**Final clinical diagnosis related to stroke:**

- Ischemic Stroke
- Transient Ischemic Attack (< 24 hours)
- Subarachnoid Hemorrhage Intracerebral Hemorrhage
- Stroke not otherwise specified
- No stroke related diagnosis
- Elective Carotid Intervention only

**If No Stroke Related Diagnosis:**

- Migraine
- Seizure
- Delirium
- Electrolyte or metabolic imbalance
- Functional disorder
- Other
- Uncertain

**Was the Stroke etiology documented in the patient medical record:**

- Yes
- No

**Select documented stroke etiology:**

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:**

- O MM/DD/YYYY HH:MI
- O MM/DD/YYYY
- O Unknown

**Admit Date:**

- O MM/DD/YYYY
- O Unknown

**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 the list
  - Hospital not documented

**Select reason(s) for why patient transferred**

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

**Discharge Date:**

- O MM/DD/YYYY HH:MI
- O MM/DD/YYYY

**For patients discharged on or after 04/01/2011: What was the patient's**

- Home
### CASE RECORD FORM

**Active Form Group:** Standard, STK (Stroke CM)  
**Updated:** February 2018

#### Discharge Disposition on the Day of Discharge?

- 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

---

#### Diagnoses Codes

| ICD-9-CM Principal Diagnosis Code | See ICD-9 code list for allowable values |
| ICD-10-CM Principal Diagnosis Code | See ICD-10 list for allowable values |
| ICD-9-CM Other Diagnosis Codes: |
| ICD-10-CM Other Diagnosis Codes: |
| ICD-9-CM Principal Procedure Code: |
| ICD-10-PCS Principal Procedure Code: |
| ICD-9-CM Other Procedure Codes: |
| ICD-10-PCS Other Procedure Codes: |

#### CSTK Initial Patient Population

Calculated by System Logic:

1. Ischemic Stroke Without Procedure
2. Ischemic Stroke With IV t-PA, IA t-PA, or MER
3. Hemorrhagic Stroke

#### Admission & ADMISSION INFORMATION

**Patient location when stroke symptoms discovered:**

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

**How patient arrived at your hospital**

- EMS from home/scene
- Mobile Stroke Unit
- Private transport/taxi/other from home/scene
- Transfer from other hospital
- ND or Unknown

**Referring hospital discharge Date/ Time**

|  / /  |  |  |  | MM/DD/YYYY only | Unknown |

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

- Select hospital name from picker list
  
  - Hospital not on the list
  - Hospital not documented

**Referring hospital arrival date/ time**

|  / /  |  |  |  | MM/DD/YYYY only | Unknown |
CASE RECORD FORM Active Form Group: Standard, STK (Stroke CM)  

Updated February 2018

If patient transferred to your hospital, select transfer reason(s)
- □ Evaluation for IV tPA up to 4.5 hours
- □ Post Management of IV tPA (e.g. Drip and Ship)
- □ Evaluation for Endovascular thrombectomy
- □ Advanced stroke care (e.g., Neurocritical care, surgical or other time critical therapy)
- □ Patient/family request
- □ Other advanced care (not stroke related)

Not documented

Where patient first received care at your hospital:
- □ Emergency Department/Urgent Care
- □ Direct Admit, not through ED
- □ Imaging suite
- □ ND or Cannot be determined

Advanced Notification by EMS (Traditional Responder or Mobile Stroke Unit)?
- O Yes  O No/ND  O N/A

Where was the patient cared for and by whom?
Check all that apply.
- □ Neuro Admission
- □ Other Service Admission
- □ Stroke Consult
- □ No Stroke Consult
- □ In Stroke Unit
- □ Not in Stroke Unit

Physician/Provider NPI
Enter Physician Name – NPI

DEMOGRAPHICS

Date of Birth: ______/____/____
MM /DD / YYYY
Gender:
    □ Male
    □ Female
    □ Unknown

