Updated January 2021

Patient ID:		**Bold Question = Required**

DEMOGRAPHICS *Demographics Tab*

Gender	○ Male ○ Female ○ Unknown		
Date of Birth: _____/_____/_____		**Age:**	_____
Zip Code: _____ - _____ ☐ Homeless			
Payment Source	☐ Medicare Title 18 ☐ Medicaid – Private/ HMO/ PPO/ Other ☐ Self Pay/ No Insurance	☐ Medicaid Title 19 ☐ Private/ HMO/ PPO/ Other ☐ Other/ Not Documented/ UTD	☐ Medicare – Private/ HMO/ PPO/ Other ☐ VA/ CHAMPVA/ Tricare

RACE AND ETHNICITY

Race (Select all that apply):

☐ American Indian/Alaska Native
☐ Asian
[if Asian selected]
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian

☐ Black or African American
☐ Native Hawaiian or Pacific Islander
[if native Hawaiian or pacific islander selected]
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

☐ White
☐ UTD

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

ADMIN *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 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:	____/_____/_____:____	☐ MM/DD/YYYY only ☐ Unknown	**Admit Date:**	_____/_____/_____

Not Admitted:	○ Yes, not admitted ○ No, patient admitted as in patient	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 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*
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)?	○ Yes ○ No
Was this patient admitted for the sole purpose of performance of elective carotid intervention?	○ Yes ○ No
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] ☐ Hospital not on list ☐ Hospital not documented
Referring hospital arrival date/ time	____/_____/_____:____ ☐ MM/DD/YYYY only ☐ Unknown
If patient transferred to your hospital, select transfer reason(s)	☐ Evaluation for IV 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
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 ☐ E-Cigarette Use (Vaping) ☐ HF ☐ Hypertension	☐ 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 ☐ MERS ☐ SARS-COV-1 ☐ SARS-COV-2 (COVID-19) ☐ Other Infectious Respiratory Pathogen ☐ Obesity Overweight ☐ Prosthetic Heart Valve ☐ Sickle Cell

	☐ 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	○ 1 – A pre-stroke mRS of 0, 1, or 2 was documented in the medical record, OR physician/ APN/PA documentation that the patient was able to look after self without daily help prior to this acute stroke episode. ○ 2- A pre-stroke mRS of 3, 4, or 5 was documented in the medical record, OR physician/ APN/ PA documentation that the present could NOT look after self without daily help prior to this acute stroke episode. ○ 3 – A pre-stroke mRS was not documented, OR unable to determine (UTD) from the medical record documentation

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	○ Yes ○ No/ND
If yes:	○ Actual ○ Estimate from record ○ ND
Total Score:	_____ (refer to web program for questions)
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

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) ○ endoxaban (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
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 Vaccination:	○ 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?		Date/Time of discovery of stroke symptoms?
____/_____/_____:____ ☐ MM/DD/YYYY only ☐ Unknown	☐ Time of Discovery same as Last Known well	____/_____/_____:____ ☐ MM/DD/YYYY only ☐ Unknown
Comments:		

BRAIN IMAGING

Brain imaging completed at your hospital for this episode of care?	○ Yes ☐ CT ☐ MRI ○ No/ND ○ NC	**Date/Time Brain Imaging First Initiated at your hospital:**	____/_____/_____:____ ☐ MM/DD/YYYY only ☐ Unknown
Interpretation of first brain image after symptom onset, done at any facility:	○ Acute Hemorrhage ○ No Acute Hemorrhage ○ Not Available		
Was acute Vascular or perfusion imaging (e.g. CTA, MRA, DSA) performed at your hospital?	○ Yes ○ No	Date/Time 1st vessel or perfusion imaging initiated at your hospital: ___/_____/_____:____	☐ MM/DD/YYYY only ☐ Unknown
If yes, type of vascular imaging (select all that apply)	☐ CTA ☐ CT Perfusion ☐ MRA ☐ MR Perfusion ☐ DSA (catheter angiography) ☐ Image type not documented		
Was a target lesion (large vessel occlusion) visualized?	○ Yes ○ No/ND		
If yes, select site of large vessel occlusion (select al that apply):	☐ ICA ☐ Intracranial ICA ☐ Cervical ICA ☐ Other/UTD ☐ MCA ☐ M1 ☐ M2 ☐ Other/UTD ☐ Basilar ☐ Other cerebral artery branch ☐ Vertebral Artery		

ADDITIONAL TIME TRACKER

Date/Time Stroke Team Activated: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown ○ N/A	Date/Time Stroke Team Arrived: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown

Date/Time of ED Physician Assessment: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown ○ N/A	Date/Time Neurosurgical services consult: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown
Date/Time Brain Imaging Ordered: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown ○ N/A	Date/Time Brain Imaging Interpreted: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown
Date/Time IV alteplase Ordered: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown ○ N/A		
Date/Time Lab Tests Ordered: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown N/A	Date/Time lab Tests Completed: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown
Date/Time ECG Ordered: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown ○ N/A	Date/Time ECG Completed: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown
Date/Time Chest X-ray Ordered: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown ○ N/A	Date/Time Chest X-ray Completed: ____/____/_____ ____:_____	Select one option ○ MM/DD/YYYY HH:MM ○ MM/DD/YYYY ○ Unknown
Additional Comments:			

