CASE RECORD FORM Active Form Group: Standard, STK (Stroke CM)

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

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: 

Select one option
☐ MM/DD/YYYY HH:MI __/__/______ __: __
☐ MM/DD/YYYY __/__/______
☐ Unknown

Admit Date: 

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

Referring hospital discharge date/ time

☐ MM/DD/YYYY __/__/______ __: __

If patient transfer from another 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

Discharge Date: 

Select one option
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

---

### DIAGNOSIS CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM</td>
<td>Principal Diagnosis Code:</td>
</tr>
<tr>
<td>ICD-10-CM</td>
<td>Principal Diagnosis Code:</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>Other Diagnosis Codes:</td>
</tr>
<tr>
<td>ICD-10-CM</td>
<td>Other Diagnosis Codes:</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>Principal Procedure Code:</td>
</tr>
<tr>
<td>ICD-10-PCS</td>
<td>Principal Procedure Code:</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>Other Procedure Codes:</td>
</tr>
<tr>
<td>ICD-10-PCS</td>
<td>Other Procedure Codes:</td>
</tr>
</tbody>
</table>

### CSTK Initial Patient Population

- Ischemic Stroke Without Procedure
- Ischemic Stroke With IV t-PA, IA t-PA, or MER
- Hemorrhagic Stroke

---

### DISCHARGE DIAGNOSIS

- 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)

---

### 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

---

Updated November 2017
<table>
<thead>
<tr>
<th><strong>Receiving Hospital Arrival Date/Time</strong></th>
<th><em><strong>/</strong></em>/______   ___: ____  □ MM/DD/YYYY only</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please enter referring hospital Discharge Date/Time. Field label will be updated)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>If transferred from another hospital, specify hospital name</strong></th>
<th>&lt; Select hospital name from dropdown menu&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Hospital not on the list</td>
</tr>
<tr>
<td></td>
<td>□ Hospital not documented</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Referring hospital discharge date/time</strong></th>
<th><em><strong>/</strong></em>/______   ___: ____  □ MM/DD/YYYY only</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>If patient transferred from another hospital, select transfer version:</strong></th>
<th>Evaluation for IV tPA up to 4.5 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Post Management of IV tPA (e.g. Drip and Ship)</td>
</tr>
<tr>
<td></td>
<td>Evaluation for Endovascular thrombectomy</td>
</tr>
<tr>
<td></td>
<td>Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)</td>
</tr>
<tr>
<td></td>
<td>Patient/family request</td>
</tr>
<tr>
<td></td>
<td>Other advanced care (not stroke related)</td>
</tr>
<tr>
<td></td>
<td>Not documented</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Where patient first received care at your hospital:</strong></th>
<th>Emergency Department/Urgent Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Direct Admit, not through ED</td>
</tr>
<tr>
<td></td>
<td>Imaging suite</td>
</tr>
<tr>
<td></td>
<td>ND or Cannot be determined</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Advanced Notification by EMS (Traditional Responder or Mobile Stroke Unit)?</strong></th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No/ND</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Where was the patient cared for and by whom?</strong></th>
<th>Neuro Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check all that apply.</td>
<td>Other Service Admission</td>
</tr>
<tr>
<td></td>
<td>Stroke Consult</td>
</tr>
<tr>
<td></td>
<td>No Stroke Consult</td>
</tr>
<tr>
<td></td>
<td>In Stroke Unit</td>
</tr>
<tr>
<td></td>
<td>Not in Stroke Unit</td>
</tr>
</tbody>
</table>

| **Physician/Provider NPI** | Enter Physician Name – NPI |

<table>
<thead>
<tr>
<th><strong>DEMOGRAPHICS</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Birth:</strong></td>
<td><em>/__/</em>___  MM/DD / YYYY</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>□ Male □ Female □ Unknown</td>
</tr>
</tbody>
</table>

| **Age:** | |
| **Hispanic Ethnicity:** | Select one option |
| O Yes O No/UTD |

| If Yes, | □ Mexican, Mexican American, Chicano/a |
|        | □ Puerto Rican                        |
|        | □ Cuban                               |
|        | □ Another Hispanic, Latino or Spanish Origin |

