ ] Medicare Title 18
- [ ] Medicaid Title 19
- [ ] Medicare – Private/ HMO/ PPO/ Other
- [ ] Medicaid – Private/ HMO/ PPO/ Other
- [ ] Other/ Not Documented/ UTD
- [ ] VA/ CHAMPVA/ Tricare

**RACE AND ETHNICITY**

**Race (Select all that apply):**
- [ ] American Indian/Alaska Native
- [ ] Asian
- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Vietnamese
- [ ] Other Asian
- [ ] White
- [ ] UTD

**Hispanic Ethnicity:**
- [ ] Yes
- [ ] No/UTD

If Yes,
- [ ] Mexican, Mexican American, Chicano/a
- [ ] Puerto Rican
- [ ] Cuban
- [ ] Another Hispanic, Latino or Spanish Origin

### ADMIN

**Final clinical diagnosis related to stroke:**
- [ ] Ischemic Stroke
- [ ] Transient Ischemic Attack (<24 hours)
- [ ] Subarachnoid Hemorrhage
- [ ] Intracerebral Hemorrhage
- [ ] Stroke not otherwise specified
- [ ] No stroke related diagnosis
- [ ] Elective Carotid Intervention only

If not Stroke Related Diagnosis:
- [ ] Migraine
- [ ] Seizure
- [ ] Delirium
- [ ] Electrolyte or metabolic imbalance
- [ ] Functional disorder
- [ ] Other
- [ ] Uncertain

**Was the Stroke etiology documented in the patient medical record:**
- [ ] Yes
- [ ] No

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

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

**Arrival Date/Time:** ______/_____/_______:____

**Admit Date:** ______/_____/_______

**MM/DD/YYYY only**

**Unknown**
### Case Record Form

**Active Form Groups:** Stroke, STK (StrokeCM), Comprehensive, Diabetes  
**Updated January 2021**

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

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

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

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

#### Discharge Date:
- __/__/____:____  
  - ☐ MM/DD/YYYY only

Documented reason for delay in transfer to referral facility?
- ○ Yes
- ○ No/ND

Specific reason for delay documented in transfer patient (check all that apply):
- ☐ Social/religious
- ☐ Initial refusal
- ☐ Care team unable to determine eligibility
- ☐ Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
- ☐ Investigational or experimental protocol for reperfusion
- ☐ Delay in stroke diagnosis *
- ☐ In-hospital time delay *
- ☐ Equipment-related delay *
- ☐ Need for additional imaging*
- ☐ Catheter lab not available*
- ☐ Other *

For patients discharged on or after 04/01/2011: What was the patient’s discharge disposition on the day of discharge?
- ☐ 1 – Home
- ☐ 2 – Hospice – Home
- ☐ 3 – Hospice – Health Care Facility
- ☐ 4 – Acute Care Facility
- ☐ 5 – Other Health Care Facility
- ☐ 6 – Expired
- ☐ 7 – Left Against Medical Advice / 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

#### DIAGNOSIS CODE

**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**

---

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### Case Record Form

**Active Form Groups:** Stroke, STK (StrokeCM), Comprehensive, Diabetes  
**Updated January 2021**

**During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. STK,VTE)?**

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

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

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

### Patient location when stroke symptoms discovered

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

### How patient arrived at your hospital

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

**Referring hospital discharge Date/ Time**

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

**If transferred from another hospital, specify hospital name**

- [ ] [Select hospital name from picker list]

**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

### Initial Admitting Service

- [ ] Neurology
- [ ] Neurosurgery
- [ ] Neurocritical Care
- [ ] Medicine
- [ ] Surgery
- [ ] Other:

### In which settings were care delivered? Select all that apply:

- [ ] Neuro/ Neurosurgery ICU
- [ ] Other ICU
- [ ] Stroke Unit (Non-ICU)
- [ ] General Care Floor
- [ ] Observation
- [ ] Other:

**If the patient was not cared for in a dedicated stroke unit, was a formal inpatient consultation from a stroke expert obtained?**