IV THROMBOLYTIC THERAPY

IV thrombolytic initiated at this hospital?	○ Yes ○ No	**Date/Time IV thrombolytic initiated:** ____/____/_____ ____:_____
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 (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
- ☐ 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 (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
- ☐ 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)

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
- ☐ Rapid or Early Improvement
- ☐ 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* ☐ *Rapid or Early Improvement* ☐ *Other – requires specific reason to be entered in the PMT when this option is selected*	
If IV thrombolytic was initiated greater than 60 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:	○ Yes ○ No
If IV thrombolytic was initiated greater than 45 minutes after hospital arrival, were Eligibility or Medical reason(s) documented as the cause for delay:	○ Yes ○ No
If IV thrombolytic was initiated greater than 30 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 ☐ 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

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	

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

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

What date was the initial VTE prophylaxis administered after hospital admission?	_____/_____/_____	☐ 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)
- ☐ argatroba
- ☐ dabigatran (Pradaxa)
- ☐ desirrudin (Iprivask)
- ☐ endoxaban (Savaysa)
- ☐ lepirudin (Refludan)
- ☐ rivaroxaban (Xaralto)
- ☐ 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	

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

MEASUREMENTS (first measurement upon presentation to your hospital)

Total Chol:	Triglycerides:	HDL:	**LDL:**	
_____ mg/dl	_____ mg/dl	_____ mg/dl	_____ **mg/dl**	☐ Lipids: NC ☐ Lipids: ND

A_1C:	Blood Glucose (required if patient received IV alteplase):	
_____ % A_1C ☐ ND	_____ mg/dl	☐ ND ☐ Too Low ☐ Too High

Serum Creatine:	_____	☐ ND	
INR:	_____	☐ ND	☐ NC

Vital Signs:	Heart Rate (beats per minute):	_____ bpm
	^What is the first blood pressure obtained prior to or after hospital arrival? (required if patient received IV alteplase)	_____/_____ ☐ Vital signs UTD
Height: _____	○in ○cm ○ND	
Weight: _____	○lbs ○kg ○ND	
Waist Circumference: _____	○in ○cm ○ND	
BMI: _____	☐ ND	

DISCHARGE INFORMATION *Discharge Tab*

GWTG Ischemic Stroke-Only Estimated Mortality Rate	[Calculated in the PMT]
GWTG Global Stroke Estimated Mortality Rate (Ischemic Stroke, SAH, ICH, Stroke NOS)	[Calculated in the PMT]

Modified Rankin Scale at Discharge	○Yes ○No/ND	
If Yes:	○Actual ○Estimated from record ○ND	
Total Score:	_____	
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,			
	☐ Antiplatelet		☐ Anticoagulant	
	○ 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 (Coumadin)
	Dosage 1. _____ 2. _____ 3. _____ 4. _____	Frequency 1. _____ 2. _____ 3. _____ 4. _____	Dosage 1. _____ 2. _____ 3. _____ 4. _____	Frequency 1. _____ 2. _____ 3. _____ 4. _____
	If NC, documented contraindications	☐Allergy to or complications r/t antithrombotic ☐Patient/Family refused ☐Risk for bleeding or discontinued due to bleeding	☐Serious side effect to medication ☐Terminal illness/Comfort Measures Only ☐Other	
Other Antithrombotic(s)	Prescribed? ○Yes ○No			
	If yes,			
	Medication: ☐Desirudin (Iprivask) ☐Ticagrelor (Brilinta) ☐Prasugrel (Effient) *contraindicated in stroke and TIA ☐Other		Dosage 1. _____ 2. _____ 3. _____ 4. _____	Frequency 1. _____ 2. _____ 3. _____ 4. _____
Persistent or Paroxysmal Atrial Fibrillation/Flutter	○ Yes ○ No			

If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?	○Yes	○No/ND	○NC
If NC, documented reasons for no anticoagulation	☐ Allergy to or complication r/t warfarin or heparins ☐ Mental status ☐ Patient refused ☐ Risk for bleeding or discontinued due to bleeding	☐ Risk for falls ☐ Serious side effect to medication ☐ Terminal illness/Comfort Measures Only	
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)	☐ Other documented reason ☐ Unknown/ND	
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:	**Prescribed?**	○Yes ○No ○NC	
	If yes,	Class:	Medication:
		Class:	Medication:
		Class:	Medication:
		Class:	Medication:
	Was there a documented reason for not prescribing a medication with proven CVD benefit?	○Yes ○No/ND	
Follow-up appointment scheduled for diabetes management?	○ Yes ○No/ND ○NC		
Date of scheduled diabetes follow-up appointment:	_____/_____/_____ ○Unknown		

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 ☐ None ☐ Personal Safety ☐ Substance Use ☐ Financial Strain ☐ Transportation Barriers

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	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
Hypercoagulability testing ○ 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

Intracranial vascular imaging ○ 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					***Optional Fields Tab***
Field 1	Field 2	Field 3	Field 4	Field 5	
Field 6	Field 7	Field 8	Field 9	Field10	
Field 11			Field 12		
Field 13	____/____/____ ____:____	☐MM/DD/YYY ☐Unknown	Field 14	____/____/____ ____:____	☐MM/DD/YYY ☐Unknown
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	

END OF FORM