

Patient ID:				Bold Question = Required
DEMOGRAPHICS <i>Demographics Tab</i>				
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown			
Age:	_____			
RACE AND ETHNICITY				
Race (Select all that apply):	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <div style="margin-left: 20px;">[if Asian selected]</div> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian </div> <div style="width: 48%;"> <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <div style="margin-left: 20px;">[if native Hawaiian or pacific islander selected]</div> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander </div> </div>			
	<input type="checkbox"/> White <input type="checkbox"/> UTD			
Hispanic Ethnicity:	<input type="radio"/> Yes <input type="radio"/> No/UTD			
If Yes,	<input type="radio"/> Mexican, Mexican American, Chicano/a <input type="radio"/> Puerto Rican <input type="radio"/> Cuban <input type="radio"/> Another Hispanic, Latino or Spanish Origin			
ADMIN <i>Admin Tab</i>				
Final clinical diagnosis related to stroke	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="radio"/> Ischemic Stroke <input type="radio"/> Transient Ischemic Attack (<24 hours) <input type="radio"/> Subarachnoid Hemorrhage </div> <div style="width: 48%;"> <input type="radio"/> Intracerebral Hemorrhage <input type="radio"/> Stroke not otherwise specified <input type="radio"/> No stroke related diagnosis <input type="radio"/> Elective Carotid Intervention only </div> </div>			
When is the earliest documentation of comfort measures only?	<input type="radio"/> Day 0 or 1 <input type="radio"/> Day 2 or after <input type="radio"/> Timing unclear <input type="radio"/> Not Documented/UTD			
Arrival Date/Time:	____/____/____:____		<input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown	
Discharge Date/ Time:	____/____/____:____		<input type="checkbox"/> MM/DD/YYYY only	
What was the patient's discharge disposition on the day of discharge?	<input type="checkbox"/> 1 – Home <input type="checkbox"/> 2 – Hospice – Home <input type="checkbox"/> 3 – Hospice – Health Care Facility <input type="checkbox"/> 4 – Acute Care Facility <input type="checkbox"/> 5 – Other Health Care Facility <input type="checkbox"/> 6 – Expired <input type="checkbox"/> 7 – Left Against medical Advice / AMA <input type="checkbox"/> 8 – Not Documented or Unable to Determine (UTD)			
ARRIVAL AND ADMISSION INFORMATION <i>Admission Tab</i>				
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)?			<input type="radio"/> Yes <input type="radio"/> No	
Was this patient admitted for the sole purpose of performance of elective carotid intervention?			<input type="radio"/> Yes <input type="radio"/> No	
Patient location when stroke symptoms discovered	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="radio"/> Not in a healthcare setting <input type="radio"/> Another acute care facility <input type="radio"/> Chronic health care facility </div> <div style="width: 48%;"> <input type="radio"/> Outpatient healthcare setting <input type="radio"/> Stroke occurred after hospital arrival (in ED/Obs/inpatient) <input type="radio"/> ND or cannot be determined </div> </div>			
How patient arrived at your hospital	<input type="radio"/> EMS from home/scene <input type="radio"/> Mobile Stroke Unit <input type="radio"/> Private Transportation/Taxi/Other from home/scene <input type="radio"/> Transfer from another hospital <input type="radio"/> ND or Unknown			
Where patient first received care at your hospital	<input type="radio"/> Emergency Department / Urgent Care <input type="radio"/> Direct Admit, not through ED <input type="radio"/> Imaging suite <input type="radio"/> ND or Cannot be determined			
Advanced notification by EMS or MSU?	<input type="radio"/> Yes <input type="radio"/> No/ ND			
DIAGNOSIS & EVALUATION				
Had stroke symptoms resolved at time of presentation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ND			
Initial NIH Stroke Scale	<input type="radio"/> Yes <input type="radio"/> No/ND			
If yes:	<input type="radio"/> Actual <input type="radio"/> Estimate from record <input type="radio"/> ND			

