Element Name	ImageTrend Dictionary Label	Description	ImageTrend Data Element	Required Status	Acceptable Answers
Last Name	Patient's LastName	The patient's Last Name. Hyphenated names should be recorded with hyphen.	TR1.9	Required	Cannot be blank. Last Name.
First Name	Patient's FirstName	The patient's First Name	TR1.8	Required	Cannot be blank. First Name.
Middle Initial	Patient's Middle Initial	Patient's Middle Initial	TR1.10	Required as available	Required only when patient provides middle name/initial. Currently only capturing the Middle initial in ImageTrend. ImageTrend is working on changing this to allow for either middle initial and/or middle name.
Favorite location	N/A	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.	N/A	Derived	Derived. Zip code (#####)
Country	Patient's Home Country	The patient's home country where he/she resides	TR1.19	Derived	Derived from zip code.
Postal code	Patient's Home Zip Code	The patient's home zip code of primary residence	TR1.20	Required	Cannot be blank. Zip code (#####)
City	Patient's City	The patient's home city (or township, village) of primary residence	TR1.21	Derived	Derived from zip code.
County	Patient's County	The patient's home county (or parish) of primary residence	TR1.22	Derived	Derived from zip code.
State	Patient's State	The patient's home state (territory, province or District of Columbia) of primary residence	TR1.23	Derived	Derived from zip code.
Birthdate	PatientDateofBirth	The Patient's date of birth	TR1.7	Required	Required if known. If not known estimate Age and Age Units below. MM/DD/YYYY
Patient's Sex	Gender	The Patient's sex. The biological sex assigned at birth or the current sex assignment for patients who have undergone a surgical and/or hormonal sex reassignment.	TR1.15	Required	Cannot be blank. Drop-down choices are: Male, Female, Non-binary (Intersex or Indeterminate), Not Known, or Not Recorded
Race	Race	The patient's race	TR1.16	Required	Cannot be blank. 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	Ethnicity	The patient's Ethnicity. Indicate if the patient is of Hispanic or Latino ethnicity.	TR1.17	Required	Cannot be blank. Drop-down choices are: Not Known, Hispanic or Latino, Not Hispanic or Latino, Not applicable, Not Known/Not Recorded
Age (at date of incident)	Patient's Age	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)	TR1.12	Calculated/Required*	Required only when birthdate is not known. Otherwise ImageTrend auto-calculates it. 0-120
Age (units)	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	TR1.14	Calculated/Required*	Required only when birthdate is not known. Otherwise ImageTrend auto-calculates it. Years, Months, Days, Hours, or Not Known
DNR Status	Has patient been monitoring their blood pressure at home?	Is this patient's status Do Not Resuscitate?	TR47.5	Optional	Drop-Down choices are: Yes, No, N/A, Not Known/Not Recorded
Referring Facility	Referring Hospital Name	This is the name of the referring health care facility (acute care) in which the patient originated from **PRIOR** to arrival at **YOUR** facility.	TR33.1	Required*	Required only when patient is a transfer from another facility
Event Date	Symptom Discovery Date	The date on which EMS arrives at scene of patient	SK38.63	Required as available	Required if available if you are the first receiving facility and if arrived via EMS (Not required if you are receiving a patient from a transferring facility). MM/DD/YYYY. *NOTE - IHA will link EMS run sheets if you are unable to abstract this date*
Event Time	Symptom Discovery Time	The time at which EMS arrives at scene of patient	SK38.64	Required as available	Required if available if you are the first receiving facility and if arrived via EMS (Not required if you are receiving a patient from a transferring facility). HH:MM (military time). *NOTE - IHA will link EMS run sheets if you are unable to abstract this time*
Last known well date	Last 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	TR38.20.1	Required as available	Required if available. MM/DD/YYYY
Last known well time	Last well time	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	TR38.20.2	Required as available	Required if available. HH:MM (military time).