<table>
<thead>
<tr>
<th><strong>Race (Select all that apply):</strong></th>
<th>Black or African American</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ American Indian/Alaska Native</td>
<td>Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td>□ Asian</td>
<td>□ White</td>
</tr>
<tr>
<td>[if Asian selected]</td>
<td>□ UTD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>if Asian selected</th>
<th>[If native Hawaiian or pacific islander selected]</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Asian Indian</td>
<td>□ Native Hawaiian</td>
</tr>
<tr>
<td>□ Chinese</td>
<td>□ Guamanian or Chamorro</td>
</tr>
<tr>
<td>□ Filipino</td>
<td>□ Samoan</td>
</tr>
<tr>
<td>□ Japanese</td>
<td></td>
</tr>
<tr>
<td>□ Korean</td>
<td></td>
</tr>
<tr>
<td>□ Vietnamese</td>
<td></td>
</tr>
</tbody>
</table>
### Health Insurance Status (Select all that apply)
- Medicare
- Self Pay/No Insurance
- Medicaid
- ND
- Private/VA/Champus/Other Insurance

### What is the patient’s source of payment for this episode of care?
- Medicare
- Non-Medicare

### Zip Code:
- [ ] Homeless

### MEDICAL HISTORY

#### Previously known medical hx of (Select all that apply):
- Atrial Fib/Flutter
- CAD/prior MI
- Carotid Stenosis
- Current pregnancy (up to 6 weeks post partum)
- Depression
- Diabetes Mellitus
- Drugs/Alcohol Abuse
- Dyslipidemia
- Family History of Stroke
- HF
- HRT
- Hypertension
- Migraine
- Obesity/Overweight
- Previous Stroke
- Previous TIA
- Prosthetic Heart Valve
- PVD
- Renal insufficiency - chronic
- Sickle Cell
- Sleep Apnea
- Smoker

#### Ambulatory status prior to 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

### 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

Below are the 11 questions:

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 amputated)

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-Unstable (Joint fused or limb amputated)

7. Limb ataxia:
   0-No ataxia
   1-Present in one limb
   2-Present in two limbs
   U-Unstable (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
- Aspirin
- ASA/dipyridamole (Aggrenox)
- clopidogrel (Plavix)
- Prasugrel (Effient)
- Ticagrelor (Brilinta)
- Ticlopidine (Ticlid)
- Other Antiplatelet

## Anticoagulant
- Apixaban (Eliquis)
- Argatroban
- Dabigatran (Pradaxa)
- Desirudin (Iprivask)
- Edoxaban (Savaysa)
- Fondaparinux (Arixtra)
- Full dose LMW heparin
- Lepirudin (Refludan)
- Rivaroxaban (Xarelto)
- Unfractionated heparin IV
- Warfarin (Coumadin)
- Other Anticoagulant

## Antihypertensive:
- Yes
- No/ND

## Cholesterol Reducer:
- Yes
- No/ND

## Diabetic Medication:
- Yes
- No/ND

## Antidepressant Medication:
- Yes
- No/ND

### HOSPITALIZATION TAB

#### SYMPTOM TIMELINE

**Date/Time patient last known to be well?**
- MM/DD/YYYY  HH:MI ___/___/_______ ___: ___
- MM/DD/YYYY  ___/__/_____ HH:MI ___/___/_______ ___: ___
- Unknown

**Time of Discovery same as Time Last Known Well:**
- Yes
- No/ND
- Unknown

**Date/Time of discovery of stroke symptoms?**
- MM/DD/YYYY  HH:MI ___/___/_______ ___: ___
- MM/DD/YYYY  ___/__/_____ HH:MI ___/___/_______ ___: ___
- Unknown

**Comments:**

#### BRAIN IMAGING

**Brain imaging completed at your hospital for this episode of care?**
- Yes
- No/ND
- NC

**Date/Time Brain Imaging Initiated:**
- MM/DD/YYYY  HH:MI ___/___/_______ ___: ___
- MM/DD/YYYY  ___/__/_____ HH:MI ___/___/_______ ___: ___
- Unknown