Age: ___________

Hispanic Ethnicity:  Select one option
    □ Yes
    □ No/UTD

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

Race (Select all that apply):
- □ American Indian/Alaska Native
- □ Asian
  - [If Asian selected]
    □ Asian Indian
    □ Chinese
    □ Filipino
    □ Japanese
    □ Korean
    □ Vietnamese
    □ Other Asian

- □ Black or African American
- □ Native Hawaiian or Pacific Islander
  - [If native Hawaiian or pacific islander selected]
    □ Native Hawaiian or Chamorro
    □ Samoan
    □ Other Pacific Islander

- □ White
- □ UTD

Health Insurance Status (Select all that apply)
- □ Medicare
- □ Self Pay/No Insurance
- □ Medicaid
- □ ND
- □ Private/VA/Champus/Other Insurance

Zip Code: ____________________

□ Homeless

MEDICAL HISTORY

Previously known medical hx of (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
- □ 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 [SHOW hyperlink expands to show individual components 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-Obey both correctly
1-Obey 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

#### 5. 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)

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

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

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

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

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

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

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

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

NIHSS score obtained from transferring facility:
ND

Initial exam findings (Select all that apply):
- Weakness/Paresis
- Altered Level of Consciousness
- Aphasia/Language Disturbance
- Other neurological signs/symptoms
- No neurological signs/symptoms
- ND
### MEDICATIONS PRIOR TO ADMISSION

No medications prior to admission

#### Antiplaetlet or Anticoagulant Medication(s):

<table>
<thead>
<tr>
<th>Class</th>
<th>Medication(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antiplatelet Medication</strong></td>
<td>□ aspirin&lt;br&gt;□ ASA/dipyridamole (Aggrenox)&lt;br&gt;□ clopidogrel (Plavix)&lt;br&gt;□ Prasugrel (Effient)</td>
</tr>
<tr>
<td><strong>Anticoagulant Medication</strong></td>
<td>□ apixaban (Eliquis)&lt;br&gt;□ argatroban&lt;br&gt;□ dabigatran (Pradaxa)&lt;br&gt;□ desirudin (Iprivask)&lt;br&gt;□ edoxaban (Savaysa)&lt;br&gt;□ fondaparinux (Arixtra)</td>
</tr>
</tbody>
</table>

#### Antihypertensive:

<table>
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<tr>
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<th>No/ND</th>
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#### Cholesterol reducer:

<table>
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<tr>
<th>Yes</th>
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#### Diabetic medication:

<table>
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<th>Yes</th>
<th>No/ND</th>
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#### Antidepressant medication:

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<tr>
<th>Yes</th>
<th>No/ND</th>
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### SYMPTOM TIMELINE

**Date/Time patient last known to be well?**

Select one option

- □ MM/DD/YYYY HH:MI ___/__/______ ___:___
- □ MM/DD/YYYY ___/__/______
- □ Unknown

**Time of Discovery same as Time Last Known Well:**

- □ Yes
- □ No/ND

**Date/Time of discovery of stroke symptoms?**

Select one option

- □ MM/DD/YYYY HH:MI ___/__/______ ___:___
- □ MM/DD/YYYY ___/__/______
- □ Unknown

**Comments:**

**BRAIN IMAGING**

**Brain imaging completed at your hospital for this episode of care?**

- □ Yes
- □ No/ND
- □ NC

**Date/Time Brain Imaging Initiated:**

Select one option

- □ MM/DD/YYYY HH:MI ___/__/______ ___:___
### Interpretation of first brain image after symptom onset, done at any facility:

