Patient

Patient ID: (MN 1.1) ______________________

Elective carotid intervention sole purpose for admission? (MN 1.14) ❑

Was this patient participating in a stroke-related clinical trial? (MN 1.13) ❑

Arrival Date (MN 1.4) ______/______/__________ **Time** (MN 1.5) ______:______

Age (MN 1.10) ______________________ **Gender** (MN 1.11) ❑ Male ❑ Female

Demographics

Health Insurance (MN 2.1)
❑ Medicare/Medicare Advantage ❑ Medicaid ❑ Private/VA/Champus/Other ❑ Self Pay/No Insurance ❑ ND

Race (MN 2.2)
❑ White
❑ Black or African American
❑ Asian
❑ Native Hawaiian or Other Pacific Islander
❑ American Indian or Alaskan Native
❑ Other
❑ Unknown

Ethnicity (MN 2.3)
❑ Not Hispanic or Latino or Unknown ❑ Hispanic or Latino

Pre-Hospital/ EMS

Place of Occurrence (MN 3.1)
Where was the patient when stroke was detected or when symptoms were discovered?
❑ Not in a healthcare setting ❑ Chronic health care facility ❑ Outpatient healthcare setting
❑ Another acute care facility ❑ Stroke occurred while patient was an inpatient in your hospital ❑ Cannot be determined

Admission Source (MN 3.2)
❑ Physician referral
❑ Clinic referral
❑ HMO referral
❑ Transfer from a hospital (different facility
❑ Transfer from Skilled nursing facility
❑ Transfer from another healthcare facility
❑ Emergency Room
❑ Court/Law Enforcement
❑ Information not available
❑ Transfer from Critical Access hospital
❑ Transfer from hospital inpatient in the same facility resulting in a separate claim to the payer

Arrival Mode (MN 3.3)
❑ EMS ❑ Private transportation/taxi/other ❑ Transfer from another hospital ❑ ND or Unknown

Where patient was first evaluated (MN 3.4)
❑ Emergency Department/Urgent Care
❑ Direct Admit or direct to floor (not through ED)
❑ Imaging suite (prior to ED arrival or direct admit)
❑ Cannot be determined

Date and Time Call Received by EMS (MN 3.5, 3.6)
Date ______/______/__________ ❑ ND
Time ______:______ ❑ ND

EMS Notification (MN 3.7)
Was there EMS pre-notification to your hospital? ❑ Yes ❑ No/ UTD

Glasgow Coma Scale Score (MN 3.8)
GCS (3-15):______________________ ❑ ND

Hospital

Was patient transferred from your ED to another acute care hospital? (MN 4.8) ❑ Yes ❑ No/ND

Admission and Discharge Dates: Admission date _____/_____/_______ (MN 4.2) Discharge date _____/_____/_______ (MN 4.3)

Admission Diagnosis (MN 4.4)
❑ Intracerebral Hemorrhage
❑ Subarachnoid Hemorrhage
❑ Ischemic Stroke
❑ Transient Ischemic Attack
❑ Stroke Not Otherwise Specified
❑ No Stroke Related Diagnosis

Ambulation Status Prior to the Current Event (MN 4.5)
❑ Able to Ambulate Independently with or without a device
❑ With Assistance (from person)
❑ Unable to Ambulate
❑ ND

When is the earliest time that the physician, advanced practice nurse, or physician assistant documented that patient was on comfort measures only? (MN 4.6)
❑ Day of arrival or first day after arrival ❑ Timing unclear ❑ 2nd day after arrival or later ❑ ND/UTD

Imaging

Was brain imaging performed at your hospital after arrival as part of the initial evaluation for this episode of care or this event? (MN 5.1)
❑ Yes ❑ No/ND ❑ NC

Imaging Date and Time (MN 5.2, 5.3)
Date: ______/______/________ ❑ ND
Time: ______:______ ❑ ND

Initial Brain Imaging Findings (MN 5.4) ❑ Hemorrhage ❑ No hemorrhage ❑ Not available

Onset

Last Known Well Date and Time (MN 6.1, 6.2)
Date: ______/______/__________ ❑ Unknown/ND/UTD Time: ______:______ ❑ Unknown/ND/UTD

Discovery Date and Time (MN 6.3, 6.4)
Date: ______/______/__________ ❑ Unknown/ND/UTD Time: ______:______ ❑ Unknown/ND/UTD

Did symptoms resolve completely prior to presentation? (MN 6.7)
❑ Yes ❑ No ❑ ND

Was the NIH Stroke Scale performed? (MN 6.5)
❑ Yes ❑ No/ND

Total NIHSS score (MN 6.6) ________

Initial Exam Findings (MN 6.8a, 6.8b, 6.8c) ❑ Weakness or paresis ❑ Altered level of consciousness ❑ Aphasia