- [ ] Yes
- [ ] No
- [ ] ND

### 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
- [ ] CAD/ Prior MI
- [ ] DVT/ PE
- [ ] Drugs/ Alcohol Abuse
- [ ] Familial
- [ ] Hypercholesterolemia
- [ ] HRT
- [ ] Migraine
- [ ] Previous TIA
- [ ] Renal Insufficiency – Chronic
- [ ] Smoker
- [ ] Carotid Stenosis
- [ ] Dementia
- [ ] Depression
- [ ] Dyslipidemia
- [ ] Family History of Stroke
- [ ] Hx of Emerging Infectious Disease
  - [ ] MER
  - [ ] SARS-COV-1
  - [ ] SARS-COV-2 (COVID-19)
  - [ ] Other Infectious Respiratory Pathogen
- [ ] Obesity Overweight
- [ ] Prosthetic Heart Valve
**Case Record Form**  
Active Form Groups: Stroke, STK (StrokeCM), Comprehensive, Diabetes  
Updated January 2021

### E-Cigarette Use (Vaping)
- [ ]

### HF
- [ ]

### 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
- [ ]

#### 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**
- [ ]

**Total Score:** ____________

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

*Was the initial NIHSS score after hospital arrival less than 6?*  
- [ ] Yes
- [ ] No

*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?* ___/_____/___________:____  

**NIHSS score obtained from transferring facility:** ____________  

**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

### HEMORRHAGIC STROKE SCALES

**First Glasgow Coma Scale (GCS)**  
- [ ] Eye _____
- [ ] Verbal _____
- [ ] Intubated
- [ ] Motor _____

**Total GCS ____________**  

### 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  ☐

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

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

☐ Anticoagulant Medication  
☐ apixaban (Eliquis)  
☐ argatroban  
☐ dabigatran (Pradaxa)  
☐ desirudin (Iprivask)  
☐ enoxaparin (Savaysa)  
☐ fondaparinux (Arixtra)  
☐ full dose LMW heparin  
☐ lepirudin (Refudan)  
☐ 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

VACCINATIONS & TESTING

COVID-19 Vaccination:

☐ COVID-19 vaccine was given during this hospitalization  
☐ COVID-19 vaccine was received prior to admission, not during this hospitalization  
☐ Documentation of patient’s refusal of COVID-19 vaccine  
☐ Allergy/sensitivity to COVID-19 vaccine or if medically contraindicated  
☐ Vaccine not available  
☐ None of the above/Not documented/UTD

COVID-19 Vaccination date:  
__/__/_______  ☐ Not Documented

Is there documentation that this patient was included in a COVID-19 vaccine trial?  
☐ Yes ☐ No/ND

Influenza Vaccine:

☐ Influenza vaccine was given during this hospitalization during the current flu season  
☐ Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization  
☐ Documentation of patient’s refusal of influenza vaccine  
☐ Allergy/sensitivity to influenza vaccine or if medically contraindicated  
☐ Vaccine not available  
☐ None of the above/Not documented/UTD

SYMPTOM TIMELINE

Hospitalization Tab

Date/Time Patient last known to be well?  ☐Time of Discovery  Date/Time of discovery of stroke symptoms?
<table>
<thead>
<tr>
<th>Date/Time Brain Imaging First Initiated at your hospital:</th>
<th>Date/Time 1st vessel or perfusion imaging initiated at your hospital:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong><strong>/</strong></em>________:____</td>
<td><em><strong>/</strong><strong>/</strong></em>________:____</td>
</tr>
</tbody>
</table>

**BRAIN IMAGING**

- Brain imaging completed at your hospital for this episode of care?
  - 〡Yes
  - 〥CT
  - 〥MRI
  - 〢No/ND
  - 〣NC

- Interpretation of first brain image after symptom onset, done at any facility:
  - 〡Acute Hemorrhage
  - 〥No Acute Hemorrhage
  - 〣Not Available

- Was acute Vascular or perfusion imaging (e.g. CTA, MRA, DSA) performed at your hospital?
  - 〡Yes
  - 〥No

- If yes, type of vascular imaging (select all that apply):
  - 〥CTA
  - 〥CT Perfusion
  - 〥MRA
  - 〣MR Perfusion
  - 〣DSA (catheter angiography)
  - 〣Other/UTD

