# Stroke Data Dictionary

| Element Name | Description | Acceptable Answers |
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| First Name | The patient's First Name | |
| Last Name | The patient's Last Name.  Hyphenated names should be recorded with hyphen. | |
| Middle Name | Patient's middle name | Currently only capturing the Middle initial in ImageTrend. ImageTrend is working on changing this to allow for either middle initial and/or middle name. |
| Birthdate | Patient's date of birth | MMDDYYYY |
| Gender (at birth) | Patient's Gender (at birth) | Male (M) or Female (F), Not Known, Not Recorded |
| Event Date | The date in which treatment was first sought for patient's stroke symptoms | MMDDYYYY |
| Last known well date | The date prior to hospital arrival at which the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health | MMDDYYYY |
| Time *(Under Last known well date)* | The time prior to hospital arrival at which the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health | HHMM (military time) |
| Mode of arrival to your facility | Indicate the means of transportation to your facility | Drop-Down choices are: Ground Ambulance, Helicopter Ambulance, Flexed-Wing Ambulance, Private/Public Vehicle/Walk-In, Other, Not Known |
| Pre-arrival notification | Did the transporting EMS agency notify the emergency department of an incoming stroke patient? | Drop-down choices are:  Yes, No, NA, Not Known/Not Recorded |
| Date of pre-arrival notification | Date on which the transporting EMS agency notified the emergency department of an incoming stroke patient | MMDDYYYY |
| Time of pre-arrival notification | Time at which the transporting EMS agency notified the emergency department of an incoming stroke patient | HHMM (military time) |
| Date Arrived at your Facility | Indicate the date the patient arrived at your facility | MMDDYYYY |
| Time *(next to Date Arrived at your Facility)* | Indicate the time the patient arrived at your facility | HHMM(Military Time) |

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| ED Discharge Disposition | Indicate where the patient went from the Emergency Department | Not Known, Cath lab, Telemetry/step-down unit, Deceased/Expired, Other (jail, institution, etc.), Operating room, Intensive Care Unit (ICU), Left Against Medical Advice, Transferred to another hospital |
| NIH Stroke Scale Score (auto-calculate) | This is a numeric score (0-42) that is auto-calculated based on you answering the questions in ImageTrend. (You can add multiple scores at various dates/times). Record an entry for the NIH Stroke Scale AT TIME OF ARRIVAL "AND" record an entry AT TIME OF DISCHARGE. | 0-42 |
| NIH Stroke Scale Score Manual | This is a numeric score (0-42) that is manually entered in. (You can add multiple scores at various dates/times). Record an entry for the NIH Stroke Scale AT TIME OF ARRIVAL "AND" record an entry AT TIME OF DISCHARGE. | 0-42 |
| LOC Questions (NIH Stroke Scale - Orientation Questions) | The patient is asked the month and his/her age | Drop-down choices are: Answers both questions correctly, Answers one question correctly, Answers neither question correctly, Not Applicable, Not Known, Not Performed, Not Known/Not Recorded |
| LOC Commands (NIH Stroke Scale - Response to Commands) | The patient is asked to open and close the eyes and then to grip and release the non-paretic hand | Drop-down choices are: Performs both tasks correctly, Performs one task correctly, Performs neither, Not Applicable, Not Known, Not Performed, Not Known/Not Recorded |
| Best Gaze (NIH Stroke Scale - Questions) | Only horizontal eye movements will be tested | Drop-down choices are: Normal horizontal movements, Partial gaze palsy, Complete gaze palsy, Not Applicable, Not Known, Not Performed, Not Known/Not Recorded |
| Visual Fields (NIH Stroke Scale - Questions) | Visual Fields (Upper and Lower Quadrants) are tested by confrontation, using finger counting or visual threat, as appropriate | Drop-down choices are: No Visual field defect, Partial Hemianopia, Complete Hemianopia, Bilateral Hemianopia, Not Applicable, |

| | | Not Known, Not Performed, Not Known/Not Recorded |
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| Facial Palsy (NIH Stroke Scale - Questions) | Ask - or use pantomime to encourage - the patient to show teeth or raise eyebrows and close eyes | Drop-down choices are: Normal, Minor facial weakness, Partial facial weakness, Complete unilateral palsy, Not Applicable, Not Known, Not Performed, Not Known/Not Recorded |
| Motor Function Arm Left (NIH Stroke Scale - Questions) | The Left limb is placed in the appropriate position: extend the arm palm down 90 degrees if sitting or 45 degrees if supine. Drift is scored if arm falls before 10 seconds | Drop-down choices are: No Drift, Drift before 5 seconds, Falls before 10 seconds, No effort against gravity, No movement, Not Applicable, Not Known, Not Performed, Not Known/Not Recorded |
| Motor Function Arm Right (NIH Stroke Scale - Questions) | The Right limb is placed in the appropriate position: extend the arm palm down 90 degrees if sitting or 45 degrees if supine. Drift is scored if arm falls before 10 seconds | Drop-down choices are: No Drift, Drift before 5 seconds, Falls before 10 seconds, No effort against gravity, No movement, Not Applicable, Not Known, Not Performed, Not Known/Not Recorded |
| Motor Function Leg Left (NIH Stroke Scale - Questions) | The left limb is placed in appropriate position: hold the leg at 30 degrees (always tested supine). Drift is scored if leg falls before 5 seconds | Drop-down choices are: No Drift, Drift before 5 seconds, Falls before 10 seconds, No effort against gravity, No movement, Not Applicable, Not Known, Not Performed, Not Known/Not Recorded |
| Motor Function Leg Right (NIH Stroke Scale - Questions) | The Right limb is placed in appropriate position: hold the leg at 30 degrees (always tested supine). Drift is scored if leg falls before 5 seconds | Drop-down choices are: No Drift, Drift before 5 seconds, Falls before 10 seconds, No effort against gravity, No movement, Not Applicable, Not Known, Not Performed, Not Known/Not Recorded |
| Limb Ataxia (NIH Stroke Scale - Questions) | The finger-nose-finger and heel shin tests are performed are performed on both sides. Test with eyes open | Drop-down choices are: No Ataxia, Ataxia in 1 limb, Ataxia in 2 Limbs, Not Applicable, Not Known, Not Performed, Not Known/Not Recorded |
| Sensory (NIH Stroke Scale - Questions) | Sensation or grimace to pinprick when tested, or withdrawal from noxious stimulus in the obtunded or aphasic patient | Drop-down choices are: No sensory loss, Mild sensory loss, Severe sensory loss, Not Applicable, Not Known, Not |

| | | Performed, Not Known/Not Recorded |
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| Best Language (NIH Stroke Scale - Questions) | The patient is asked to describe what is happening in the attached picture, to name the items on the attached naming sheet, and to read from the attached list of sentences | Drop-down choices are: Normal, Mild Aphasia, Severe Aphasia, Mute or Global Aphasia, Not Applicable, Not Known, Not Performed, Not Known/Not Recorded |
| Dysarthria (Articulation) (NIH Stroke Scale - Questions) | Obtain a sample of speech from the patient by asking them to read or repeat words from the attached list | Drop-down choices are: Normal Articulation, Mild to moderate slurring of words, Near unintelligible or unable to speak, Not Applicable, Not Known, Not Performed, Not Known/Not Recorded |
| Extinction Inattention (NIH Stroke Scale - Questions) | Sufficient information to identify neglect may be obtained during prior testing.  If patient has a severe visual loss preventing visual double simultaneous stimulation, and the cutaneous stimuli are normal, the score is normal.  If the patient has aphasia but does appear to attend to both sides, the score is normal.  The presence of visual spatial neglect or anosognosia may also be taken as evidence of abnormality.  Since the abnormality is scored only if present, the item is never untestable | Drop-down choices are:  Absent (no abnormality), Mild (loss of 1 sensory modality), Severe (loss 2 Modalities), Not Applicable, Not Known, Not Performed, Not Known/Not Recorded |
| Date of head CT | The date on which the patient received the first head CT | MMDDYYYY |
| Time *(Under Date of head CT)* | The time at which the patient received the first head CT | HHMM (military time) |
| Date CT results were read | The date on which the patient's CT results were read by provider | MMDDYYYY |
| Time *(Next to Date CT results were read)* | The time at which the patient's CT results were read by provider | HHMM (military time) |
| Admission Date | The date on which the patient was admitted as an inpatient to the hospital | MMDDYYYY (Military Time) |
| Time *(next to Admission Date)* | The time at which the patient was admitted as an inpatient to the hospital | HHMM (military time) |
| If t-PA not given, exclusion criteria (Check all that apply) | The reason for which the patient was not given t-PA (Tissue Plasminogen Activator). Were one or more of the following reasons 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? | Drop-down choices are:  Not Applicable, Advanced Age, CT findings, Care team unable to determine eligibility, Contraindications, t-PA given outside of hospital, Life expectancy <1 year or severe c-morbid illness or CMO on |

| | | admission, Patient/Family refused, Rapid Improvement, Stroke severity too mild, Time Protocol Not Met (Out of Window), Warnings:  conditions that might lead to unfavorable outcomes |
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| Date t-PA Administered | The date on which t-PA (Tissue Plasminogen Activator) was administered to the patient | HHMM (military time) |
| Time *(Next to Date t-PA Administered)* | The time at which t-PA (Tissue Plasminogen Activator) was administered to the patient | MMDDYYYY |
| Date of Endovascular Intervention | The date on which skin puncture at this hospital to access arterial site selected for endovascular treatment of a cerebral artery occlusion | HHMM (military time) |
| Time of Endovascular Intervention | The time at which skin puncture at this hospital to access arterial site selected for endovascular treatment of a cerebral artery occlusion | MMDDYYYY |
| If transferred, name of "Hospital Transferred To" | The name of the facility to which the patient was transferred to after receiving initial hospital care at your facility | |
| Hospital Discharge Date | The date on which the patient was discharged as an inpatient from the hospital for stroke symptoms. | HHMM (military time) |
| Time *(Next to Hospital Discharge Date)* | The time at which the patient was discharged as an inpatient from the hospital for stroke symptoms. | HHMM (total elapsed time) |
| Modified Rankin Scale | Modified Rankin Scale - this is a 6-point disability scale for stroke patients. The patient's Rankin Score at the time of his or her discharge is auto-calculated in the "Modified Rankin Scale" field based on one of the selections the user chooses from the drop-down menu.  Other dates/time can be captured as well (Optional), but the discharge score is mandatory. | 0-6<br>Drop-down Choices are as follows:<br>0-No symptoms at all.<br>1-No significant disability despite symptoms; able to carry out all usual duties and activities.<br>2-Slight disability; unable to carry out all previous activities but able to look after own affairs without assistance.<br>3-Moderate disability; requiring some help, but able to walk without assistance.<br>4-Moderately severe disability; unable to walk without |

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| | | assistance and unable to attend to own bodily needs without assistance.<br>5-Severe disability; bedridden, incontinent and requiring constant nursing care and attention.<br>6-Dead - The patient has expired. |
| Hospital Discharge disposition | The patient's destination upon being discharged from the hospital | Drop-down choices are: Another type of institution not defined elsewhere, Hospice, IRF, LTCH, Short-term General Hospital, Intermediate Care Facility, Home w/HH services, Deceased/expired, AMA, Home or self-care, SNF, Hospice, Rehab or long-term care, Not Known |
| ICD-10 Diagnosis code | ICD-10 diagnosis code indicating a Stroke or one of the following ICD-10 codes that are part of the Idaho TSE Registry Stroke Inclusion Criteria:  I60.00-I60.9, I61.0-I61.9, I62.00-I62.9, I63.00-I63.9. Optional Non-Stroke Dx code G45.9 can be included at some facilities. | ICD-10 diagnosis code indicating a Stroke or one of the following ICD-10 codes that are part of the Idaho TSE Registry Stroke Inclusion Criteria: I60.00-I60.9, I61.0-I61.9, I62.00-I62.9, I63.00-I63.9. Optional Non-Stroke Dx code G45.9 can be included at some facilities. |

