

**New Jersey Department of Health and Senior Services
ACUTE STROKE REGISTRY (NJASR, VERSION 1.0)**

A. DEMOGRAPHIC DATA

*Hospital Type (1): 1=Primary 2=Comprehensive 3=Other _____
*Hospital Code (2): _____ *Hospital Transferred From Code (3): _____ *Medical Record #(4): _____
*Patient: Last Name (5): _____ *First Name (6): _____ *MI (7): _____
Date of Birth (8): (mm/dd/yyyy) ____/____/____ *SS# (9): ____-____-____ *Zip Code (10): _____
Gender (11): 1=Male 2=Female _____
Race (12): 1=White 2=Black 3=Asian 4=Native American/Alaska Native 5=Hawaiian/Other Pacific Islander 6=Other _____
Hispanic or Latino (13): 1=Yes 0= No _____
Health Insurance Status (14): 1=Blue Cross/Blue Shield 2=Commercial 3=HMO 4=Medicaid 5=Medicare
6=Self-pay 7=Tricare (Champus) 8=Uninsured/Indigent 9=Other _____

B. PRE-HOSPITAL/EMERGENCY MEDICAL SYSTEM (EMS) DATA

Where was the patient when stroke was detected or when symptoms were discovered (15)?
1=Not in a health care setting 4=Stroke occurred while patient was an inpatient in your hospital
2=Another acute care facility 5=Outpatient health care setting
3=Chronic health care facility 9=Cannot be determined _____
If answer is 1, 2, 3 or 9 on #15:
How did the patient get to your hospital for treatment of his/her stroke (16)?
1=EMS 2=Private transportation/taxi other 3=Transferred from another hospital 9=ND or unknown _____
If patient arrived by EMS, then complete questions 17, 18 and 19:
Date and time call received by EMS: Date (17): (mm/dd/yyyy) ____/____/____ Time (18): (hh:mm) ____:____
Was there EMS pre-notification to your hospital (19)? 1=Yes 0=No _____

C. HOSPITALIZATION

Date of arrival to Hospital/ED: Date (20): (mm/dd/yyyy) ____/____/____ Time (21): (hh:mm) ____:____
Hospital Admission Date (22): (mm/dd/yyyy) ____/____/____
In what area of the hospital was the patient first evaluated (23)?
1=Emergency Department 3=Imaging suite prior to ED arrival or DA
2=Direct Admit (DA) 9=Cannot be determined _____
What was the presumptive hospital admission diagnosis at the time of admission (select only one) (24)?
1=intracerebral Hemorrhage 3=Subarachnoid Hemorrhage 5=Ischemic Stroke
2=Transient Ischemic Attack 4=Stroke not otherwise specified 6=No stroke related diagnosis _____
Was patient ambulatory prior to the current stroke/TIA (25)?
1=Able to ambulate independently w/or w/o device 3=Unable to ambulate
2=With assistance 9=Not documented _____

**ACUTE STROKE REGISTRY (NJASR, VERSION 1.0)
(CONTINUED)**

D. IMAGING

Was brain imaging performed at your hospital after arrival as part of the initial evaluation for this episode of care or this event (26)?

1=Yes 0=No 2=NC-if outside imaging prior to transfer or patient is DNR/CMO

If yes,

Date and time of initial brain imaging: Date (27): (mm/dd/yyyy) ___/___/___ Time (28): (hh:mm) ___:___

Initial brain image findings (29): 1=Hemorrhagic 0=No hemorrhage 9=Not available

Date and time of brain image findings: Date (30): (mm/dd/yyyy) ___/___/___ Time (31): (hh:mm) ___:___

E. SYMPTOM TIMELINE

When was the patient last known to be well (i.e., in their usual state of health or at their baseline), prior to the beginning of the current stroke or stroke-like symptoms? (To within 15 minutes of exact time is acceptable)

Date (32): (mm/dd/yyyy) ___/___/___ Time (33): (hh:mm) ___:___

When was the patient first discovered to have the current stroke or stroke-like symptoms? (within 15 min of exact time)

Date (34): (mm/dd/yyyy) ___/___/___ Time (35): (hh:mm) ___:___

(If performed): What is the first NIH Stroke Scale total score recorded by hospital personnel (36)? (00-42) _____

F. THROMBOLYTIC TREATMENT

Was IV tPA initiated for this patient at this hospital (37)?

