Instructions for Paul Coverdell National Acute Stroke Program (PCNASP) In-Hospital Data Elements

Item	Variable name*	Text Prompt	Field Type	Legal Values	Notes
Demographic Data	<Age>	Age |__|__|__| years	Numeric ### = 3-digit	0 < age < 125	
	<Gender>	Gender	Numeric # = 1-digit	1 - Male; 2 - Female; 3 - Unknown	Select only 1 gender
	<RaceW>	White	Numeric # = 1-digit	1 -Yes; 0 - No	Select all race options that apply. Default = 0
	<RaceAA>	Black or African American			
	<RaceAs>	Asian			
	<RaceHPI>	Native Hawaiian or Other Pacific Islander			
	<RaceAIAN>	American Indian or Alaskan Native			
	<RaceUnk>	Unknown or unable to determine			
	<Hisp>	Hispanic Ethnicity		1 – Hispanic or Latino; 0 - Not Hispanic or Latino, or unknown	Hispanic ethnicity is a separate question from race
	<HlthInsM>	Medicare/Medicare Advantage		1 -Yes; 0 - No	Default = 0
	<HlthInsC>	Medicaid			
	<HlthInsP>	Private/VA/Champus/Other			
	<HlthInsN>	Self Pay/No Insurance			
	<HlthInND>	Not Documented			
Comfort Measures	<CMODoc>	When is the earliest time that the physician, advanced practice nurse, or PA documented that patient was on comfort measures only?	Numeric # = 1-digit	1 – Day of arrival or first day after arrival ; 2 - 2nd day after arrival or later; 3 - Timing unclear; 4 - ND/UTD	
Pre-Hospital/Emergency Medical System (EMS) Data	<PlcOccur>	Where was the patient when stroke was detected or when symptoms were discovered? In the case of a patient transferred to your hospital where they were an inpatient, ED patient, or NH/long-term care resident, from where was the patient transferred?	Numeric # = 1-digit	1 – Not in a healthcare setting; 2 - Another acute care facility; 3 –Chronic health care facility; 4 - Stroke occurred while patient was an inpatient in your hospital; 5 - Outpatient healthcare setting; 9 - ND or cannot be determined	

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	<InhospStk>	Did this stroke occur in an in-patient?	Numeric # = 1-digit	1 -Yes; 0 - No	
	<ArrMode>	How did the patient get to your hospital for treatment of their stroke?	Numeric # = 1-digit	1 – EMS from home or scene; 2 - Private transportation/taxi/other; 3 - transfer from another hospital; 9 - ND or unknown	
	<EMSNote>	Advance notification by EMS	Numeric # = 1-digit	1 -Yes; 0 - No/ND; 9-Not applicable	
Date & time of arrival at your hospital - What is the earliest documented time (military time) the patient arrived at the hospital?	<EDTriagD>	Date of arrival at your hospital	_ _ / _ _ / _ _ _ _	Date MMDDYYYY	
	<EDTriagT>	Time of arrival at your hospital	_ _: _ _	Time HHMM	
Patient Not Admitted	<NotAdmit>	Was the patient not admitted?	Numeric #=1-digit	1 - Not admitted; 0 = no, patient admitted as inpatient	
Reason Not Admitted	<WhyNoAdm>	Reasons that the patient was not admitted	Numeric #=1-digit	1 - discharged directly from ED to home or other location that is not an acute care hospital; 4 - Transferred from your ED to another acute care hosptial; 6 - died in ED; 7 - Left ED AMA; 8 - discharged from observation status without an inpatient admission; 0 - Other;	Answer this only if the patient was not admitted
Hospital admission data	<HospadD>	Date of hospital admission	_ _ / _ _ / _ _ _ _	Date MMDDYYYY	Admit date