- [ ] Hemorrhage
- [ ] No Hemorrhage
- [ ] Not Available

<table>
<thead>
<tr>
<th>ADDITIONAL TIME TRACKERS</th>
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<tbody>
<tr>
<td>Date/Time Stroke Team Activated:</td>
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<tr>
<td>[ ] MM/DD/YYYY HH:MI / / / / :</td>
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<tr>
<td>[ ] MM/DD/YYYY / / / / /</td>
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<tr>
<td>Date/Time Stroke Team Arrived:</td>
</tr>
<tr>
<td>[ ] MM/DD/YYYY HH:MI / / / / :</td>
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<tr>
<th>ADDITIONAL TIME TRACKERS</th>
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<tr>
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<td>[ ] N/A</td>
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</tbody>
</table>

| Date/Time Neurosurgical Services Consulted: | Select one option |
| [ ] MM/DD/YYYY HH:MI / / / / : | |
| [ ] MM/DD/YYYY / / / / / | |
| [ ] Unknown | |
| [ ] N/A | |

| Date/Time Brain Imaging Ordered: | Select one option |
| [ ] MM/DD/YYYY HH:MI / / / / : | |
| [ ] MM/DD/YYYY / / / / / | |
| [ ] Unknown | |
| [ ] N/A | |

| Date/Time Brain Imaging Interpreted: | Select one option |
| [ ] MM/DD/YYYY HH:MI / / / / : | |
| [ ] MM/DD/YYYY / / / / / | |
| [ ] Unknown | |
| [ ] N/A | |

| Date/Time IV t-PA Ordered: | Select one option |
| [ ] MM/DD/YYYY HH:MI / / / / : | |
| [ ] MM/DD/YYYY / / / / / | |
| [ ] Unknown | |
| [ ] N/A | |

| Date/Time IV t-PA Initiated: | Select one option |
| [ ] MM/DD/YYYY HH:MI / / / / : | |
| [ ] MM/DD/YYYY / / / / / | |
| [ ] Unknown | |
| [ ] N/A | |

| Date/Time Lab Tests Ordered: | Select one option |
| [ ] MM/DD/YYYY HH:MI / / / / : | |
| [ ] MM/DD/YYYY / / / / / | |
| [ ] Unknown | |
| [ ] N/A | |

| Date/Time Lab Tests Completed: | Select one option |
| [ ] MM/DD/YYYY HH:MI / / / / : | |
| [ ] MM/DD/YYYY / / / / / | |
| [ ] Unknown | |
| [ ] N/A | |

| Date/Time Chest X-ray Ordered: | Select one option |
| [ ] MM/DD/YYYY HH:MI / / / / : | |
| [ ] MM/DD/YYYY / / / / / | |
| [ ] Unknown | |
| [ ] N/A | |

| Date/Time Chest X-ray Completed: | Select one option |
| [ ] MM/DD/YYYY HH:MI / / / / : | |
| [ ] MM/DD/YYYY / / / / / | |
| [ ] Unknown | |
| [ ] N/A | |

### Additional comments:

**IV THROMBOLYTIC THERAPY**

**IV t-PA initiated at this hospital?**

- [ ] Yes
- [ ] No

**Date/Time IV t-PA initiated:**

| [ ] MM/DD/YYYY HH:MI / / / / : |
| [ ] MM/DD/YYYY / / / / / |
| [ ] Unknown |
| [ ] N/A |

**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?

O Yes  O No

**SHOW ALL**

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

Exclusion Criteria (contraindications) 0-3 hr treatment window. Select all that apply:

- C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment
- C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months
- C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
- C4: Active internal bleeding
- C5: Acute bleeding diathesis (low platelet count, increased PTT, INR >= 1.7 or use of NOAC)
- C6: Symptoms suggest subarachnoid hemorrhage
- C7: CT demonstrates multi-lobar infarction (hypodensity >1/3 cerebral hemisphere)
- C8: Arterial puncture at non-compressible site in previous 7 days
- C9: Blood glucose concentration <50 mg/dL (2.7 mmol/L)

Relative Exclusion Criteria (Warnings) 0-3 hr treatment window. Select all that apply:

- W1: Care-team unable to determine eligibility
- W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
- W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission
- W4: Pregnancy
- W5: Patient/family refusal
- W6: Rapid improvement
- W7: Stroke severity too mild
- W8: Recent acute myocardial infarction (within previous 3 months)
- W9: Seizure at onset with postictal residual neurological impairments
- W10: Major surgery or serious trauma within previous 14 days
- W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)

Exclusion Criteria (contraindications) 3-4.5 hr treatment window. Select all that apply:

- C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment
- C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months
- C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
- C4: Active internal bleeding
- C5: Acute bleeding diathesis (low platelet count, increased PTT, INR >= 1.7 or use of NOAC)
- C6: Symptoms suggest subarachnoid hemorrhage
- C7: CT demonstrates multi-lobar infarction (hypodensity >1/3 cerebral hemisphere)
- C8: Arterial puncture at non-compressible site in previous 7 days
- C9: Blood glucose concentration <50 mg/dL (2.7 mmol/L)

Relative Exclusion Criteria (Warnings) 3-4.5 hr treatment window. Select all that apply:

- W1: Care-team unable to determine eligibility
- W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
- W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission
- W4: Pregnancy
- W5: Patient/family refusal
- W6: Rapid improvement
- W7: Stroke severity too mild
- W8: Recent acute myocardial infarction (within previous 3 months)
- W9: Seizure at onset with postictal residual neurological impairments
- W10: Major surgery or serious trauma within previous 14 days
- W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)

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

- AW1: Age > 80
- AW2: History of both diabetes and prior ischemic stroke
- AW3: Taking an oral anticoagulant regardless of INR
- Severe Stroke (NIHSS > 25)

Other Reasons (Hospital-related or other factors) 0-3-hour treatment window.

- Delay in Patient Arrival
- In-hospital Time Delay
- Delay in Stroke diagnosis
- No IV access
CASE RECORD FORM Active Form Group: Standard, STK (Stroke CM)  
Updated February 2018

- Advanced Age
- Stroke too severe
- Other – requires specific reason to be entered in the PMT when this option is selected.

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

For discharges on or after 1 April 2016

- If IV tPA was initiated greater than 60 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:
  - Yes
  - No
  - Eligibility Reason(s):
    - Social/Religious
    - Initial refusal
    - Care-team unable to determine eligibility
    - Specify eligibility reason: __________________
  - Medical Reason(s):
    - Hypertension requiring aggressive control with IV medications
    - Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose < 50), seizures, or major metabolic disorders
    - Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
    - Investigational or experimental protocol for thrombolysis
    - Specify medical reason: __________________
  - Hospital Related or Other Reason(s):
    - Delay in stroke diagnosis
    - In-hospital time delay
    - Equipment-related delay
    - Other __________________

- IV tPA at an outside hospital or EMS/ Mobile Stroke Unit?
  - Yes
  - No

- Investigational or experimental protocol for thrombolysis?
  - Yes
  - No
  - If yes, please specify: __________

- Additional Comments Related to Thrombolitics:

ENDOVASCULAR THERAPY

- Catheter-based stroke treatment at this hospital? Yes  No
- IA t-PA or MER Initiation Date/Time
  - Select one option
    - MM/DD/YYYY HH:MI ___/___/___  ___: ___
    - MM/DD/YYYY ___/___/____
    - Unknown

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

Note, if your hospital is collecting data for the Comprehensive Stroke Center and/or Mechanical Endovascular Reperfusion measure set, please ensure you complete additional data entry on the Advanced Stroke Care.