Thrombolytics

IV-tPA Initiated at this Hospital (MN 7.1) *Was IV-tPA initiated for this patient at this hospital?* ❑ Yes ❑ No	**If "Yes", what was the date and time of initiating IV-tPA:** (MN 7.2, 7.3) Date: __________/__________/________________ ❑ ND Time: _________:_________ ❑ ND
Was IV-tPA initiated at an outside hospital? (MN 7.4) ❑ Yes ❑ No	
Was IA catheter-based reperfusion initiated at this hospital? (MN 7.5) ❑ Yes ❑ No	**If "Yes", what was the date and time of administering IA catheter based reperfusion:** (MN 7.6, 7.7) Date __________/__________/________________ ❑ ND Time ___________:___________ ❑ ND
Was IA catheter-based reperfusion initiated at outside hospital? (MN 7.8) ❑ Yes ❑ No	
❑ **Investigational or experimental protocol for thrombolysis** (MN 7.9, 7.10) **Specify:** ____	**Complications of Thrombolytic Therapy** (MN 7.11, 7.12) *Symptomatic intracranial hemorrhage within 36 hours of t-PA* ❑ Yes ❑ No ❑ Unknown/UTD *Life-threatening, serious systemic hemorrhage within 36 hours of t-PA* ❑ Yes ❑ No ❑ Unknown/UTD

Thrombolytics Non-Treatment

Were one or more of the following reasons for not administering IV thrombolytic therapy at this hospital explicitly documented or clearly implied by a physician, nurse practitioner, advanced practice nurse or physician assistant's notes in the chart?

❑ 0-3 hr	❑ 3-4.5 hr	**Contraindications, which include any of the following:** (MN 8.1) • Active internal bleeding (< 22 days) • History of intracranial hemorrhage or brain aneurysm or vascular malformation or brain tumor • Platelets < 100,000, PTT > 40 sec after heparin use, or PT > 15 or INR > 1.7, or known bleeding diathesis • Recent intracranial or spinal surgery, head trauma, or stroke (<3 mo.) • Recent surgery/trauma (< 15 days) • SBP > 185 or DBP > 110 mmHg • Suspicion of subarachnoid hemorrhage • Seizure at onset
❑ 0-3 hr	❑ 3-4.5 hr	**CT findings (ICH, SAH, or major infarct signs)** (MN 8.2)
❑ 0-3 hr	❑ 3-4.5 hr	**Warnings: Conditions that might lead to unfavorable outcomes:** (MN 8.3) • Stroke severity - Too severe (e.g., NIHSS > 22) • Glucose < 50 or > 400 mg/dl • Left heart thrombus • Increased risk of bleeding due to: – Pregnancy – Acute or recent pericarditis – Subacute bacterial endocarditis (SBE) – Hemostatic defects including those secondary to severe hepatic or renal disease – Diabetic hemorrhagic retinopathy, or other hemorrhagic ophthalmic conditions – Septic thrombophlebitis or occluded AV cannula at seriously infected site – Patients currently receiving oral anticoagulants, e.g., Warfarin sodium
❑ 0-3 hr	❑ 3-4.5 hr	**Advanced Age** (MN 8.4)
❑ 0-3 hr	❑ 3-4.5 hr	**Stroke severity too mild** (MN 8.5a)
❑ 0-3 hr	❑ 3-4.5 hr	**Rapid Improvement** (MN 8.5b)
❑ 0-3 hr	❑ 3-4.5 hr	**Life expectancy < 1 year or severe co-morbid illness or CMO on admission** (MN 8.6)
❑ 0-3 hr	❑ 3-4.5 hr	**Patient or Family refused** (MN 8.7)
❑ 0-3 hr	❑ 3-4.5 hr	**Care team unable to determine eligibility** (MN 8.8)
❑ 0-3 hr	❑ 3-4.5 hr	**IV or IA tPA given at outside hospital** (MN 8.9)
	❑ 3-4.5 hr	**Age greater than 80** (MN 8.16)
	❑ 3-4.5 hr	**Prior stroke and presence or history of diabetes** (MN 8.17)
	❑ 3-4.5 hr	**Any anticoagulant use prior to admission** (MN 8.18)
	❑ 3-4.5 hr	**NIHSS score > 25** (MN 8.19)
	❑ 3-4.5 hr	**CT findings of stroke involving more than 1/3 of middle carotid artery** (MN 8.20)
Hospital-related or other factors:		
❑ 0-3 hr	❑ 3-4.5 hr	**Unable to diagnose or did not diagnose in 3 hour time frame** (MN 8.10)
❑ 0-3 hr	❑ 3-4.5 hr	**In-hospital time delay** (MN 8.11)
❑ 0-3 hr	❑ 3-4.5 hr	**Delay in patient arrival** (MN 8.12)
❑ 0-3 hr	❑ 3-4.5 hr	**No IV access** (MN 8.13)
❑ 0-3 hr	❑ 3-4.5 hr	**Other** (MN 8.14, 8.15) **Specify** ____________________________________