Item	Variable name*	Text Prompt	Field Type	Legal Values	Notes
	\<AmbStatA\>	Was patient ambulatory prior to the current stroke/TIA?	Numeric # = 1-digit	1 – Able to ambulate independently w/or w/o device; 2 - Yes but with assistance from another person; 3 - Unable to ambulate; 4 - ND	
	\<sxresolv\>	Did symptoms completely resolve prior to presentation?	Numeric # = 1-digit	1 - Yes; 0 - No; 9 - ND	
Initial Blood Pressure	\<AdmSysBP\>	If patient received IV tPA, what was the first systolic blood pressure?	Numeric # = 3-digit		mmHg
	\<AdmDiaBP\>	If patient received IV tPA, what was the first diastolic blood pressure?			mmHg
Initial Glucose	\<AdmGlucose\>	If patient received IV tPA, what was the first blood glucose?			mg/dL
Medications currently taking prior to admission	\<APltAdmYN\>	Antiplatelet medication	Numeric # = 1-digit	1 -Yes; 0 - No/ND	antiplatelet medications include aspirin, aspirin/dipyridamol, clopidogrel, ticlopidine, others
	\<ACoagAdmYN\>	Anticoagulant	Numeric # = 1-digit		anticoagulant medications include heparin IV, full dose LMW heparin, warfarin, dabigatran, argatroban, desirudin, fondaparinux, rivaroxaban, lipirudin, others
	\<HBPAdmYN\>	Antihypertensive medication	Numeric # = 1-digit		
	\<DprADMYN\>	Antidepressant medication	Numeric # = 1-digit		
	\<LipAdmYN\>	Statin or other cholesterol reducer	Numeric # = 1-digit	1 -Yes; 0 - No/ND	
Imaging	\<ImageYN\>	Was Brain Imaging Performed at your hospital after arrival as part of the initial evaluation for	Numeric # = 1-digit	1 - Yes; 0 - No/ND; 2 - NC - if outside	

Item	Variable name*	Text Prompt	Field Type	Legal Values	Notes
		this episode of care or this event?		imaging prior to transfer or patient is DNR/CMO	
	<ImageD>	Date of brain imaging	_ _ / _ _ / _ _ _ _	MMDDYYYY	Date of initial brain imaging
	<ImageT>	Time of brain imaging	_ _ : _ _	Time HHMM	Time of initial brain imaging
	<ImageRes>	Initial brain imaging findings?	Numeric # = 1-digit	1 – Hemorrhage; 0 - No hemorrhage; 9 - ND or not available	
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.)	<LKWD>	What date was the patient last known to be well	_ _ / _ _ / _ _ _ _	Date MMDDYYYY	
	<LKWT>	What time was the patient last known to be well	___ : ____	Time HHMM	
When was the patient first discovered to have the current stroke or stroke-like symptoms? (To within 15 minutes of exact time of discovery is acceptable.)	<DiscD>	What date was the patient first discovered to have the current stroke or stroke-like symptoms?	_ _ / _ _ / _ _ _ _	Date MMDDYYYY	
	<DiscT>	What time was the patient first discovered to have the current stroke or stroke-like symptoms?	___ : ____	Time HHMM	
NIH Stroke Scale Score	<NIHSSYN>	Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?	Numeric # = 1-digit	1 – Yes; 0 – No/ND	
	<NIHStrkS>	If performed, what is the first NIH Stroke Scale total score recorded by hospital personnel?	Numeric ## = 2-digit	Range 00-42	
Thrombolytic Treatment	<TrmIVM>	Was IV tPA initiated for this patient at this hospital?	Numeric # = 1-digit	1 - Yes; 0 - No	
	<TrmIVMD>	What date was IV tPA initiated for this patient at this hospital?	_ _ / _ _ / _ _ _ _	MMDDYYYY	If IV tPA was initiated at this hospital or ED, please complete
	<TrmIVMT>	What time was IV tPA initiated for this patient at this hospital?	___ : ____	Time HHMM	