COMPLICATIONS OF THROMBOLYTIC THERAPY

- Complications of Thrombolytic Therapy (Select all that apply)
  - Symptomatic intracranial hemorrhage <36 hours
  - Life threatening, serious systemic hemorrhage <36 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? □ 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
- □ 8- Oral Factor Xa Inhibitor
- □ 9- Aspirin
- □ A- None of the above OR not documented OR unable to determine from medical record documentation

What date was the VTE prophylaxis administered after hospital admission? □ ___/___/_____ mm/dd/yyyy □ Unknown

Is there physician/APN/PA or pharmacist documentation why VTE prophylaxis was not administered at hospital admission? □ Yes □ No

For discharges on or after 01/01/2013: Is there physician/APN/PA documentation why Oral Factor Xa Inhibitor was administered for VTE prophylaxis? □ Yes □ No

### Other Therapeutic Anticoagulation

- □ apixaban (Eliquis)
- □ Argatroban
- □ Dabigatran (Pradaxa)
- □ Desirudin (Iprivask)
- □ Edoxaban (Savaysa)
- □ Lepirudin (Refludan)
- □ Rivaroxaban (Xarelto)
- □ Unfractionated heparin IV
- □ Other Anticoagulant

Was DVT or PE documented? □ Yes □ No □ ND

Was antithrombotic therapy administered by the end of hospital day 2? □ Yes □ No/ND □ NC

If yes, select all that apply: □ Antiplatelet □ Anticoagulant

What date was the VTE prophylaxis administered after hospital admission? □ ___/___/_____ mm/dd/yyyy □ Unknown

Is there physician/APN/PA or pharmacist documentation why VTE prophylaxis was not administered at hospital admission? □ Yes □ No

For discharges on or after 01/01/2013: Is there physician/APN/PA documentation why Oral Factor Xa Inhibitor was administered for VTE prophylaxis? □ Yes □ No

### Other Therapeutic Anticoagulation

Was DVT or PE documented? □ Yes □ No □ ND

Was antithrombotic therapy administered by the end of hospital day 2? □ Yes □ No/ND □ NC

If yes, select all that apply: □ Antiplatelet □ Anticoagulant

### MEASUREMENTS (FIRST MEASUREMENT UPON PRESENTATION TO YOUR HOSPITAL)

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<th>Triglycerides:</th>
<th>HDL:</th>
<th>LDL:</th>
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<tr>
<td>______mg/dL</td>
<td>______mg/dL</td>
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</table>
CASE RECORD FORM Active Form Group: Standard, STK (Stroke CM)  
Updated February 2018

Lipids: ND ☐  
Lipids: NC ☐

A1c: ND ☐  
A1c: NC ☐

What is the first blood glucose value obtained prior to or after hospital arrival? to or after hospital arrival?

Serum Creatinine: ___________ 
Serum Creatinine: ND

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

INR: ___________ 
INR: ND ☐  
INR: NC ☐

Is there documentation in the medical record that the INR value performed closest to hospital arrival was greater than 1.4?  ☐ Yes ☐ No

Vital Signs: Heart Rate (beats per minute): ___________ 
Vital Signs: UTD ☐

What is the first blood pressure obtained prior to or after hospital arrival? _____/_______ mmHg 
Systolic/Diastolic

Height: ________ in. ☐ cm. ☐  
Height: ND ☐

Weight: ________ lb. ☐ Kg. ☐  
Weight: ND ☐

Waist Circumference: ________ in. ☐ cm. ☐  
Waist Circumference: ND ☐

BMI: ________  
BMI: ND ☐

Note, If your hospital is collecting data for the Comprehensive Stroke Center and/or Mechanical Endovascular Reperfusion measure set, please ensure you complete additional data entry on the Advanced Stroke Care.

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

SHOW/ HIDE button

Made 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 ☐

Ambulatory status at discharge?
CASE RECORD FORM Active Form Group: Standard, STK (Stroke CM) Updated February 2018

