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| **Patient ID:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Bold Question = Required** | | | | | | | | | | | | | | | | |
| **DEMOGRAPHICS  *Demographics Tab*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender** | | * Male | | | | | | | * Female | | | | | | | | | | | * Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age:** | | **\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | |
| **Discharge Date/ Time:** | | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_:\_\_\_\_ | | | | | | | | | | | | | | | | | | | * MM/DD/YYYY only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What was the patient’s discharge disposition on the day of discharge? | | 1 – Home2 – Hospice – Home3 – Hospice – Health Care Facility4 – Acute Care Facility5 – Other Health Care Facility6 – Expired7 – Left Against medical Advice / AMA8 – Not Documented or Unable to Determine (UTD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 settingAnother acute care facilityChronic health care facility | | | | | | | | | | | | | | | | | | | | | | | Outpatient healthcare settingStroke 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 | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| **DIAGNOSIS & EVALUATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SYMPTOM TIMELINE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Hospitalization Tab* | | | | | | |
| Date/Time Patient last known to be well? | | | | | | | | | | | | | | | | | Time of Discovery same as Last Known well | | | | | | | | | | | | | | Date/Time of discovery of stroke symptoms? | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_:\_\_\_\_ | | | MM/DD/YYYY onlyUnknown | | | | | | | | | | | | | | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_:\_\_\_\_ | | | | | | | | | | | | | | | | | | | | MM/DD/YYYY onlyUnknown |
| BRAIN IMAGING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brain imaging completed at your hospital for this episode of care? | | | YesNo/NDNC | | | | | | | | | | | | | | Date/Time Brain Imaging First Initiated at your hospital: | | | | | | | | | | | | | | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_:\_\_\_\_ | | | | | | | | | | | | | | | MM/DD/YYYY onlyUnknown | | | | | |
| IV THROMBOLYTIC THERAPY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV thrombolytic initiated at this hospital? | | | | Yes | | | | | | | No | | | | | | | | | What was the time of initiation for IV thrombolytic? | | | | | | | | | | | | | | | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_\_ | | | | | | | | | | | | | | |
| Thrombolytic used: | | | | Alteplase (Class 1 evidence) | | | | | | | | | | | | | | | | | | | | | | | | | Tenecteplase (Class 2b evidence) | | | | | | | | | | | | | | | | | | | | | | |
| Alteplase, total dose: \_\_\_\_\_\_\_\_\_\_\_(mg) | | | | | | | | | | | | | | | | | | | | | | | | | Tenecteplase, total dose: \_\_\_\_\_\_\_\_\_\_\_(mg) | | | | | | | | | | | | | | | | | | | | | | |
| Alteplase dose ND | | | | | | | | | | | | | | | | | | | | | | | | | Tenecteplase dose ND | | | | | | | | | | | | | | | | | | | | | | |
| Reason for selecting tenecteplase instead of alteplase: | | | | Large Vessel Occlusion (LVO) with potential thrombectomyMild StrokeOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If IV thrombolytic administered beyond 4.5-hour, was imaging used to identify eligibility? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes, Diffusion-FLAIR mismatchYes, Core-Perfusion mismatchNoneOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| **Documented exclusions (Contraindications or Warnings) for not initiating IV thrombolytic in the 0-3hr treatment window?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No | | | | |
| ***If yes, documented exclusions for 0 -3-hour treatment window***  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* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | |
| **CATHETER-BASED/ ENDOVASCULAR STROKE TREATMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | ***Advanced Stroke Care Tab*** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **^^Was a mechanical endovascular reperfusion procedure attempted during this episode of care (at this hospital)?** | | | | | * Yes | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ^Is there documentation in the medical record of the first pass of a mechanical reperfusion device to remove a clot occluding a cerebral artery at this hospital? | | | | | * Yes | | | | | | | | | | | * No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ^What is the date and time of the first pass of a clot retrieval device at this hospital? | | | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_:\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | * MM/DD/YYYY only * Unknown | | | | | | | | | | | | | | | | | | |
| **END OF FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |