

## GWTG-Stroke Case Record Form (CRF)

Active Form Groups: Stroke, Diabetes, Endovascular Therapy

August 2023

Patient ID			
DEMOGRAPHICS			
Sex	Male	Female	Unknown
Patient Gender Identity	Male Female Female-to-Male (FTM)/Transgender Male/Trans Man Male-to-Female (MTF)/Transgender Female/Trans Woman Genderqueer, neither exclusively male nor f 0.871 0.918 0.965 rg119.28 494.88 468.48 11.28 ref*		gender Female/Trans Woman

**ADMIN** 

	arrest, Investiç Bed av Delay i Delay i In-hosp Equipm Need fo	respiratory failure (gational or experimallability at receivir in stroke diagnosis * in transport arrival* pital time delay * nent-related delay or additional imaginer lab not available	requiring intubation) ental protocol for reperfusiong center* , , , ,	ons such as cardiopulmonary
What was the	1 – Home 2 – Hospice – Home 3 – Hospice – Health Ca	ire Facility		
			e (UTD) Skilled Nursing Fa Other	acility (SNF)
ICD-10-CM Discharge Stroke No Stroke or TIA Relat	_		_	
Present				
Arrival and Admission				
a clinical trial in which	ay, was the patient enrolled i patients with the same ure set were being studied (i.e	Vos		No
If yes, Type of Clinica	l Trial(s) (select all that apply	Anticoa Intensi	ombotics agulation for AFib/Aflutter ve Statin Therapy ascul <b>ልናፐeሃኔ£ ያዓ.ቁኒ/ፓ<b>ፍ</b>ይታ<b>ሪ የ</b>አዣ(ፐ</b>	w 7-3.2)-16.3005of <b>v</b> apy

Patient location when stroke symptoms discovered

Provider				
Other Provider				
Telestroke				
	Yes, the patient received telestroke consultation located at another hospital	on from my hospital staff when the patient was		
Was telestroke	Yes, the patient received telestroke consultation from someone other than my hospital staff when the patient was at another hospital			
consultation performed?	Yes, the patient received telestroke consultation from a remotely located expert when the patient was located at my hospital			
	No telestroke consult performed			
	Not Documented			
Did the patient receive stroke consultation from a stroke expert at my hospital?	O Yes	O No/ND		
Medical History				

No Provipus Medical

Previously known medical hx of:

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Symptom Duration if diagnosis of Transient Ischemic Attack (less than 24 hours)

Yes

Medication(s) prior to admission:

Antiplatelet Medication aspirin aspirin/dipyridamole (Aggrenox) clopidogrel (Plavix) prasugrel (Effient) ticagrelor (Brillinta)

If IV thrombolytic administered beyond 4.5-hour, was imaging used to identify eligibility?

Documented exclusions or relative exclusions (Contraindications or Warnings) for not initiating IV thrombolytic in the 0-3hr treatment window?

Documented exclusions or relative exclusions (Contraindications or Warnings) for not initiating IV thrombolytic in the 3-4.5 hr treatment window?

Yes, Diffusion-FLAIR mismatch
Yes, Core-Perfusion mismatch
None
Other:

Yes

No

If yes, documented exclusions or relative exclusions for 0 -3-hour treatment window or 3 – 4.5 treatment window, select reason for exclusion.

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)

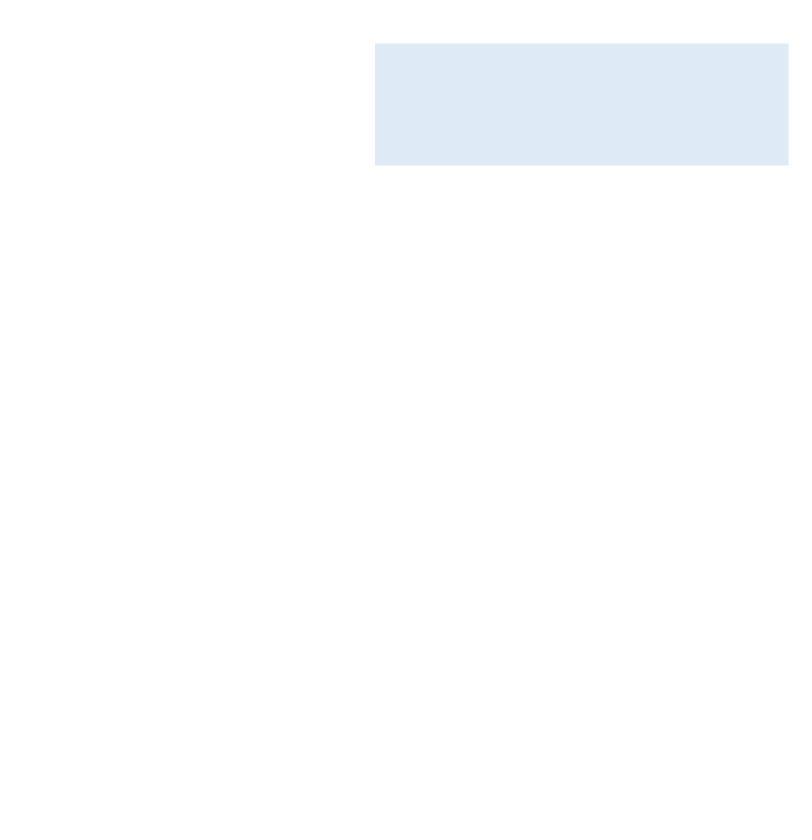
Relative Exclusion Criteria (Warnings) 0-3 hr treatment window. Select all that apply:

- 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

LP(a) Value:	LP(a) Unit: nmol/L mg/dl	LP(a): ND	
A <sub>1</sub> C:			
% A <sub>1</sub> C			
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 Therap all that apply	Prescription of the Prescr		g ounter Nicotine Rep n Medications not specified	placement Therapy	

Hypercoagulability testing	Carotid revascularization	Intracranial vascular imaging
Performed during this admission or in the 3 months prior Planned post discharge Not performed or planned	Performed during this admission or in the 3 months prior Planned post discharge Not performed or planned	Performed during this admission or in the 3 months prior Planned post discharge Not performed or planned
Extended surface cardiac rhythm monitoring > 7 days	Short-term cardiac rhythm monitoring <= 7 days	
Performed during this admission or in the	Performed during this admission or	

3 months prior Planned post discharge Not performed or planned