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></td>
<td></td>
<td>Depend on selected medication</td>
</tr>
<tr>
<td>Anticoagulant</td>
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<tr>
<td></td>
<td>aspirin</td>
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<td></td>
<td>ASA/dipyridamole (Aggrenox)</td>
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<td></td>
<td>clopidogrel (Plavix)</td>
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<td></td>
<td>ticlopidine (Ticlid)</td>
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<td></td>
<td>apixaban (Eliquis)</td>
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<td></td>
<td>argatroban</td>
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<td></td>
<td>dabigatran (Pradaxa)</td>
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<td></td>
<td>endoxaban (Savaysa)</td>
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<td></td>
<td>fondaparinux (Arixtra)</td>
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<tr>
<td></td>
<td>full dose LMW heparin</td>
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<td></td>
<td>lepirudin (Refludan)</td>
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<td></td>
<td>rivaroxaban (Xarelto)</td>
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<td></td>
<td>unfractionated heparin IV</td>
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<tr>
<td></td>
<td>warfarin (Coumadin)</td>
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</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 (Briilinta)  
- prasugrel (Effient) contraindication in stroke and TIA  
- Other

Persistent or Paroxysmal Atrial Fibrillation/Flutter  
Yes  
No

If atrial fibr/flutter or history of PAF documented, was patient discharged on anticoagulation?  
Yes  
No/ND  
NC
If NC, documented reasons for no anticoagulation:
- Allergy to or complication r/t warfarin or heparins
- Mental status
- Patient refused
- Risk for bleeding or discontinued due to bleeding
- Risk for falls
- Serious side effect to medication
- Terminal illness/Comfort Measures Only

Antihypertensive Tx (Select all that apply):
- None prescribed/ND
- None - contraindicated
- ACE Inhibitors
- ARB
- Beta Blockers
- Ca++ Channel Blockers
- Diuretics
- Other anti-hypertensive med

Cholesterol-Reducing Tx:
- None prescribed/ND
- None - contraindicated
- Statin
- Fibrate
- Niacin
- Absorption Inhibitor
- Other med

Statin Medication:

<table>
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<tr>
<th>Documented reason for not prescribing a statin medication at discharge?</th>
<th>O Yes</th>
<th>O No</th>
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<tr>
<td>Intensive Statin Therapy</td>
<td>O Yes</td>
<td>O No/ND</td>
</tr>
<tr>
<td>New Diagnosis of Diabetes?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
</tbody>
</table>
| 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
| Anti-Smoking Tx
  - O Yes | O No/ND | O NC |

Any antidepressant class of medication at discharge?

- O Yes, SSRI
- O Yes, any other antidepressant class
- O No/ND

OTHER LIFESTYLE INTERVENTIONS

- Reducing weight and/or increasing activity recommendations
  - O Yes | O No/ND | O NC |
- TLC Diet or Equivalent
  - O Yes | O No/ND | O NC |
- Antihypertensive Diet
  - O Yes | O No/ND | O NC |
- Was Diabetes Teaching Provided?
  - O Yes | O No/ND | O NC |

STROKE EDUCATION

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

- Check all as Yes:

  Risk Factors for Stroke
    - O Yes | O No
  How to Activate EMS for Stroke
    - O Yes | O No
  Their Prescribed Medication
    - O Yes | O No

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

STROKE REHABILITATION

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

- O Yes | O No

- Check all rehab services that patient received or was assessed for:
  - Patient received rehabilitation services during hospitalization
  - Patient transferred to rehabilitation facility
  - Patient referred to rehabilitation services following discharge
  - Patient ineligible to receive rehabilitation services because symptoms resolved
  - Patient ineligible to receive rehabilitation services due to impairment (i.e. poor prognosis, patient unable to tolerate rehabilitation therapeutic 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
- Intracranial Vascular Imaging
  - Performed during this admission or prior 3 months
  - Planned post discharge
  - Not performed or planned
### Carotid Imaging
- **Performed during this admission or prior 3 months**
- **Planned post discharge**
- **Not performed or planned**

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

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

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

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

### Optional Fields

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<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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<td>Field 7</td>
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**Field 13**
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<th>Field 14</th>
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**Field 15**
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**Optional Tab**