Mode of arrival to your facility	EMS Transport Party	Indicate the means of transportation to your facility	TR8.8	Required	Drop-Down choices are: Ground Ambulance, Helicopter Ambulance, Fixed-Wing Ambulance, Private/Public Vehicle/Walk-In, Other, Not applicable - In-house stroke, Not Known
Pre-arrival Stroke Notification	Advanced Notification by EMS	Did the transporting EMS agency notify the emergency department of an incoming stroke patient?	SK38.4	Required	Required only when patient is transported by EMS. Radio choices are: Yes, No, NA, Not Known/Not Recorded
Date Arrived at your Facility	ED Admission Date	Indicate the date the patient arrived at your facility	TR18.55	Required	Cannot be blank. MM/DD/YYYY
Time (next to Date Arrived at your Facility)	ED Admission Time	Indicate the time the patient arrived at your facility	TR18.56	Required	Cannot be blank. HH:MM(Military Time)
Direct Admit/Bypassed ED	Direct Admit	Was the patient admitted to hospital directly (Bypassed ED)?	TR17.30	Required	Drop-down choices are: No, Yes, Not Applicable, Not Know, Not Known/Not Recorded. (Note - this is a new addition onto the Stroke form)
Transferred out of Emergency Department Date	ED Discharge Date	Indicate the date the patient was moved out of the emergency department, either to another location within your facility (i.e. IR suite) or to another acute care center	TR17.25	Required*	Required only for patients that do not bypass the ED. MM/DD/YYYY
Time (next to Transferred out of Emergency Department Date)	ED Discharge Time	Indicate the time the patient was moved out of the emergency department, either to another location within your facility (i.e. IR suite) or to another acute care center	TR17.26	Required*	Required only for patients that do not bypass the ED. HH:MM (military time)
Length of Stay in ED	Length of Stay in ED (Total Minutes) (Physical D/C)	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)	TR17.99	Required*	Required only for patients that do not bypass the ED. Auto-calculated (Day/Hours/Total Minutes)
ED Discharge Disposition	ED Discharge Disposition	Indicate where the patient went from the Emergency Department	TR17.27	Required*	Required only for patients that do not bypass the ED. Drop-Down choices: Not Known, Hospice, Cath lab, Floor bed, Interventional Radiology, Observation unit, ~~Telemetry/step-down unit (less acuity than ICU)~~ Non-Critical Care Stroke Unit: Telemetry/Step-down/Neuroscience (less acuity than ICU), Deceased/Expired, Other (jail, institution, etc.), Operating room, ~~Intensive Care Unit (ICU)~~ Critical Care Stroke Unit (ICU), Left Against Medical Advice, Transferred to another hospital
Destination Determination (under "ED Discharge Disposition")	ED Destination Determination	Indicate the reason the facility was chosen as the destination	TR17.59	Optional	Current drop-down choices are: Advanced stroke care, Evaluation for Endovascular thrombectomy, Evaluation for IV tPA up to 4.5 hours, Other advanced care (not stroke related), Patient/family request, Post management of IV tPA (e.g. Drip and Ship), Not Applicable, Not Known/Not Recorded
Hospital Transferred To (under "Destination Determination")	Hospital Transferred To	The name of the facility to which the patient was transferred to after receiving initial hospital care at your facility	TR17.61	Required*	Required only when patient is transferred out of ED to another facility. Select facilty name from Drop-down choices
Transport mode (under "Hospital Transferred To" which is under ED Discharge Disposition)	Discharge Transport Mode	The type of transportation used to transfer the patient. Patient who are transferred by private vehicle are considered to have been discharged and referred. These cases need not be reported.	TR17.60	Required*	Required only when patient is transferred out of ED to another facility. Drop-down choices are: Ambulance, Fixed-Wing, Helicopter, Other, Private Vehicle, Not Known/Not Recorded, N/A
Stroke Team Activation?	Cath Lab Team Activation	Was the Stroke Team Activated	ST2.11	Optional	Yes or No. *The Required asterick still needs to be removed from this area of the form. Michelle has an outstanding request with ImageTrend's software development team (originally requested on 8/15/2019). She followed up with Jeremy on 8/23/21 asking for an update.*
Team Member (Under Stroke Team Activation)	ED Physician	Enter name of physician or nurse by clicking on people icon to enter data and search or look in drop down to see if it's already been added.	TR17.9	Optional	
Service Type (Under Stroke Team Activation)	ED Physician Service Type	Select from drop down the service type the team member is from. Example: Neurosurgery, Cardiologist, Radiology, etc.	TR17.13	Optional	Drop-down choices are: N/A, RN, Internal Medicine, Nephrologist, Nephrology, Neuro-Service, Pulmonology, Surgery/Trauma, Surgery Senior Resident, Neurosurgery, Ortho Surgery, Emergency Medicine, Anesthesia, Family Practice, Nurse Practitioner, Physician Assistant, Laboratory, Radiology, ED Physician, Cardiologist, Not Known/Not Recorded
Date Called (Under Stroke Team Activation)	Date Physician Called	The date the physician or nurse was called	TR17.10	Optional	MM/DD/YYYY
Time Called (Under Stroke Team Activation)	Time Physician Called	The time that the physician or nurse was called	TR17.14	Optional	HHMM (military time)
Date Arrived (Under Stroke Team Activation)	Date Physician Arrived	Date physician or nurse arrived	TR17.15	Optional	MM/DD/YYYY
Time Arrived (Under Stroke Team Activation)	Time Physician Arrived	Time physician or nurse arrived	TR17.11	Optional	HHMM (military time)
Timely Arrival (Under Stroke Team Activation)	Was Trauma Surgeon Arrival in ED Timely	Was the physician or nurse arrival timely?	TR17.12	Optional	Drop-down choices are: N/A, Yes, No, Pending, Not Applicable, Not Known, Not Known/Not Recorded
Consulting Services?	Consulting Service	Were consulting services needed for this patient?	TR17.29	Optional	Drop-down choices are: Yes, No, NA, Not Known, Not Known/Not Recorded
Consulting Service Type (Under Consulting Services)	Consulting Service Type	Type of the consulting service. Select from drop-down the Consulting service type the team member is from.	TR17.32	Optional	See drop-down list for choice as there are 59 currently listed
Consulting Staff (Under Consulting Services)	Consulting Staff	Staff consulted for the service. Enter name of staff consulted by clicking on people icon to enter data and search or look in drop down to see if it's already been added	TR17.33	Optional	
Date (next to Consulting Staff)	Date Consulting Practitioner Requested	Date Consulting Practitioner Requested	TR17.7	Optional	MM/DD/YYYY
Time (next to Consulting Staff)	Time Consulting Practitioner Requested	Time Consulting Practitioner Requested	TR17.8	Optional	HH:MM (military time)
NIH STROKE SCALE DATA ELEMENTS					
Multiple NIHSS score records can be reported; each record must include date, time, score (and individual assessment elements if collected). Must collect at least two: one at initial presentation (before any recanalization therapy OR performed within 12 hours of arrival for patients not undergoing recanalization therapy) and one at discharge. Exception: Discharge NIH is not required for Transferring Facility.					
Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?	Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?	Was NIH Stroke Scale score performed as part of the initial evaluation of the patient (before any recanalization therapy OR performed within 12 hours of arrival for patients not undergoing recanalization therapy). Feedback from meeting was to define the initial evaluation portion of this definition to within 12 hours of arrival. For additional information, refer to Joint Commission core measure CSTK-01. Please provide feedback if you have further suggestions, or if you feel we need further discussions on this item.	SK3.17	Required*	Drop-down choices are: Yes, No/not documented, N/A
Date (In the NIH Stroke Scale Section)	NIH Stroke Scale Date	NIH Stroke Scale Date Taken	SK3.81	Required	Cannot be blank. MM/DD/YYYY
Time (In the NIH Stroke Scale Section)	NIH Stroke Scale Time	NIH Stroke Scale Time Taken	SK3.82	Required	Cannot be blank. HH:MM(Military Time)
Level of Consciousness	Level Of Consciousness	What is the level of the patient's consciousness (e.g. Alert, Drowsy, Coma, etc.)	SK3.1	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = Alert, 1 = Drowsy, 2 = Obtunded, 3 = Coma/Unresponsive, Untestable or Unattained, Not Known/Not Recorded
LOC Questions (NIH Stroke Scale - Orientation Questions)	Orientation Questions	The patient is asked the month and his/her age	SK3.2	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = Answers both questions correctly, 1 = Answers one question correctly, 2 = Answers neither question correctly, Untestable or Unattained, Not Known/Not Recorded
LOC Commands (NIH Stroke Scale - Response to Commands)	ResponseToCommands	The patient is asked to open and close the eyes and then to grip and release the non-paretic hand	SK3.3	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = Performs both tasks correctly, 1 = Performs one task correctly, 2 = Performs neither task correctly, Untestable or Unattained, Not Known/Not Recorded
Best Gaze (NIH Stroke Scale - Questions)	Gaze	Only horizontal eye movements will be tested	SK3.4	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = Normal horizontal movements, 1 = Partial gaze palsy, 2 = Complete gaze palsy, Untestable or Unattained, Not Known/Not Recorded
Visual Fields (NIH Stroke Scale - Questions)	Visual Fields	Visual Fields (Upper and Lower Quadrants) are tested by confrontation, using finger counting or visual threat, as appropriate	SK3.5	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = No Visual field defect, 1 = Partial Hemianopia, 2 = Complete Hemianopia, 3 = Bilateral Hemianopia, Untestable or Unattained, Not Known/Not Recorded
Facial Palsy (NIH Stroke Scale - Questions)	Facial Movement	Ask - or use pantomime to encourage - the patient to show teeth or raise eyebrows and close eyes	SK3.6	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = Normal, 1 = Minor facial weakness, 2 = Partial facial weakness, 3 = Complete unilateral palsy, Untestable or Unattained, Not Known/Not Recorded