1=Yes 0=No 2=NC-Documented reason exists for not giving IV Thrombolytic

If IV tPA was initiated at this hospital or ED, please complete this section:

Date (38): (mm/dd/yyyy) ___/___/___ Time (39): (hh:mm) ___:___

Was other thrombolytic therapy administered (40)? 1=Yes 0=No

IV tPA at an outside hospital (41): 1=Yes 0=No

IA catheter-based reperfusion at this hospital (42): 1=Yes 0=No

If yes, record date and time: Date (43): (mm/dd/yyyy) ___/___/___ Time (44): (hh:mm) ___:___

IA catheter-based reperfusion at outside hospital (45): 1=Yes 0=No

Investigational or experimental protocol for thrombolysis (46): 1=Yes 0=No

If yes, specify: (47): (Text 50) _____

*Other investigative therapy for ischemic or hemorrhagic stroke (48): 1=Yes 0=No

Complications of thrombolytic therapy:

Symptomatic intracranial hemorrhage (49): 0=No 1=Yes (≤ 36 hours of tPA) 9=Unknown

Life threatening, serious systemic hemorrhage (50): 0=No 1=Yes (≤ 36 hours of tPA) 9=Unknown

**ACUTE STROKE REGISTRY (NJASR, VERSION 1.0)
(CONTINUED)**

G. NON-TREATMENT WITH THROMBOLYTICS

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, or physician assistant's notes in the patient's chart? *(Check all that apply)*

Contraindications, which may include any of the following:

SBP >185 or DBP >110 mmHg despite treatment (51)	1=Yes	0=No	_____
Recent intracranial or spinal surgery, head trauma, or stroke (52) (<3 mo.)	1=Yes	0=No	_____
Recent surgery/trauma (53) (<15 days)	1=Yes	0=No	_____
Active internal bleeding (54) (<22 days)	1=Yes	0=No	_____
Suspicion of subarachnoid hemorrhage (55)	1=Yes	0=No	_____
History of intracranial hemorrhage or brain aneurysm or vascular malformation or brain tumor (56)	1=Yes	0=No	_____
Platelets <100,000, PTT >40 sec after heparin use, or PT >15 or INR >1.7, or known bleeding diathesis (57)	1=Yes	0=No	_____
CT findings (ICH, SAH, or major infarct signs) (58)	1=Yes	0=No	_____
Seizure at onset (59)	1=Yes	0=No	_____

Warnings: conditions that might lead to unfavorable outcomes:

Stroke severity - too severe (e.g., NIHSS >22) (60)	1=Yes	0=No	_____
Glucose < 50 or > 400 mg/dl (61)	1=Yes	0=No	_____
Left heart thrombus (62)	1=Yes	0=No	_____
Care-team unable to determine eligibility (63)	1=Yes	0=No	_____
Rapid improvement of Stroke severity too mild (64)	1=Yes	0=No	_____
Advanced age (65)	1=Yes	0=No	_____
Patient/Family refused (66)	1=Yes	0=No	_____
IV or IA tPA given at outside hospital (67)	1=Yes	0=No	_____
Increased risk of bleeding due to comorbid conditions (68) <i>(see coding instructions)</i>	1=Yes	0=No	_____
Life expectancy <1 year or severe co-morbid illness or CMO on admission (69)	1=Yes	0=No	_____

Hospital-Related or Other Factors:

Failure to diagnose in 3 hour time frame (70)	1=Yes	0=No	_____
In-hospital Time Delay (71)	1=Yes	0=No	_____
Delay in patient arrival (72)	1=Yes	0=No	_____
No IV access (73)	1=Yes	0=No	_____
Other (25 characters) (74): _____			

**ACUTE STROKE REGISTRY (NJASR, VERSION 1.0)
(CONTINUED)**

Ambulation status at Discharge (112):

- 1 = Able to ambulate independently w/or w/o device
- 2 = With assistance (from one person)
- 3 = Unable to ambulate
- 9 = Not documented

Is there documentation for past medical history of smoking - did the adult patient smoke at least one cigarette during the year prior to hospital arrival (113)?