| The following items below are not required by Council but, some facilities would like to collect data for them. Some of these are new additions from ImageTrend: | | |
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| **Element Name** | **Description** | **Acceptable Answers** |
| Favorite location | This was a recent feature added into ImageTrend.  It's Supplementary.  If you use a location frequently, you can add it here.  Allows frequently used zip codes. | Zip code (#####) |
| Country | The patient's home country where he/she resides | |
| Postal code | The patient's home zip code of primary residence | Zip code (#####) |

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| Race | The patient's race | Drop-down choices are as follows: Not Known, Asian, Native Hawaiian or Other Pacific Islander, Other Race, American Indian, Black or African American, White Note: If "Other" is chosen you will have a box open up that you can type in the Race |
| Ethnicity | The patient's Ethnicity. Indicate if the patient is of Hispanic or Latino ethnicity | Drop-down choices are: Not Known, Hispanic or Latino, Not Hispanic or Latino, Not applicable, Not Known/Not Recorded |
| Age (at date of incident) | The patient's age at the time of injury. This is auto-calculated based on "Birthdate". If "Birthdate" is not known you can manually enter an approximated age here. (Best approximation 0-120) | 0-120 |
| Age (units) | The units used to document the patient's age. This will autofill based on "Birthdate". If Birthdate is unknown you can manually choose from one of the following: Years, Months, Days, Hours, or Not Known | Years, Months, Days, Hours, or Not Known |
| Referring Facility | This is the name of the facility in which the patient originated from **PRIOR** to arrival at **YOUR** facility | |
| Time *(Under event date)* | The time in which treatment was first sought for patient's stroke symptoms | HHMM (military time) |
| Transferred out of Emergency Department Date | Indicate the date the patient was moved out of the emergency department, either to another location within your facility or to another acute care center | MMDDYYYY |
| Time *(next to Transferred out of Emergency Department Date)* | Indicate the time the patient was moved out of the emergency department, either to another location within your facility or to another acute care center | HHMM (military time) |
| Length of Stay in ED | Length of Stay in ED. This is auto-calculated and is based on the date/time transferred out of ED - Date/time arrive at your facility. (Day/Hours/Total Minutes) | Auto-calculated (Day/Hours/Total Minutes) |
| Stroke Team Activation? | Was the Stroke Team Activated | Yes or No |
| Consulting Services? | Were consulting services needed for this patient? | Yes, No, NA, Not Known/Not Recorded |

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| Date *(In the NIH Stroke Scale Section)* | NIH Stroke Scale Date Taken | MMDDYYYY |
| Time *(In the NIH Stroke Scale Section)* | NIH Stroke Scale Time Taken | HHMM (military time) |
| Hospital Length of Stay - (Total Calendar Days) | Length of Stay in Hospital in Calendar Days.  This is an Auto-calculation in ImageTrend:  Hospital Discharge Date/Time - Hospital Admission Date/Time.  Total time in Days | Auto-calculated (Day(s)) |
| Hospital Length of Stay (Total Days/Hours/Minutes) | Length of Stay in Hospital.  This is an Auto-calculation in ImageTrend:  Hospital Discharge Date/Time - Hospital Admission Date/Time.  Total time in Day/Hours/Total Minutes | Auto-calculated (Days/Hours/Total Minutes) |
| IV t-PA initiated at this hospital? | Was TPA (Tissue Plasminogen Activator) Drug Administered at this hospital? | Yes, No, NC - documented reason exists for not giving IV TPA, NA, Not Known, Not performed, Not Known/Not Recorded |
| Door to Needle Time | This is an auto-calculation in ImageTrend.  Time difference between the "Date/Time Arrived at your facility" and "Date/Time t-PA Administered" | Auto-calculated (Minutes) |
| Modified Rankin Scale Date | The Date the Modified Rankin Scale was performed on the patient.  Needs to be captured at discharge.  You can also capture other additional dates (optional) | MMDDYYYY |
| Time *(Next to Modified Rankin Scale Date)* | The Time the Modified Rankin Scale was performed on the patient.  Needs to be captured at discharge.  You can also capture other additional times (optional) | HHMM (military time) |