Motor Function Arm Left (NIH Stroke Scale - Questions)	Motor Function Arm Left	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	SK3.7	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = No Drift, 1 = Drift before 10 seconds, 2 = Some effort against gravity, 3 = No effort against gravity, 4 = No movement, Untestable or Unattained, Not Known/Not Recorded
Motor Function Arm Right (NIH Stroke Scale - Questions)	Motor Function Arm Right	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	SK3.8	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = No Drift, 1 = Drift before 10 seconds, 2 = Some effort against gravity, 3 = No effort against gravity, 4 = No movement, Untestable or Unattained, Not Known/Not Recorded
Motor Function Leg Left (NIH Stroke Scale - Questions)	Motor Function Leg Left	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	SK3.9	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = No Drift, 1 = Drift before 5 seconds, 2 = Some effort against gravity, 3 = No effort against gravity, 4 =No movement, Untestable or Unattained, Not Known/Not Recorded
Motor Function Leg Right (NIH Stroke Scale - Questions)	Motor Function Leg Right	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	SK3.10	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = No Drift, 1 = Drift before 5 seconds, 2 = Some effort against gravity, 3 = No effort against gravity, 4 =No movement, Untestable or Unattained, Not Known/Not Recorded

Field	Element	Description	Code	Required	Notes
Limb Ataxia (NIH Stroke Scale - Questions)	Limb Ataxia	The finger-nose-finger and heel shin tests are performed are performed on both sides. Test with eyes open	SK3.11	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = No Ataxia, 1 = Ataxia in 1 limb, 2 = Ataxia in 2 Limbs, Untestable or Unattained, Not Known/Not Recorded
Sensory (NIH Stroke Scale - Questions)	Sensory	Sensation or grimace to pinprick when tested, or withdrawal from noxious stimulus in the obtunded or aphasic patient	SK3.12	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = No sensory loss, 1 = Mild-to-moderate sensory loss, 2 = Severe to total sensory loss, Untestable or Unattained, Not Known/Not Recorded
Best Language (NIH Stroke Scale - Questions)	Language	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	SK3.13	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = Normal, 1 = Mild-to-Moderate Aphasia, 2 = Severe Aphasia, 3 = Mute or Global Aphasia, Untestable or Unattained, Not Known/Not Recorded
Dysarthria (Articulation) (NIH Stroke Scale - Questions)	Articulation	Obtain a sample of speech from the patient by asking them to read or repeat words from the attached list	SK3.14	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = Normal Articulation, 1 = Mild to moderate slurring of words, 2 = Near unintelligible or unable to speak, Untestable or Unattained, Not Known/Not Recorded
Extinction Inattention (NIH Stroke Scale - Questions)	Extinction Inattention	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	SK3.15	Required*	Required if you are entering the score by answering the NIHSS questions. Drop-down choices are: 0 = Absent (no abnormality), 1 = Mild (loss of 1 sensory modality), 2 = Severe (loss of 2 or more Modalities), Untestable or Unattained, Not Known/Not Recorded
NIH Stroke Scale Score (auto-calculate)	NIH Stroke Scale Score	This is a numeric score (0-42) that is auto-calculated based on you answering the questions below. Multiple NIHSS score records can be reported; each record must include date, time, score (and individual assessment elements if collected).	SK3.16	Calculated/Required*	Required if you are entering the score by answering the NIHSS questions. Must collect at least two: one at initial presentation (before any recanalization therapy OR performed within 12 hours of arrival for patients not undergoing recanalization therapy) and one at discharge. Exception: Discharge NIH is not required for Transferring Facility. 0-42
NIH Stroke Scale Score Manual	NIH Stroke Scale Score Manual	This is a numeric score (0-42) that is manually entered in. Multiple NIHSS score records can be reported; each record must include date, time, score.	SK3.80	Required*	Record this only when individual NIHSS element questions are not answered and you are manually entering the score instead. Must collect at least two: one at initial presentation (before any recanalization therapy OR performed within 12 hours of arrival for patients not undergoing recanalization therapy) and one at discharge. Exception: Discharge NIH is not required for Transferring Facility. 0-42
Date of Brain Imaging	Brain Imaging Initiation Date	The date patient first received brain imaging (CT or MRI) (date of first image, not date of entry to room, etc.)	SK38.68	Required*	Required only when your facility performs the first head CT or MRI AND If last known well time to time arrived at first facility is <=24 hours. MM/DD/YYYY
Time of Brain Imaging	Brain Imaging Initiation Time	The time patient first received brain imaging (CT or MRI) (time of first image, not time of entry to room, etc.)	SK38.69	Required*	Required only when your facility performs the first head CT or MRI AND If last known well time to time arrived at first facility is <=24 hours. HH:MM (military time)
Date Brain Imaging results were read	Date CT Results Read	The date on which the patient's Brain Imaging results were read by provider	TR18.124	Required*	Required only when your facility performs the first head CT or MRI. MM/DD/YYYY
Time *(Next to Date Brain Imaging results were read)*	Time Results Read	The time at which the patient's Brain Imaging results were read by provider	TR18.125	Required*	Required only when your facility performs the first head CT or MRI. HH:MM (military time)
Was a target lesion (Large Vessel Occlusion) Visualized?	Was a Target Lesion (Large Vessel Occlusion) Visualized?	Is there documentation of a Large Vessel Occlusion (LVO) in the medical record?	SK38.lvo_documented	Optional	Radio choices: Yes or No.
Date of Initial Assessment	Date of ED Physician Assessment	Date of initial provider evaluation (ED physician, Physician assistant, Nurse Practitioner, Neurologist, etc.)	TR17.ED_Date	Required*	Required if you are the first receiving facility (not required if you are receiving a patient from a transferring facility) AND if last known well time is <= 24 hours from time arrived at first facility. MM/DD/YYYY
Time *(Next to Date of Initial Assessment)*	Time of ED Physician Assessment	Time of initial provider evaluation (ED physician, Physician assistant, Nurse Practitioner, Neurologist, etc.)	TR17.ED_Time	Required*	Required if you are the first receiving facility (not required if you are receiving a patient from a transferring facility) AND if last known well time is <= 24 hours from time arrived at first facility. HH:MM (military time)
Admission Date	Hospital Admission Date	The date on which the patient was admitted as an inpatient to the hospital	TR25.33	Required*	Required only when patient is admitted to your facility. MM/DD/YYYY
Time *(next to Admission Date)*	Hospital Admission Time	The time at which the patient was admitted as an inpatient to the hospital	TR25.47	Required*	Required only when patient is admitted to your facility. HH:MM (military time)
Hospital Discharge Date	Hospital Discharge Date	The date on which the patient was discharged as an inpatient from the hospital for stroke symptoms.	TR25.34	Required*	Required only when patient is admitted to your facility. MM/DD/YYYY
Time *(Next to Hospital Discharge Date)*	Hospital Discharge Time	The time at which the patient was discharged as an inpatient from the hospital for stroke symptoms.	TR25.48	Required*	Required only when patient is admitted to your facility. HH:MM (military time)
Hospital Length of Stay - (Total Calendar Days) (Physical D/C)	Hospital Length of Stay - Calendar Days (Physical D/C)	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	TR25.44	Calculated	Auto-calculated (Day(s)). Only calculates on admitted patients
Hospital Length of Stay (Total Days/Hours/Minutes)	Hospital Length of Stay (Total Minutes) (Physical D/C)	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	TR25.44.Mins	Calculated	Auto-calculated (Days/Hours/Total Minutes). Only calculates on admitted patients
Hospital Discharge disposition	Discharge Status	The patient's destination upon being discharged from the hospital	TR25.27	Required*	Required only when patient is admitted to your facility. Drop-down choices are: Another type of institution not defined elsewhere, Home with Hospice, Hospice - Health Care Facility, Inpatient Rehab Facility (IRF), Long Term Care Hospital (LTCH), Short-term General Hospital, Intermediate Care Facility (ICF), Home with Home Health Services, Deceased/Expired, AMA, Home with Self-Care (Routine Discharge), Skilled Nursing Facility (SNF), Hospice care - Home and Health Care Facility, Rehab or long-term facility, Assisted Living, Not Known
Destination Determination *(under "Hospital Discharge Disposition")*	Hospital Discharge Destination Determination	Hospital Discharge Destination Determination	TR25.42	Optional	Current drop-down choices are: Not Applicable, Hospital of Choice, Specialty Resource Center, Not Known, Not Known/Not Recorded
Hospital Transferred To *(under "Destination Determination")*	Hospital Transferred To	The name of the facility to which the patient was transferred to after receiving initial hospital care at your facility	TR25.35	Required*	Required only when patient is transferred from your hospital to another facility
Transport mode *(under "Hospital Transferred To" which is under Hospital Discharge Disposition)*	Hospital Discharge Transport Mode	The type of transportation used to transfer the patient. Patient who are transferred by private vehicle are considered to have been discharged and referred. These cases need not be reported.	TR25.43	Required*	Required only when patient is transferred to another facility
Thrombolytics initiated at this hospital?	Was TPA Drug Administered?	Was a thrombolytic drug (t-PA, TNK) Administered at this hospital?	SK36.71	Required	Yes, No, NC - documented reason exists for not giving thrombolytics, NA, Not Known, Not performed, Not Known/Not Recorded. Yes - delayed due to initial symptom resolution.