**ADDITIONAL TIME TRACKER**

- Date/Time Stroke Team Activated: ___/____/_______  ____:_____
- Date/Time Stroke Team Arrived: ___/____/_______  ____:_____
- Date/Time of ED Physician Assessment: ___/____/_______  ____:_____
- Date/Time Neurosurgical services consult: ___/____/_______  ____:_____
- Date/Time Brain Imaging Ordered: ___/____/_______  ____:_____
- Date/Time Brain Imaging Interpreted: ___/____/_______  ____:_____
- Date/Time IV alteplase Ordered: ___/____/_______  ____:_____
- Date/Time lab Tests Completed: ___/____/_______  ____:_____
- Date/Time ECG Ordered: ___/____/_______  ____:_____
- Date/Time ECG Completed: ___/____/_______  ____:_____
- Date/Time Chest X-ray Ordered: ___/____/_______  ____:_____
- Date/Time Chest X-ray Completed: ___/____/_______  ____:_____
### IV THROMBOLYTIC THERAPY

#### IV thrombolytic initiated at this hospital?
- [ ] Yes
- [ ] No

#### Thrombolytic used:
- [ ] Alteplase (Class 1 evidence)
  - Alteplase, total dose: ____________(mg)
  - Alteplase dose ND
- [ ] Tenecteplase (Class 2b evidence)
  - Tenecteplase, total dose: ____________(mg)
  - Tenecteplase dose ND

#### Reason for selecting tenecteplase instead of alteplase:
- [ ] Large Vessel Occlusion (LVO) with potential thrombectomy
- [ ] Mild Stroke
- [ ] Other: ____________

#### If IV thrombolytic administered beyond 4.5-hour, was imaging used to identify eligibility?
- [ ] Yes, Diffusion-FLAIR mismatch
- [ ] Yes, Core-Perfusion mismatch
- [ ] None
- [ ] Other: ____________

#### Documented exclusions (Contraindications or Warnings) for not initiating IV thrombolytic in the 0-3hr treatment window?
- [ ] Yes
- [ ] No

#### Documented Contraindications or Warnings for not initiating IV thrombolytic in the 3-4.5hr treatment window?
- [ ] Yes
- [ ] No

### SHOW ALL

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

For discharges on or after 1 April 2016

**Exclusion Criteria (contra-indications) 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: Symptomatic 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 (contra-indications) 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
<table>
<thead>
<tr>
<th>Relative Exclusion Criteria (Warnings) 3-4.5 hr treatment window. Select all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>W1: Care-team unable to determine eligibility</td>
</tr>
<tr>
<td>W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival</td>
</tr>
<tr>
<td>W3: Life expectancy &lt; 1 year or severe co-morbid illness or CMO on admission</td>
</tr>
<tr>
<td>W4: Pregnancy</td>
</tr>
<tr>
<td>W5: Patient/family refusal</td>
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</tr>
<tr>
<td>W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Relative Exclusion Criteria 3-4.5 hr treatment window. Select all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AW1: Age &gt; 80</td>
</tr>
<tr>
<td>AW2: History of both diabetes and prior ischemic stroke</td>
</tr>
<tr>
<td>AW3: Taking an oral anticoagulant regardless of INR</td>
</tr>
<tr>
<td>AW4: Severe Stroke (NIHSS &gt; 25)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Other Reasons (Hospital-related or other factors) 3-4.5-hour treatment window.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay in Patient Arrival</td>
</tr>
<tr>
<td>In-hospital Time Delay</td>
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<tr>
<td>Rapid or Early Improvement</td>
</tr>
<tr>
<td>Other – requires specific reason to be entered in the PMT when this option is selected.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If IV thrombolytic was initiated greater than 60 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If IV thrombolytic was initiated greater than 45 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If IV thrombolytic was initiated greater than 30 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligibility Reason(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social/Religious</td>
</tr>
<tr>
<td>Initial refusal</td>
</tr>
<tr>
<td>Care-team unable to determine eligibility</td>
</tr>
<tr>
<td>Specify eligibility reason:</td>
</tr>
</tbody>
</table>
### 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):
- Need for additional imaging
- Delay in stroke diagnosis
- In-hospital time delay
- Equipment-related delay
- Other:

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

### If yes, select thrombolytic administered at outside hospital or Mobile Stroke Unit
- Alteplase
- Tenecteplase

### 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 hospital?
- Yes
- No

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

#### Catheter-based stroke treatment at outside hospital?
- Yes
- No

### 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

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

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Chol:</td>
<td>__________ mg/dl</td>
<td></td>
</tr>
<tr>
<td>Triglycerides:</td>
<td>__________ mg/dl</td>
<td></td>
</tr>
<tr>
<td>HDL:</td>
<td>__________ mg/dl</td>
<td></td>
</tr>
<tr>
<td>LDL:</td>
<td>__________ mg/dl</td>
<td></td>
</tr>
<tr>
<td>A1C:</td>
<td>__________ % A1C</td>
<td></td>
</tr>
<tr>
<td>Blood Glucose:</td>
<td>__________ mg/dl</td>
<td></td>
</tr>
<tr>
<td>Serum Creatine:</td>
<td>__________</td>
<td>ND</td>
</tr>
<tr>
<td>INR:</td>
<td>__________</td>
<td>ND, NC</td>
</tr>
</tbody>
</table>

### Active bacterial or viral infection at admission or during hospitalization:

- None
- Bacterial Infection
- Emerging Infectious Disease
  - SARS-COV-1
  - SARS-COV-2 (COVID-19)
  - MERS
  - Other Emerging Infectious Disease
- Influenza
- Seasonal Cold
- Other Viral Infection

### Other Therapeutic Anticoagulation

- apixaban (Eliquis)
- argatroba
- dabigatran (Pradaxa)
- desirudin (Iprivask)
- endoxaban (Savaysa)
- lepirudin (Refludan)
- rivaroxaban (Xaralto)
- unfractionated heparin IV
- other anticoagulant

### What is the first platelet count obtained prior to or after hospital arrival?

_____________

### Heart Rate (beats per minute):

______________ bpm

### Vital Signs:

- Vital signs UTD

### Height:

__________ in, cm, ND

### Weight:

__________ lbs, kg, ND

### Waist Circumference:

__________ in, cm, ND

### BMI:

__________ ND
### CATHETER-BASED/ENDOVASCULAR STROKE TREATMENT

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there documentation that the route of alteplase administration was intra-arterial (IA)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there documentation that IA thrombolytic therapy was initiated at this hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the date and time that IA thrombolytic therapy was initiated for this patient at this hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there documentation in the medical record that the first endovascular treatment procedure was initiated greater than 8 hours after arrival at this hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there documentation of skin puncture at this hospital to access the arterial site selected for endovascular treatment of a cerebral artery occlusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a mechanical endovascular reperfusion procedure attempted during this episode of care at this hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a mechanical thrombectomy procedure attempted but unsuccessful or aborted before removal of the LVO?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are reasons for not performing mechanical endovascular reperfusion therapy documented?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### **^**Reasons for not performing mechanical endovascular reperfusion therapy (select all that apply):**

- 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

#### **^**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?**

| Date and time of the first pass of a clot retrieval device at this hospital? | MM/DD/YYYY only |

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

- 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 *

#### **^**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 *
<table>
<thead>
<tr>
<th><strong>Case Record Form</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active Form Groups:</strong> Stroke, STK (StrokeCM), Comprehensive, Diabetes</td>
<td>Updated January 2021</td>
</tr>
</tbody>
</table>

### Equipment-related delay
- Yes
- No

### Need for additional imaging
- Yes
- No

### Catheter lab not available
- Yes
- No

### Other
- Yes
- No

### Proximal cerebral occlusion
- Yes
- No

### Distal cerebral occlusion
- Yes
- No

### Neither proximal or distal, OR unable to determine (UTD) from the medical record documentation
- Yes
- No

### Anterior cerebral artery (ACA)
- Yes
- No

### A1 ACA
- Yes
- No

### Anterior communicating artery
- Yes
- No

### Internal carotid artery (ICA)
- Yes
- No

### ICA terminus (T-lesion; T occlusion)
- Yes
- No

### Middle cerebral artery (MCA)
- Yes
- No

### M1 MCA
- Yes
- No

### M2 MCA
- Yes
- No

### M3/M4 MCA
- Yes
- No

### Vertebral artery (VA)
- Yes
- No

### Basilar artery (BA)
- Yes
- No

### Posterior cerebral artery (PCA)
- Yes
- No

### Other cerebral artery branch/segment
- Yes
- No

### The clinical location of the primary occluded vessel was not documented, OR unable to determine (UTD) from the medical record documentation.
- Yes
- No

### 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?
- Yes
- No

### What was the date and time that a TICI was first documented during the mechanical thrombectomy procedure?
- __/__/______ __:_____
- MM/DD/YYYY only
- Unknown

### COMPLICATIONS

#### 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?
- Yes
- 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

### What is the last NIHSS score documented prior to initiation of alteplase at this hospital?
- ____________
- Baseline NIHSS
- Subsequent NIHSS

### What is the highest NIHSS score documented within 36 hours following initiation of IV alteplase?
- ____________

### What is the last NIHSS score documented prior to initiation of IA alteplase or MER at this hospital?
- ____________

### What is the highest NIHSS score documented within 36 hours following IA alteplase or MER initiation?
- ____________

### Is there documentation that a procoagulant reversal agent was used?
- Yes
- No
initiated at this hospital?

<table>
<thead>
<tr>
<th>Date/Time procoagulant initiated</th>
<th>MM/DD/YYYY only</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>^Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</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?