Total Score:		(refer to web program for questions)	
SYMPTOM TIMELINE			Hospitalization Tab
Date/Time Patient last known to be well? ____/____/____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown		<input type="checkbox"/> Time of Discovery same as Last Known well	Date/Time of discovery of stroke symptoms? ____/____/____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown
BRAIN IMAGING			
Brain imaging completed at your hospital for this episode of care?	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	Date/Time Brain Imaging First Initiated at your hospital:	____/____/____:____ <input type="checkbox"/> MM/DD/YYYY only <input type="checkbox"/> Unknown
IV THROMBOLYTIC THERAPY			
IV thrombolytic initiated at this hospital?	<input type="radio"/> Yes <input type="radio"/> No	What was the time of initiation for IV thrombolytic?	____/____/____:____
Thrombolytic used:	<input type="radio"/> Alteplase (Class 1 evidence) Alteplase, total dose: _____(mg) <input type="checkbox"/> Alteplase dose ND		<input type="radio"/> Tenecteplase (Class 2b evidence) Tenecteplase, total dose: _____(mg) <input type="checkbox"/> Tenecteplase dose ND
Reason for selecting tenecteplase instead of alteplase:	<input type="radio"/> Large Vessel Occlusion (LVO) with potential thrombectomy <input type="radio"/> Mild Stroke <input type="radio"/> Other: _____		
If IV thrombolytic administered beyond 4.5-hour, was imaging used to identify eligibility?		<input type="radio"/> Yes, Diffusion-FLAIR mismatch <input type="radio"/> Yes, Core-Perfusion mismatch <input type="radio"/> None <input type="radio"/> Other: _____	
Documented exclusions (Contraindications or Warnings) for not initiating IV thrombolytic in the 0-3hr treatment window?			<input type="radio"/> Yes <input type="radio"/> No
<p><i>If yes, documented exclusions for 0-3-hour treatment window</i></p> <p>For discharges on or after 1 April 2016</p> <p><i>Exclusion Criteria (contraindications) 0-3 hr treatment window. Select all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment <input type="checkbox"/> C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months <input type="checkbox"/> C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm <input type="checkbox"/> C4: Active internal bleeding <input type="checkbox"/> C5: Acute bleeding diathesis (low platelet count, increased PTT, INR >= 1.7 or use of NOAC) <input type="checkbox"/> C6: Symptoms suggest subarachnoid hemorrhage <input type="checkbox"/> C7: CT demonstrates multi-lobar infarction (hypodensity >1/3 cerebral hemisphere) <input type="checkbox"/> C8: Arterial puncture at non-compressible site in previous 7 days <input type="checkbox"/> C9: Blood glucose concentration <50 mg/dL (2.7 mmol/L) <p><i>Relative Exclusion Criteria (Warnings) 0-3 hr treatment window. Select all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> W1: Care-team unable to determine eligibility <input type="checkbox"/> W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival <input type="checkbox"/> W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission <input type="checkbox"/> W4: Pregnancy <input type="checkbox"/> W5: Patient/family refusal <input type="checkbox"/> W7: Stroke severity too mild (non-disabling) <input type="checkbox"/> W8: Recent acute myocardial infarction (within previous 3 months) <input type="checkbox"/> W9: Seizure at onset with postictal residual neurological impairments <input type="checkbox"/> W10: Major surgery or serious trauma within previous 14 days <input type="checkbox"/> W11: Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days) <p><i>Exclusion Criteria (contraindications) 3-4.5 hr treatment window. Select all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment <input type="checkbox"/> C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months 			

	<input type="checkbox"/> C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm <input type="checkbox"/> C4: Active internal bleeding <input type="checkbox"/> C5: Acute bleeding diathesis (low platelet count, increased PTT, INR ≥ 1.7 or use of NOAC) <input type="checkbox"/> C6: Symptoms suggest subarachnoid hemorrhage <input type="checkbox"/> C7: CT demonstrates multi-lobar infarction (hypodensity $>1/3$ cerebral hemisphere) <input type="checkbox"/> C8: Arterial puncture at non-compressible site in previous 7 days <input type="checkbox"/> 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:		
	<input type="checkbox"/> W1: Care-team unable to determine eligibility <input type="checkbox"/> W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival <input type="checkbox"/> W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission <input type="checkbox"/> W4: Pregnancy <input type="checkbox"/> W5: Patient/family refusal <input type="checkbox"/> W7: Stroke severity too mild (non-disabling) <input type="checkbox"/> W8: Recent acute myocardial infarction (within previous 3 months) <input type="checkbox"/> W9: Seizure at onset with postictal residual neurological impairments <input type="checkbox"/> W10: Major surgery or serious trauma within previous 14 days <input type="checkbox"/> 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:		
	<input type="checkbox"/> AW1: Age > 80 <input type="checkbox"/> AW2: History of both diabetes and prior ischemic stroke <input type="checkbox"/> AW3: Taking an oral anticoagulant regardless of INR <input type="checkbox"/> AW4: Severe Stroke (NIHSS > 25)	
Other Reasons (Hospital-related or other factors) 0-3-hour treatment window.		
	<input type="checkbox"/> Delay in Patient Arrival <input type="checkbox"/> In-hospital Time Delay <input type="checkbox"/> Delay in Stroke diagnosis <input type="checkbox"/> No IV access <input type="checkbox"/> Rapid or Early Improvement <input type="checkbox"/> Advanced Age <input type="checkbox"/> Stroke too severe <input type="checkbox"/> 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.		
	<input type="checkbox"/> Delay in Patient Arrival <input type="checkbox"/> In-hospital Time Delay <input type="checkbox"/> Delay in Stroke diagnosis <input type="checkbox"/> No IV access <input type="checkbox"/> Rapid or Early Improvement <input type="checkbox"/> 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?	<input type="radio"/> Yes <input type="radio"/> No	
If yes, select thrombolytic administered at outside hospital or Mobile Stroke Unit	<input type="radio"/> Alteplase <input type="radio"/> Tenecteplase	
ENDOVASCULAR THERAPY		
Catheter-based stroke treatment at this hospital?	<input type="radio"/> Yes <input type="radio"/> No	
IA alteplase or MER Initiation Date/Time	____/____/____ ____:____ <input type="radio"/> MM/DD/YYYY only <input type="radio"/> Unknown	
Catheter-based stroke treatment at outside hospital?	<input type="radio"/> Yes <input type="radio"/> 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)	<input type="checkbox"/> Symptomatic Intracranial hemorrhage <36 hours <input type="checkbox"/> Life threatening, serious systemic hemorrhage <36 hours <input type="checkbox"/> UTD	
	<input type="checkbox"/> Other serious complications <input type="checkbox"/> No serious complications	
If bleeding complications occur in patient after IV alteplase:	<input type="radio"/> Symptomatic hemorrhage detected prior to patient transfer <input type="radio"/> Symptomatic hemorrhage detected only after patient transfer <input type="radio"/> Unable to determine <input type="radio"/> 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)?	<input type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No	
^What is the date and time of the first pass of a clot retrieval device at this hospital?	<div> <input type="text"/> / <input type="text"/> / <input type="text"/> : <input type="text"/> </div> <div> <input type="radio"/> MM/DD/YYYY only <input type="radio"/> Unknown </div>	
END OF FORM		