History

Medical History:
- ❑ Diabetes mellitus (DM) (MN 9.1)
- ❑ Stroke (MN 9.2)
- ❑ TIA/VBI (MN 9.25)
- ❑ Carotid stenosis (MN 9.3)
- ❑ Peripheral arterial disease (PAD) (MN 9.4)
- ❑ Hypertension (MN 9.5)
- ❑ Currently pregnant or within 6 weeks postpartum (MN 9.7)
- ❑ Valve prosthesis (MN 9.8)
- ❑ MI or CAD (MN 9.9)
- ❑ Heart Failure (MN 9.10)
- ❑ Sickle cell disease/ anemia (MN 9.11)
- ❑ Atrial fibrillation/flutter (MN 9.12)
- ❑ Dyslipidemia (MN 9.6)

Medications prior to admission:

Cholesterol reducing/ controlling medication (MN 9.13)
❑ Yes ❑ No/ND

Antihypertensive Medications(MN 9.14)
❑ Yes ❑ No/ND

Antithrombotic Medications (antiplatelet or anticoagulant) (MN 9.15)
❑ Yes ❑ No or UTD

Lipid Profile and HbA1C:
Record lipid levels done within 48 hours of admission or within 30 days prior to admission: Total Cholesterol ______________ mg/dl (MN 9.16)

HDL ______________ mg/dl (MN 9.17) LDL ______________ mg/dl (MN 9.18) Triglycerides ______________ mg/dl (MN 9.19) Glycosylated Hgb ______________ % (MN 9.20)

Evidence of Atherosclerosis: (MN 9.26)
Is there documentation in the record that the patient has evidence of atherosclerosis?
❑ Yes ❑ No or UTD

Patient's Height and Weight: (MN 9.21-9.24)

Height __________ ❑ Inches ❑ Centimeters ❑ ND

Weight __________ ❑ Pounds ❑ Kilograms ❑ ND

Procedures

Where patient care occurred:

Admittance Type:	❑ Neuro Admit	❑ Other Service Admit	(MN 10.1)
Consult Type:	❑ Stroke Consult	❑ No Stroke Consult	(MN 10.2)
Unit Type:	❑ In Stroke Unit	❑ Not in Stroke Unit	(MN 10.3)
	❑ Unable to determine		

Was antithrombotic therapy received by the end of hospital day 2? (MN 10.4a)
❑ Yes ❑ No/ND

Was there a documented reason for not administering antithrombotic therapy by the end of hospital day 2? (MN 10.4b)
❑ Yes ❑ No

Was patient ambulating the day of admission or the day after admission? (MN 10.5) ❑ Yes ❑ No/ND

Please check all of the following questions regarding type of VTE prophylaxis provided: (MN 10.6a)
- ❑ Low dose unfractionated heparin (LDUH)
- ❑ Low molecular weight heparin (LMWH)
- ❑ Intermittent pneumatic compression devices
- ❑ Graduated compression stockings (GCS)
- ❑ Factor xA inhibitor
- ❑ Warfarin
- ❑ Venous foot pumps
- ❑ Oral factor xA inhibitor
- ❑ Not documented or none of the above

Was there a documented reason for not administering VTE prophylaxis at hospital admission? (MN 10.6b)
❑ Yes ❑ No

What date was the initial VTE prophylaxis administered? (MN 10.6c)
Date _____/_____/_________

No oral intake of medications, fluids, or food throughout the entire hospital stay (MN 10.7)
❑ Yes ❑ No/ND

First PO medication date and time:
Date __________/__________/__________________
Time ____________:____________

Earliest liquid/food intake date and time:
Date __________/__________/__________________
Time ____________:____________

Was patient screened for dysphagia prior to any oral intake, including food, fluids or medications? (MN 10.8)
❑ Yes ❑ No/Not documented ❑ NC

Results of dysphagia screen (MN 10.9)
❑ Pass ❑ Fail ❑ ND

Complications

Did patient experience a DVT or pulmonary embolus (PE) during the admission? (MN 11.1)
❑ Yes ❑ No/ND

Was there documentation that the patient was treated for hospital acquired pneumonia (pneumonia not present on admission) during this admission? (MN 11.2)
❑ Yes ❑ No

Was the patient treated for a urinary tract infection (UTI) during this admission? (MN 11.3)
❑ Yes ❑ No

If patient was treated for a UTI, did the patient have a Foley catheter during this admission? (MN 11.4)
- ❑ Yes, patient had catheter in place on arrival
- ❑ Yes, but only after admission
- ❑ No
- ❑ UTD

Atrial or paroxysmal fibrillation/flutter during this admission? (MN 11.5)
❑ Yes ❑ No or UTD

Discharge

Principal ICD-9 discharge diagnosis: (MN 12.2)
__________.______ ❑ Not present

ICD-9 discharge diagnosis related to stroke: (MN 12.1)
_________.______ ❑ Not present

Final hospital diagnosis related to stroke that was ultimately responsible for this admission: (MN 12.3)
❑ Intracerebral hemorrhage ❑ Transient ischemic attack
❑ Subarachnoid hemorrhage ❑ Stroke not otherwise specified
❑ Ischemic stroke ❑ No stroke related diagnosis

Discharge Destination: (MN 12.4)
❑ 01 Home care or self care
❑ 02 Another short term general hospital for inpatient care
❑ 03 A skilled nursing facility (SNF) with Medicare certification
❑ 04 An intermediate care facility
❑ 05 A designated cancer center or Children's hospital
❑ 06 Home under care of organized home health service organization
❑ 07 Left against medical advice or discontinued care
❑ 20 Expired (or did not recover-Religious)
❑ 21 Jail, prison or other detention facilities
❑ 43 Discharged/transferred to a federal health care facility
❑ 50 Hospice-home
❑ 51 Hospice-medical facility (certified)
❑ 61 Within this institution to hospital-based Medicare approved swing bed
❑ 62 An inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
❑ 63 A Medicare certified long term care hospital (LTCH)
❑ 64 A nursing facility certified under Medicaid but not certified under Medicare
❑ 65 Psychiatric hospital or psychiatric distinct part unit of a hospital
❑ 66 Critical Access Hospital (CAH)
❑ 70 Another healthcare unit not defined elsewhere in this code list

Ambulation Status at Discharge (MN 12.5)
❑ Able to ambulate independently with or without a device ❑ With assistance (from person) ❑ Unable to ambulate ❑ ND

Cholesterol reducing/ controlling treatment: (MN 12.7a)
❑ Statin ❑ Niacin ❑ Other medication
❑ Fibrate ❑ Absorption Inhibitor ❑ None prescribed/ ND

Documented Reason for Not Prescribing Statins at Discharge (MN 12.7b)
❑ Yes ❑ No/ND

Documented Reason for Not Prescribing Other Cholesterol Medications at Discharge (MN 12.7c)
❑ Yes ❑ No/ND

Antihypertensive medication prescribed at hospital discharge (MN 12.8) ❑ Yes ❑ No/ND

Antithrombotic medication prescribed at hospital discharge (MN 12.9a)
❑ Yes ❑ No or UTD

Documented Reason for Not Prescribing Antithrombotic Therapy at Discharge (MN 12.9b)
❑ Yes ❑ No

Anticoagulation medication prescribed at hospital discharge? (MN 12.10a)
❑ Yes ❑ No/ND

Documented Reason for Not Prescribing Anticoagulation Therapy at Discharge (MN 12.10b)
❑ Yes ❑ No

Discharge Services

Documented past medical history of smoking (patient smoked at least one cigarette during the prior year)? (MN 13.1)
❑Yes ❑No/Not documented

Patient/Caregiver was given smoking cessation advice or counseling during the hospital stay: (MN 13.2)
❑Yes ❑No/ND ❑NC

Education:

Risk factors for stroke	❑ Yes	❑ No/ND	(MN 13.3)
Stroke Warning Signs and Symptoms	❑ Yes	❑ No/ND	(MN 13.4)
How to activate EMS for stroke	❑ Yes	❑ No/ND	(MN 13.5)
Need for follow-up after discharge	❑ Yes	❑ No/ND	(MN 13.6)
Their prescribed medications	❑ Yes	❑ No/ND	(MN 13.7)

Rehabilitation:

Patient was assessed for or received rehabilitation services	❑ Yes	❑ No/ND	(MN 13.8)
Patient received rehabilitation services during hospitalization	❑ Yes	❑ No/ND	(MN 13.9)
Patient transferred to rehabilitation facility	❑ Yes	❑ No/ND	(MN 13.10)
Patient referred to rehabilitation services following discharge	❑ Yes	❑ No/ND	(MN 13.11)
Patient ineligible to receive rehabilitation services	❑ Yes	❑ No/ND	(MN 13.12)

Staff

Position ______________________	**Name** ______________________
Position ______________________	**Name** ______________________
Position ______________________	**Name** ______________________
Position ______________________	**Name** ______________________
Position ______________________	**Name** ______________________
Position ______________________	**Name** ______________________
Position ______________________	**Name** ______________________
Position ______________________	**Name** ______________________
Position ______________________	**Name** ______________________

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