<table>
<thead>
<tr>
<th>Date/Time first INR &lt;= 1.4 after treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY only</td>
</tr>
<tr>
<td>No documented INR &lt;= 1.4 after tx</td>
</tr>
</tbody>
</table>

HEMORRHAGIC STROKE TREATMENT

^Is there documentation that nimodipine was administered at this hospital?

^What is the date and time that nimodipine was first administered to this patient at this hospital?

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

^Surgical treatment for ICH at this hospital?

^Surgical treatment for ICH at this hospital, type:

<table>
<thead>
<tr>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Ventricular Drain (EVD)</td>
</tr>
<tr>
<td>Endoscopic evacuation</td>
</tr>
<tr>
<td>Conventional craniotomy and evacuation of clot under direct vision</td>
</tr>
<tr>
<td>Stereotaxic evacuation</td>
</tr>
<tr>
<td>Hemicraniectomy without clot evacuation</td>
</tr>
<tr>
<td>Fibrinolytic infusion via catheter</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

^If ICH was evacuated, time from ictus to evacuation procedure start was:

DISCHARGE INFORMATION

Discharge Tab

GWTG Ischemic Stroke-Only Estimated Mortality Rate

GWTG Global Stroke Estimated Mortality Rate (Ischemic Stroke, SAH, ICH, Stroke NOS)

[Calculated in the PMT]

Modified Rankin Scale at Discharge

<table>
<thead>
<tr>
<th>Yes</th>
<th>No/ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>Estimated from record</td>
</tr>
</tbody>
</table>

Total Score: __________

Ambulatory status at discharge

<table>
<thead>
<tr>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to ambulate independently (no help from another person) w/ or w/o device</td>
</tr>
<tr>
<td>With assistance (from person)</td>
</tr>
<tr>
<td>Unable to ambulate</td>
</tr>
<tr>
<td>ND</td>
</tr>
</tbody>
</table>

Discharge Blood Pressure (Measurement closest to discharge)

<table>
<thead>
<tr>
<th>Systolic/Diastolic</th>
</tr>
</thead>
<tbody>
<tr>
<td>mmHg</td>
</tr>
</tbody>
</table>

| ND |

DISCHARGE TREATMENTS

Antithrombotic Therapy approved in stroke

Prescribed?

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

If yes,

<table>
<thead>
<tr>
<th>Antiplatlet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulant</td>
</tr>
</tbody>
</table>

| Aspirin |
| Aspirin/dipyridamole (Aggrenox) |
| Clopidogrel (Plavix) |
| Ticlopidine (Ticlid) |
| Apixaban (Eliquis) |
| Argatroban |
| Dabigatran (Pradaxa) |
| Endoxaban (Savaysa) |
| Fondaparinux (Arixtra) |
| Full dose LMW heparin |
| Lepirudin (Refludan) |
| Rivaroxaban (Xarelto) |
| Unfractionated heparin IV |
| Warfarin |
### Case Record Form
Active Form Groups: Stroke, STK (StrokeCM), Comprehensive, Diabetes

Updated January 2021

<table>
<thead>
<tr>
<th>(Coumadin)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dosage</strong></td>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td>1. __________</td>
<td>1. __________</td>
</tr>
<tr>
<td>2. __________</td>
<td>2. __________</td>
</tr>
<tr>
<td>3. __________</td>
<td>3. __________</td>
</tr>
<tr>
<td>4. __________</td>
<td>4. __________</td>
</tr>
</tbody>
</table>

If NC, documented contraindications
- Allergy to or complications r/t antithrombotic
- Patient/Family refused
- Risk for bleeding or discontinued due to bleeding