**Interpretation of first brain image after symptom onset, done at any facility:**
- Hemorrhage
- No Hemorrhage
- Not Available
## ADDITIONAL TIME TRACKERS

<table>
<thead>
<tr>
<th>Date/Time Stroke Team Activated:</th>
<th>Date/Time Stroke Team Arrived:</th>
<th>Date/Time of ED Physician Assessment:</th>
<th>Date/Time Neurosurgical Services Consulted:</th>
<th>Date/Time Brain Imaging Ordered:</th>
<th>Date/Time Brain Imaging Interpreted:</th>
<th>Date/Time IV t-PA Ordered:</th>
<th>Date/Time Lab Tests Ordered:</th>
<th>Date/Time Lab Tests Completed:</th>
<th>Date/Time Chest X-ray Ordered:</th>
<th>Date/Time Chest X-ray Completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Additional comments:

**IV THROMBOLYTIC THERAPY**

- IV t-PA initiated at this hospital?  
  - Yes
  - No

- Date/Time IV t-PA initiated:
  - MM/DD/YYYY MM:HH

- 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
Aw4: Severe Stroke (NIHSS > 25)

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

Other Reasons (Hospital-related or other factors) 3-4.5-hour treatment window.
Delay in Patient Arrival
In-hospital Time Delay
For discharges on or after 1 April 2016

<table>
<thead>
<tr>
<th>Delay in Stroke diagnosis</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No IV access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other — requires specific reason to be entered in the PMT when this option is selected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>Eligibility Reason(s):</th>
<th>Social/Religious</th>
<th>Initial refusal</th>
<th>Care-team unable to determine eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specify eligibility reason: __________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Reason(s):</td>
<td>Hypertension requiring aggressive control with IV medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose &lt; 50), seizures, or major metabolic disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investigational or experimental protocol for thrombolysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specify medical reason: __________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Related or Other Reason(s):</th>
<th>Delay in stroke diagnosis</th>
<th>In-hospital time delay</th>
<th>Equipment-related delay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Other ____________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV tPA at an outside hospital or EMS/ Mobile Stroke Unit?

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

Investigational or experimental protocol for thrombolysis?

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

If yes, please specify: __________

Additional Comments Related to Thrombolytics:

**ENDOVASCULAR THERAPY**

Catheter-based stroke treatment at this hospital?

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

**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?

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

**COMPLICATIONS OF TROMBOLYTIC THERAPY**

Complications of Thrombolytic Therapy (Select all that apply)

- Symptomatic intracranial hemorrhage <36 hours
- Life threatening, serious systemic hemorrhage <36 hours
- 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?

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

Was patient screened for dysphagia prior to any oral intake including water or medications?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No/ND</th>
<th>NC</th>
</tr>
</thead>
</table>
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
- □ 8- Oral Factor Xa Inhibitor
- □ 9- Aspirin
- □ A- None of the above OR not documented OR unable to determine from medical record documentation

### Was DVT or PE documented?

□ Yes □ No/ND

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

□ Yes □ No/ND □ NC

### 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: ______

- What is the first blood glucose value obtained prior to or after hospital arrival? to or after hospital arrival?
  - □ Too Low □ Too High

### Serum Creatinine: ______

- What is the first platelet count obtained prior to or after hospital arrival?
  - □ Too Low □ Too High

### INR: ______

- 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

### 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 □ Estimated from the record □ ND

### Total Score

---

Updated November 2017
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:

<table>
<thead>
<tr>
<th>Class</th>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiplatelet</td>
<td>□ aspirin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticoagulant</td>
<td>□ ASA/dipyridamole (Aggrenox)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ clopidogrel (Plavix)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ ticlopidine (Ticlid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Anticoagulant</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ apixaban (Eliquis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ argatroban</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ dabigatran (Pradaxa)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ endoxaban (Savaysa)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ fondaparinux (Arixtra)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ full dose LMW heparin</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ lepirudin (Refludan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ rivaroxaban (Xarelto)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ unfractionated heparin IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td>Medication</td>
<td>Dosage</td>
<td>Frequency</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------</td>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td>1.</td>
<td>warfarin (Coumadin)</td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>ticagrelor (Brilinta)</td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>desirudin (Iprivask)</td>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>prasugrel (Effient)</td>
<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
- 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)