### Additional Comments

### Administrative

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<tr>
<th>PMT used concurrently or retrospectively or combination?</th>
<th>O Concurrently</th>
<th>O Retrospectively</th>
<th>O Combination</th>
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<tbody>
<tr>
<td>Was a stroke admission order set used in this patient?</td>
<td>O Yes</td>
<td>O No</td>
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<tr>
<td>Was a stroke discharge checklist used in this patient?</td>
<td>O Yes</td>
<td>O No</td>
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<tr>
<td>Patient adherence contract/compact used?</td>
<td>O Yes</td>
<td>O No</td>
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<tr>
<td>CORE MEASURE TAB (MANY ELEMENTS ARE AUTO-POPULATED WITHIN THE ONLINE PMT)</td>
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<tr>
<td>-----------------------------------------------------------------------</td>
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<tr>
<td>Check if patient is part of a sample</td>
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<td>First Name</td>
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<td>Last Name</td>
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<td>Race</td>
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<td>O Black or African American</td>
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<tr>
<td>O American Indian or Alaska Native</td>
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<tr>
<td>O Asian</td>
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<td>O White</td>
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<tr>
<td>O Native Hawaiian or Pacific Islander</td>
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<td>O UTD</td>
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<td>Zip Code</td>
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<td>__________ -</td>
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<tr>
<td>Homeless</td>
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<tr>
<td>What is the patient’s source of payment for this episode of care?</td>
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<tr>
<td>O Medicare</td>
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<tr>
<td>O Non-Medicare</td>
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<td>HIC Number</td>
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<td>__________________</td>
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<td>Was history of atrial fibrillation/flutter or current finding of atrial fibrillation/flutter documented in the medical record?</td>
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<td>O Yes</td>
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<td>O No</td>
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<tr>
<td>Is there documentation that the patient was on a lipid-lowering medication prior to hospital arrival?</td>
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<td>O Yes</td>
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<td>O No</td>
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<tr>
<td>Is there documentation that the date and time of last known well was witnessed or reported?</td>
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<td>O Yes</td>
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<td>O No</td>
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<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><strong><strong>/</strong></strong>/_____ ___</td>
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<tr>
<td>MM/DD/YYYY only</td>
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<tr>
<td>Unknown</td>
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<tr>
<td>When is the earliest physician/APN/PA documentation of comfort measures only?</td>
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<tr>
<td>O Day 0 or 1</td>
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<tr>
<td>O Day 2 or after</td>
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<tr>
<td>O Timing unclear</td>
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<tr>
<td>O Not</td>
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<tr>
<td>IV thrombolytic therapy initiated at this hospital?</td>
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<td></td>
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<tr>
<td>O Yes</td>
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<td>O No</td>
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<tr>
<td>Did the patient receive IV or IA thrombolytic (t-PA) therapy at this hospital or within 24 hours prior to arrival?</td>
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<td>O Yes</td>
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<td>O No</td>
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<tr>
<td>Documented reasons for not initiating IV thrombolytic?</td>
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<td></td>
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<tr>
<td>O Yes</td>
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<td></td>
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<tr>
<td>O No</td>
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<tr>
<td>Was antithrombotic therapy administered by the end of hospital day 2?</td>
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<td>O Yes</td>
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<td>O No</td>
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<tr>
<td>Was the LDL-cholesterol (LDL-c) measured within the first 48 hours or 30 days prior to hospital arrival?</td>
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<td>O Yes</td>
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<td>O No</td>
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<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>
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<td>O Yes</td>
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<td>O No</td>
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<tr>
<td>Discharge Date/Time</td>
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<td><strong>/</strong>/____   ___          MM/DD/YYYY only     Unknown</td>
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<tr>
<td>Was antithrombotic therapy prescribed at hospital discharge?</td>
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<td>O Yes</td>
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<td>O No</td>
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<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>
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<td>O Yes</td>
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<td>Was anticoagulation therapy prescribed at hospital discharge?</td>
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<td>O Yes</td>
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<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>
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<td>O Yes</td>
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<tr>
<td>Was a statin medication prescribed at discharge?</td>
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<td>O Yes</td>
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<tr>
<td>Stroke Core Measure Additional Comments</td>
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