**Other Antithrombotic(s)**
- Prescribed?  
  - Yes  
  - No

**Other Antithrombotic(s)**
- Medication:  
  - Desirudin (Iprivask)
  - Ticagrelor (Brilinta)
  - Prasugrel (Effient) *contraindicated in stroke and TIA
  - Other

**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

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

**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:

<table>
<thead>
<tr>
<th>Prescribed?</th>
<th>Yes</th>
<th>No</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, continue:

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

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

### Anti-Smoking Tx
- **Yes**
- **No/ND**
- **NC**

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

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

### OTHER LIFESTYLE INTERVENTIONS

#### Reducing weight and/or increasing activity recommendations
- **Yes**
- **No/ND**
- **NC**

#### TLC Diet or Equivalent
- **Yes**
- **No/ND**
- **NC**

#### Antihypertensive Diet
- **Yes**
- **No/ND**
- **NC**

### Was Diabetic Teaching Provided?
- **Yes**
- **No/ND**
- **NC**

### STROKE EDUCATION

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

#### Risk Factors for Stroke
- **Yes**
- **No**

#### Stroke Warning Signs and Symptoms
- **Yes**
- **No**

#### How to Activate EMS for Stroke
- **Yes**
- **No**

#### Need for Follow-Up After Discharge
- **Yes**
- **No**

#### Their Prescribed medications
- **Yes**
- **No**

### STROKE REHABILITATION

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

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
### HEALTH RELATED SOCIAL NEEDS ASSESSMENT

During this admission, was a standardized health related social needs form or assessment completed?

- [ ] Yes
- [ ] No/ND

If Yes, identify the areas of unmet social need. Select all that apply.

- [ ] Living Situation/ Housing
- [ ] Employment
- [ ] Food
- [ ] Education
- [ ] Utilities
- [ ] Mental Health
- [ ] Personal Safety
- [ ] Substance Use
- [ ] Financial Strain
- [ ] Transportation Barriers
- [ ] None

### 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

#### Hypercoagulability testing

- [ ] 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

#### 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

#### Carotid revascularization

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

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

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

#### Short-term cardiac rhythm monitoring <= 7 days

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

### OPTIONAL FIELDS – Please do not enter any patient identifiers in this section

<table>
<thead>
<tr>
<th>Field 1</th>
<th>Field 2</th>
<th>Field 3</th>
<th>Field 4</th>
<th>Field 5</th>
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<tbody>
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<table>
<thead>
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<th>Field 7</th>
<th>Field 8</th>
<th>Field 9</th>
<th>Field 10</th>
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<th>Field 12</th>
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<table>
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<th>Field 14</th>
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<td>MM/DD/YYYY</td>
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</tr>
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<table>
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<th>Field 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Additional Comments:

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

<table>
<thead>
<tr>
<th>Encounter Date:</th>
<th>E/M Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong></em>/______</td>
<td>_________</td>
</tr>
</tbody>
</table>
### CORE MEASURE TAB (many elements are auto-populated within the online PMT)

#### Check if patient is part of a sample

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

#### Race

- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian (2020) / Asian or Pacific Islander (2021)
- [ ] White
- [ ] Native Hawaiian or Pacific Islander (discharges prior to 2021)
- [ ] UTD

#### Zip Code

- [ ] Homeless

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

- [ ] Medicare
- [ ] Non-Medicare

#### History & Last Known Well

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there physician/APN/PA documentation of a diagnosis, signed ECG tracing, or a history of ANY atrial fibrillation/flutter in the medical record?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there documentation that the patient was on a lipid-lowering medication prior to hospital arrival?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there documentation that the date and time of last known well was witnessed or reported?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When is the earliest physician/APN/PA documentation of comfort measures only?</td>
<td>Day 0 or 1, Day 2 or after, Timing unclear, Not Documented/UTD</td>
<td></td>
</tr>
</tbody>
</table>

#### Thrombolysis

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there documentation that IV alteplase therapy initiated at this hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the patient receive IV or IA alteplase at this hospital or within 24 hours prior to arrival?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there documentation on the day of or day after hospital arrival of a reason for not initiating IV thrombolytic?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Early Antithrombotics

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was antithrombotic therapy administered by the end of hospital day 2?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Labs

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Discharge Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Date/Time: [Month/Day/Year Time]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was antithrombotic 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 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:
<table>
<thead>
<tr>
<th>CSTK Additional Comments:</th>
</tr>
</thead>
</table>

END OF FORM