|  |  |  |
| --- | --- | --- |
| **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** |