Item	Variable name*	Text Prompt	Field Type	Legal Values	Notes
					this section:
	<TrmIVT>	IV tPA at an outside hospital	Numeric # = 1-digit	1 - Yes; 0 - No	
	<TrmIAM>	IA catheter-based reperfusion at this hospital?	Numeric # = 1-digit	1 - Yes; 0 - No	IA catheter-based reperfusion at this hospital?
	<TrmIAMD>	Date of IA catheter-based reperfusion at this hospital	_ _/ _ _/ _ _ _ _	MMDDYYYY	
	<TrmIAMT>	Time of IA catheter-based reperfusion at this hospital	___: ____	Time HHMM	
Complications of thrombolytic therapy	<ThrmCmp>	Complication of thrombolytic therapy	Numeric # = 1-digit	0 – None; 1 – symptomatic ICH within 36 hours (< 36 hours) of tPA; 2 - life threatening, serious systemic hemorrhage within 36 hours of tPA; 3 - other serious complications; 9 – Unknown/Unable to Determine	
	<ThrmCmpTX>	Were there bleeding complications in a patient transferred after IV tPA	Numeric # = 1-digit	1 - yes & detected prior to transfer; 2 - yes but detected after transfer; 3 - UTD; 9 - Not applicable	
Reasons for no tPA - 0-3 hour window. Were one or more of the following contraindication or warning for not administering IV thrombolytic therapy at this hospital explicitly documented by a physician, advanced practice nurse, or physician assistant's notes in the chart?	<NonTrtC>	Contraindications, which include any of the following: SBP > 185 or DBP > 110 mmHg Seizure at onset; Recent surgery/trauma (<15 days) Recent intracranial or spinal surgery, head trauma, or stroke (<3 mo.) History of intracranial hemorrhage or brain aneurysm or vascular malformation or brain tumor; Active internal bleeding (<22 days) Platelets <100,000, PTT> 40 sec after heparin use, or PT > 15 or INR > 1.7, or known bleeding diathesis;	Numeric # = 1-digit	1 Yes; 0 No	

Item	Variable name*	Text Prompt	Field Type	Legal Values	Notes
	<NonTrtCT>	Suspicion of subarachnoid hemorrhage (CT findings of ICH, SAH, or major infarct signs);	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtWN>	**Warnings**: conditions that might lead to unfavorable outcomes: Stroke severity – too severe Glucose < 50 or > 400 mg/dl; left heart thrombus; increased risk of bleeding due to: acute (or recent) pericarditis, subacute bacterial endocarditis (SBE), hemostatic defects including those secondary to severe hepatic or renal disease, pregnancy, 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;	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtAG>	advanced age	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtSM>	stroke severity too mild	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtRI>	rapid improvement	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtIL>	life expectancy < 1 year or severe co-morbid illness or CMO on admission	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtFR>	family refusal	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtNC>	care team unable to determine eligibility	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtOH>	IV or IA tPA given at outside hospital	Numeric # = 1-digit	1 Yes; 0 No	

Item	Variable name*	Text Prompt	Field Type	Legal Values	Notes
Reasons for no tPA - 3-4.5 hour window	<NonTrtC4>	Contraindications, which include any of the following: SBP > 185 or DBP > 110 mmHg Seizure at onset; Recent surgery/trauma (<15 days) Recent intracranial or spinal surgery, head trauma, or stroke (<3 mo.) History of intracranial hemorrhage or brain aneurysm or vascular malformation or brain tumor; Active internal bleeding (<22 days) Platelets <100,000, PTT> 40 sec after heparin use, or PT > 15 or INR > 1.7, or known bleeding diathesis;	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtCT4>	Suspicion of subarachnoid hemorrhage (CT findings of ICH, SAH, or major infarct signs);	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtWN4>	**Warnings**: conditions that might lead to unfavorable outcomes: Stroke severity – too severe Glucose < 50 or > 400 mg/dl; left heart thrombus; increased risk of bleeding due to: acute (or recent) pericarditis, subacute bacterial endocarditis (SBE), hemostatic defects including those secondary to severe hepatic or renal disease, pregnancy, 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;	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtAG4>	advanced age	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtSM4>	stroke severity too mild	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtRI4>	rapid improvement	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtIL4>	life expectancy < 1 year or severe co-morbid illness or CMO on admission	Numeric # = 1-digit	1 Yes; 0 No	