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| **The following items below are located on the "Optional Stroke Information" tab. These not required by Council but, some facilities would like to collect data for them.** | | |
| **Element Name** | **Description** | **Acceptable Answers** |
| INR | Measured INR (International Normalized Ratio) Lab Value | Numeric value |
| INR Date | Indicate the date the international normalized ratio (INR) sample was resulted | MMDDYYYY |

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| INR Time | Indicate the time the international normalized ratio (INR) sample was resulted | HHMM (military time) |
| Blood Glucose | Measured Blood Glucose Lab Value | Numeric value |
| Radiology Test Type | Indicate the Type of Radiology Test that was performed on the patient | Drop-down choices currently are: CT, CT Angiogram, CT-Perfusion, Echo, EFAST, FAST, MRI, Transcranial Doppler, Transesophageal Echocardiogram, X-Ray |
| Date Ordered | Indicate the Date in which the Radiological Test Procedure was Ordered | MMDDYYYY |
| Time *(Next to Date Ordered)* | Indicate the Time at which the Radiological Test Procedure was Ordered | HHMM (military time) |
| Date Performed | Indicate the Date in which the Radiological Test Procedure was Performed | MMDDYYYY |
| Time *(Next to Date Performed)* | Indicate the Time at which the Radiological Test Procedure was Performed | HHMM (military time) |
| Results | Indicate the Results from the Radiology Test Performed | Drop-down choices currently are: Abnormal, Inconclusive Result, Negative, Normal, Not Applicable, Positive, Not Known/Not Recorded |
| Region | Indicate the Region of the Patient's Body the Radiological Test was Performed on | Drop-down choices currently are: Abdomen, Brain, Chest, Head/Face, Left Lower Extremity, Left Upper Extremity, Limbs, Neck, Orbits, Other, Pelvis, Right Lower Extremity, Right Upper Extremity, Spine - Cervical, Spine - Lumbar, Spine - Thoracic |
| Date Sent | Indicate the Date the Patient was sent to Location to Receive a Radiology Procedure | MMDDYYYY |
| Time *(Next to Date Sent)* | Indicate the Time at which the Patient was sent to Location to Receive a Radiology Procedure | HHMM (military time) |
| Date Results Read | Indicate the Date in which the Radiological Results were Read | MMDDYYYY |
| Time *(Next to Date Results Read)* | Indicate the Time at which the Radiological Results were Read | HHMM (military time) |
| ICD-10 PCS Procedure code | ICD-10 PCS (Procedural Coding System) code. Indicate the Procedure performed using the ICD-10 PCS coding system | ICD-10 PCS Procedure code (7 characters- alpha numeric) |

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| Location | Indicate the hospital location where the procedure was performed | Drop-down choices currently are: Catherization Lab, ED, Floor, GI Lab, ICU, Operating Room, Prehospital, PTA (Referring Hospital), Radiology, Readmit OR (planned OR), Tele, Not Applicable, Not Known, Not Known/Not Recorded |
| Date Performed | Indicate the Date in which the Procedure was Performed | MMDDYYYY |
| Time *(Next to Date Performed)* | Indicate the Time at which the Procedure was Performed | HHMM (military time) |

| **The following items below are proposed new items to be built onto Stroke form by ImageTrend:** | | |
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| **Element Name** | **Description** | **Acceptable Answers** |
| Post procedure TICI score in the treated vessel (options: 1, 2a, 2b, 3) | | |
| Date and time of post-reperfusion TICI grade that was 2b or 3 | | |
| Door to CT scan time | | |
| Door to ED physician arrival time | | |
| Door to Neuro physician arrival time | | |
| Median time for hospital arrival to the time of skin puncture to access the artery selected for endovascular tx. Of acute ischemic CVA. | | |