Persistent or Paroxysmal Atrial Fibrillation/Flutter [ ] Yes [ ] No

If atrial fibrillation 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

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 [ ] Yes [ ] No/ND [ ] NC

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

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

Was Diabetes Teaching Provided?

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

**STROKE EDUCATION**

Patient and/or caregiver received education and/or resource materials regarding all of the following:

Check all as Yes: ☐

<table>
<thead>
<tr>
<th>Risk Factors for Stroke</th>
<th>Stroke Warning Signs and Symptoms</th>
<th>Need for Follow-Up After Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
<td>O Yes</td>
<td>O Yes</td>
</tr>
<tr>
<td>O No</td>
<td>O No</td>
<td>O No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Their Prescribed Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Yes</td>
</tr>
<tr>
<td>O No</td>
</tr>
</tbody>
</table>

**STROKE REHABILITATION**

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

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

Check all rehab services that patient received or was assessed for:

- ☐ Patient received rehabilitation services during hospitalization
- ☐ Patient transferred to rehabilitation facility
- ☐ Patient referred to rehabilitation services following discharge
- ☐ Patient ineligible to receive rehabilitation services because symptoms resolved
- ☐ Patient ineligible to receive rehabilitation services due to impairment (i.e. poor prognosis, patient unable to tolerate rehabilitation therapeutic regimen)

**STROKE DIAGNOSTIC TESTS AND INTERVENTIONS**

- Cardiac ultrasound/echocardiography

  - Performed during this admission or 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

- Carotid Imaging

  - 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

- Carotid revascularization

  - 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

<table>
<thead>
<tr>
<th>Field 1</th>
<th>Field 2</th>
<th>Field 3</th>
<th>Field 4</th>
<th>Field 5</th>
<th>Field 6</th>
<th>Field 7</th>
<th>Field 8</th>
<th>Field 9</th>
<th>Field 10</th>
<th>Field 11</th>
<th>Field 12</th>
<th>Field 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MM/DD/YYYY only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments

**ADMINISTRATIVE**

PMT used concurrently or retrospectively or combination?

<table>
<thead>
<tr>
<th>Concurrently</th>
<th>Retrospectively</th>
<th>Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**Optional Tab**
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 |

### CORE MEASURES 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>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Black or African American</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>HIC Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________</td>
</tr>
</tbody>
</table>

Was history of atrial fibrillation/flutter or current finding of atrial fibrillation/flutter documented in the medical record?  
| O Yes | O No |

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

Is there documentation that the date and time of last known well was witnessed or reported?  
| O Yes | O No |

**What was the date and time at which the patient was last known to be well or at his or her baseline state of health?**  
| ___/___/______ | ___: _____ |
| ☐ MM/DD/YYYY only | ☐ Unknown |

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

IV thrombolytic therapy initiated at this hospital?  
| O Yes | O No |

Did the patient receive IV or IA thrombolytic (t-PA) therapy at this hospital or within 24 hours prior to arrival?  
| O Yes | O No |

Documented reasons for not initiating IV thrombolytic?  
| O Yes | O No |

Was antithrombotic therapy administered by the end of hospital day 2?  
| O Yes | O No |

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

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

Discharge Date/Time  
| ___/___/______ | ___: _____ |
| ☐ MM/DD/YYYY only | ☐ Unknown |

Was antithrombotic therapy prescribed at hospital discharge?  
| O Yes | O No |

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?  
| O Yes | O No |

Was anticoagulation therapy prescribed at hospital discharge?  
| O Yes | O No |

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?  
| O Yes | O No |

Was a statin medication prescribed at discharge?  
| O Yes | O No |

Stroke Core Measure Additional Comments