Item	Variable name*	Text Prompt	Field Type	Legal Values	Notes
	<NonTrtFR4>	family refusal	Numeric # = 1-digit	1 Yes; 0 No	
	<NonTrtNC4>	care team unable to determine eligibility	Numeric # = 1-digit	1 Yes; 0 No	
If no documented contraindications or warnings, do these factors apply in the 0-3 hour time window?	<NonTrtDX>	Unable to diagnose or did not diagnose in 3 hour time frame	Numeric # = 1-digit	1 - Yes; 0 - No	
	<NonTrtTD>	Inhospital Time Delay			
	<NonTrtA>	Delay in patient arrival			
	<NonTrtIV>	No IV access			
	<NonTrtOC>	Other:			
If no documented contraindications or warnings, do these factors apply in the 3-4.5 hour time window?	<NonTrtDX4>	Unable to diagnose or did not diagnose in 3 hour time frame	Numeric # = 1-digit	1 - Yes; 0 - No	
	<NonTrtTD4>	Inhospital Time Delay			
	<NonTrtA4>	Delay in patient arrival			
	<NonTrtIV4>	No IV access			
	<NonTrtOC4>	Other:			
Other warnings for patients treated in the 3-4.5 hour window?	<NonTrMCA>	Were there other documented warning conditions for patients treated in the 3-4.5 hour time window?	Numeric # = 1-digit	1 - Yes; 0 - No	CT findings of stroke involving more than 1/3 of middle carotid artery; age over 80; history of diabetes and a prior stroke
IV tPA delay	<IVtPADelay>	If IV tPA was initiated greater than 60 minutes after hospital arrival, were eligibility or medical reasons documented as the cause for delay?	Numeric # = 1-digit	1 - Yes; 0 - No	
Documented past medical history of any of the following: (check all that apply)	<MedHisDM>	Is there a history of Diabetes Mellitus (DM)?	Numeric # = 1-digit	1 - Yes; 0 - No/ND	Default = 0
	<MedHisST>	Is there a history of prior Stroke?			
	<MedHisTI>	Is there a history of TIA/Transient ischemic attack/VBI?			
	<MedHisCS>	Is there a history of carotid stenosis?			

Item	Variable name*	Text Prompt	Field Type	Legal Values	Notes
	<MedHisMI>	Is there a history of myocardial infarction (MI) or coronary artery disease (CAD)?			
	<MedHisPA>	Is there a history of peripheral arterial disease (PAD)?			
	<MedHisVP>	Does the patient have a valve prosthesis (heart valve)?			
	<MedHisHF>	Is there a history of Heart Failure (CHF)?			
	<MedHisSS>	Does the patient have a history of sickle cell disease (sickle cell anemia)?			
	<MedHisPG>	Did this event occur during pregnancy or within 6 weeks after a delivery or termination of pregnancy?			
	MedHisAF	Is there documentation in the patient's medical history of atrial fibrillation/flutter?			
	<MedHisSM>	Is there documented past medical history of Smoking (at least one cigarette during the year prior to hospital arrival?)			
	<MedHisDL>	Is there a medical history of Dyslipidemia?			
	<MedHisHT>	Is there a documented past medical history of hypertension?			
	<MedhisDrug>	Drug or alcohol abuse?			
	<MedhisFHStk>	Family history of stroke			
	<MedHisHRT>	Hormone replacement therapy			
	<MedHisObese>	Obesity			
	<MedHisMig>	Migraines	Numeric # 1-digit	1 - Yes; 0 - No/ND	Default = 0
	<MedHisRenal>	Chronic renal insufficiency (serum creatinine > 2.0)?			
	<MedHisDP>	Depression			
	<MedHisSA>	Sleep Apnea			
Early Antithrombotics	<AThr2Day>	Was antithrombotic therapy received by the end of hospital day 2?	Numeric # 1-digit	1 - Yes; 0 - No; 2 - NC	

Item	Variable name*	Text Prompt	Field Type	Legal Values	Notes
Dysphagia Screening	<NPO>	Was the patient NPO throughout the entire hospital stay? (That is, this patient never received food, fluids, or medication by mouth at any time. This includes any medications delivered in the Emergency Room phase of care.)	Numeric # 1-digit	1 – Yes; 0 - No or ND	
	<DysphaYN>	Was patient screened for dysphagia prior to any oral intake, including food, fluids or medications?		1 – Yes; 0 - No or ND; 2 - NC - a documented reason for not screening exists in the medical record	
	<DysphaPF>	If patient was screened for dysphagia, what were the results of the screen?	Numeric #1-digit	1 - Pass; 2 - Fail; 9 - ND	
Other In-Hospital Complications	<PneumYN>	Was there documentation that the patient was treated for hospital acquired pneumonia (pneumonia not present on admission) during this admission?	Numeric # 1-digit	1 – Yes; 0 - No or ND; 2 NC	
VTE Prophylaxis	<VTELDUH>	Low dose unfractionated heparin (LDUH)	Numeric #1-digit	1 - Yes; 0 - No	Select all therapies given
	<VTELMWH>	Low molecular weight heparin (LMWH)			
	<VTEIPC>	Intermittent pneumatic compression devices			
	<VTEGCS>	Graduated compression stockings (GCS)			
	<VTEXaI>	Factor Xa Inhibitor			
	<VTEWar>	Warfarin			
	<VTEVFP>	Venous foot pumps			
	<VTEOXaI>	Oral Factor Xa Inhibitor			
	<VTEAsprn>	Aspirin			
	<VTEND>	Not Documented or none of the above			
	<VTEDate>	What date was the initial VTE prophylaxis administered?	__/__/____	Date MMDDYYYY	