- 1=Yes 0=No/Not documented

If past medical history of smoking is checked as yes, was the adult patient or their care giver given smoking cessation advice or counseling during the hospital stay (114)?

- 1=Yes 0=No or not documented in the medical record
2=NC- A documented reason exists for not performing counseling

Is there a past medical history of Dyslipidemia (115)?

- 1=Yes 0=No/Not documented

Was the patient on cholesterol-reducing or cholesterol-controlling medication prior to this hospitalization (116)?

- 1=Yes 0=No

***Record lipid levels during hospital admission or within 30 days prior to admission:**

- LDL (3-digit) (117) _____ mg/dl
HDL (3-digit) (118) _____ mg/dl
Total Cholesterol (3-digit) (119) _____ mg/dl
Triglycerides (4-digit) (120) _____ mg/dl
Glycosylated Hb (4-digit) (121) _____ %

Is there documentation that cholesterol-reducing or cholesterol-controlling medication was prescribed at discharge (122)?

- 1=Yes 0=No/Not documented 2=NC-Contraindicated

If medication was prescribed, please answer which medication classes were prescribed:

- Statin (123) 1=Yes 0=No
Other medication (124) 1=Yes 0=No

Is there a documented history of hypertension (125)?

- 1=Yes 0=No/Not documented

Was patient on antihypertensive medication prior to admission (126)?

- 1=Yes 0=No/Not documented

Is there documentation that antihypertensive medication was prescribed at discharge (127)?

- 1=Yes 0=No/Not documented

Was the patient taking antithrombotic medication prior to admission (128)?

- 1=Yes 0=No 9=Not documented

Was antithrombotic medication prescribed at discharge (129)?

- 1=Yes 0=No
2=NC- Documented reason for not administering exists in the record

**ACUTE STROKE REGISTRY (NJASR, VERSION 1.0)
(CONTINUED)**

Is the documentation in the patient's medical history of atrial fibrillation/flutter (130)?

1=Yes 0=No/Not documented

Was atrial fibrillation/flutter or paroxysmal atrial fibrillation (PAF) documented during this episode of care (131)?

1=Yes 0=No/Not documented

If a history of atrial fibrillation/flutter or PAF is documented in the medical history of the patient or the patient experienced atrial fibrillation/flutter or PAF during this episode of care, was patient prescribed anticoagulation medication upon discharge (132)?

1=Yes 0=No/Not documented

2=Documented reason for not prescribing anticoagulation exist in medical record

Was there documentation that the patient and/or caregiver received education and/or resource materials regarding any of the following?

Personal modifiable risk factors for stroke (133) 1=Yes 0=No/Not documented 2=NC

Stroke warning signs (134) 1=Yes 0=No/Not documented 2=NC

How to activate EMS (135) 1=Yes 0=No/Not documented 2=NC

Need for follow-up after discharge (136) 1=Yes 0=No/Not documented 2=NC

Their prescribed medications (137) 1=Yes 0=No/Not documented 2=NC

Is there documentation in the record that the patient was assessed for or received rehabilitation services (138)?

1=Yes 0=No/Not documented

Did patient receive rehabilitation services during hospitalization (139)?

1=Yes 0=No/Not documented

Was patient transferred to a rehabilitation facility (140)?

1=Yes 0=No/Not documented

Was patient referred to rehabilitation services following discharge (141)?

1=Yes 0=No/Not documented

Was patient ineligible to receive rehabilitation services (e.g., symptoms resolved, poor prognosis, patient unable to tolerate rehabilitation therapeutic regimen) (142)?

1=Yes 0=No/Not documented

***Modified Rankin Scale at Discharge (143):**

0=No symptoms at all

1=No significant disability despite symptoms; able to carry out all usual duties and activities

2=Slight disability; unable to carry out previous activities, but able to look after own affairs without assistance

3=Moderate disability; requiring some help, but able to walk without assistance

4=Moderately severe disability, unable to walk without assistance and unable to attend to own bodily needs without assistance

5=Severe disability; bedridden, incontinent and requiring constant nursing care and attention

6=Dead

***Reserved field 1 (144):** _____

***Reserved field 2 (145):** _____

***Reserved field 3 (146):** _____

*** State Added/Modified Item**