Item	Variable name*	Text Prompt	Field Type	Legal Values	Notes
	<NoVTEDoc>	If not documented or none of the above types of prophylaxis apply, is there documentation why prophylaxis was not administered at hospital admission?	Numeric #1-digit	1 - Yes; 0 - No	
	<OFXaVTEReason>	Is there a documented reason for using Oral Factor Xa Inhibitor for VTE?	Numeric #1-digit	1 - Yes; 0 - No	**New January 2013 for TJC**
Other Therapeutic Anticoagulation	<LDUHIV>	Unfractionated heparin IV	Numeric #1-digit	1 - Yes; 0 - No	
	<Dabigat>	Dabigatran (Pradaxa)			
	<Argatro>	Argatroban			
	<Desirud>	Desirudin (Iprivask)			
	<OralXaI>	Oral Factor Xa Inhibitors (e.g., rivaroxaban/Xarelto)			
	<Lepirud>	Lepirudin (Refludan)			
	<OthACoag>	Other Anticoagulant			
Other complications	<UTI>	Was patient treated for a urinary tract infection (UTI) during this admission?	Numeric # 1-digit	1 - Yes; 0 - No/ND	
	<UTIFoley>	If patient was treated for a UTI, did the patient have a Foley catheter during this admission?		1 - Yes, and patient had catheter in place on arrival; 2 - Yes, but only after admission; 0 - No; 9 - UTD	
	<DVTDocYN>	Did patient experience a DVT or pulmonary embolus (PE) during this admission?	Numeric # 1-digit	1 - Yes; 0 - No/ND	
Date of discharge from hospital	<DschrgD>	What date was the patient discharged from hospital?	_ _/ _ _/_ _ _ _	Date MMDDYYYY	
Principal discharge ICD-9-CM diagnosis	<ICD9PrDx>	Principal discharge ICD-9-CM code	— — — · — —	5 – digit, 2 decimal places	
Principal discharge ICD-10-CM diagnosis	<ICD10Dx>	Principal discharge ICD-10-CM code	_ _ _ · _ _ _ _	alphanumeric, 3 before decimal, 4 after decimal	
Clinical diagnosis related to stroke that	<AdmDxSH>	Subarachnoid hemorrhage	Numeric ## 1-digit	1 - Yes; 0 - No	
	<AdmDxIH>	Intracerebral hemorrhage			

Item	Variable name*	Text Prompt	Field Type	Legal Values	Notes
	<AdmDxIS>	Ischemic stroke			
	<AdmDxTIA>	Transient ischemic attack			
	<AdmDxSNS>	Stroke not otherwise specified			
	<AdmDxNoS>	No stroke related diagnosis			
was ultimately responsible for this admission (check only one item)	<AdmCE>	Was patient admitted for the sole purpose of performance of a carotid intervention?	Numeric # = 1-digit	1 - Yes; 0 - No or UTD	
	<ClinTrial>	Was the patient enrolled in a stroke clinical trial?			
Discharge disposition	<DschDisp>	Discharge disposition (Check only one.)	Numeric ## 1-digit	1 Discharged to home or self care (routine discharge), with or without home health, discharged to jail or law enforcement, or to assisted living facility; 2 Discharged to home hospice; 3 Discharged to hospice in a health care facility; 4 Discharged to an acute care facility (includes critical access hospitals, cancer and children's hospitals, VA, and DOD hospitals; 5 Discharged to another healthcare facility; 6 Expired; 7 Left against medical advice or discontinued care; 8 Not documented or unable to determine	

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	<OHFType>	If discharged to another healthcare facility above (option 5), type of facility was it?	Numeric # = 1-digit	1 – Skilled nursing facility; 2 – Inpatient rehabilitation; 3 – Long-term care facility or, hospital; 4 - Intermediate care facility; 5 - Other	
Functional status at discharge	<mRSDone>	Was Modified Rankin Scale done at discharge?	Numeric # 1-digit	1 - Yes; 0 - No/ND	
	<mRSScore>	Modified Rankin Scale Score	Numeric # 1-digit	0 - No symptoms; 1 - no significant disability despite symptoms; 2 slight disability; 3 - moderate disability, can walk without assistance; 4 - moderate to severe disability, needs assistance to walk; 5 - severe disability, bedridden; 6 - death	
	<AmbStatD>	Ambulatory status at discharge		1 – Able to ambulate independently w/or w/o device; 2 - with assistance from another person; 3 - unable to ambulate; 9 - not documented	
Antihypertensive treatment at discharge	<HBPTreat>	Is there documentation that antihypertensive medication was prescribed at discharge?	Numeric # 1-digit	1 - Yes; 0 - No/ND; 2 - NC	Antihypertensive medications include ACE inhibitors, ARBs, beta-blockers, calcium channel blockers, diuretics, and

Item	Variable name*	Text Prompt	Field Type	Legal Values	Notes
					others
Antidepressant medication at discharge	<DprDCYN>	Was the patient prescribed an antidepressant medication at discharge?	Numeric # 1-digit	1 - Yes - SSRI; 2 - Yes - Other antidepressant; 0 - No/ND;	
Lipid Treatment	<LipLDL>	LDL |__|__|__| mg/dl	Numeric ### 3-digit		
	<LipStatn>	Was a statin medication prescribed at discharge?	Numeric # 1-digit	1 - Yes; 0 - No/ND	
	<StatnNC>	If statin not prescribed, was there a documented contraindication to statins?	Numeric # 1-digit	1 - Yes; 0 - No/ND	
Atrial Fibrillation	<AFibYN>	Was atrial fibrillation/flutter or paroxysmal atrial fibrillation (PAF), documented during this episode of care?	Numeric # 1-digit	1 - Yes; 0 - No/ND	
	<AFibRx>	If a history of atrial fibrillation/flutter or PAF is documented in the medical history or if the patient experienced atrial fibrillation/flutter or PAF during this episode of care, was patient prescribed anticoagulation medication upon discharge?	Numeric # 1-digit	1 - Yes; 0 - No/ND; 2 - NC	
Antithrombotics at Discharge	<AthDscYN>	Was antithrombotic (antiplatelet or anticoagulant) medication prescribed at discharge?	Numeric # = 1-digit	1 - Yes; 0 - No/ND; 2 - NC	
	<AthDCPlts>	If patient was discharged on an antithrombotic medication, was it an antiplatelet?	Numeric # = 1-digit	1 - Yes; 0 - No/ND	antiplatelet medications include aspirin, aspirin/dipyridamol, clopidogrel, ticlopidine, others
	<AthDCCoag>	If patient was discharged on an antithrombotic medication, was it an anticoagulant?	Numeric # = 1-digit		anticoagulant medications include heparin IV, full dose LMW heparin, warfarin, dabigatran,

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					argatroban, desirudin, fondaparinux, rivaroxaban, lipirudin, others
Smoking Counseling	<SmkCesYN>	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?	Numeric # 1-digit	1 – Yes; 0 - No or not documented in the medical record; 2 - NC a documented reason exists for not performing counseling	
Stroke Education	<EducRF>	Risk factors for stroke	Numeric # 1-digit	1 - Yes; 0 - No/ND	
	<EducSSx>	Stroke Warning Signs and Symptoms			
	<EducEMS>	How to activate EMS for stroke			
	<EducCC>	Need for follow-up after discharge			
	<EducMeds>	Medications prescribed at discharge			
Rehabilitation	<RehaPlan>	Is there documentation in the record that the patient was assessed for or received rehabilitation services?	Numeric # 1-digit	1 - Yes; 0 - No	

*Variables in the table with the peach background are required data elements. Variables in the table with the blue background are optional data elements.