Thrombolytic Used	Thrombolytic Used	Which thrombolytic was administered?	SK36.97	Required*	Required only when thrombolytic initiated at this hospital is answered "yes". Current drop down choices are t-PA (tissue plasminogen activator), TNK (tenecteplase), and not known.
Date thrombolytics Administered	Date Administered	The date on which thrombolytic was administered to the patient	SK36.72	Required*	Required only if t-PA was administered. MM/DD/YYYY. *There was some discussion about re-wording this at a later date*
Time *(Next to Date thrombolytics Administered)*	Time Administered	The time at which thrombolytic was administered to the patient.	SK36.73	Required*	Required only if t-PA was administered. HH:MM (military time). *There was some discussion about re-wording this at a later date*
Date of Endovascular Intervention	IA Catheter Date	The date on which skin puncture at this hospital to access arterial site selected for endovascular treatment of a cerebral artery occlusion. *There was discussion about having two separate elements - one for puncture and one for device. If unable to separate then re-word to date of device (first pass). Michelle is researching options.*	SK38.85	Required*	Required only when endovascular procedure performed. MM/DD/YYYY
Time of Endovascular Intervention	IA catheter Time	The time at which skin puncture at this hospital to access arterial site selected for endovascular treatment of a cerebral artery occlusion. *There was discussion about having two separate elements - one for puncture and one for device. If unable to separate then re-word to time of device (first pass). Michelle is researching options*	SK38.86	Required*	Required only when endovascular procedure performed. HH:MM (military time)
Door to Needle Time	Door to Needle Interval	This is an auto-calculation in ImageTrend. Time difference between the "Date/Time Arrived at your facility" and "Date/Time t-PA Administered". Depending on what happens with the two elements above this element might be relabled/re-defined and aseparate door to device element added, etc. Michelle is researching options	SK15.1	Required*	Required only when patient receives thrombolytic. Auto-calculated (Minutes)
If thrombolytics not given, exclusion criteria (Check all that apply)	Were the following reasons for not administering IV thrombolytic therapy explicitly documented?	The reason for which the patient was not given thrombolytic therapy at this hospital Were one or more of the following reasons for not administering thrombolytic therapy at this hospital explicitly documented by a physician, advanced practice nurse, or physician assistant's notes in the chart?	SK8.1.1	Required*	Required only when question was thrombolytic drug administered is answered "No". Drop-down choices are: Not Applicable, Advanced Age, CT findings, Care team unable to determine eligibility, Contraindications, thrombolytics given at outside 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, Not known/not recorded
Reason(s) for delay in administering thrombolytics	Specific reasons documented in the medical record for not administering IV thrombolytic in the 0 to 3-hour tr	Specific reasons documented in the medical record for delayed administration of thrombolytics	SK38.77.1	Required*	Required only when there is a delay in administering thrombolytics. Current drop-down choices are: Symptoms initially resolve then return, Stroke severity too mild, Not Known/Not Recorded, Care-team unable to determine eligibility
ICD-10 Diagnosis code	ICD 10 Diagnosis	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, I62.9, I63.00-I63.9. Optional Non-Stroke Dx code G45.9 can be included at some facilities.	TR200.1	Required	Cannot be blank. 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, I62.9, I63.00-I63.9. Optional Non-Stroke Dx code G45.9 can be included at some facilities. Note - Any cases recorded with I62.00-I62.03 or I62.1 are no longer reportable and should be reviewed for miscoding. After review, please leave them in the data query for casefinding. At least one code is required but multiple codes may be captured.

MODIFIED RANKIN SCORE					
Multiple Modified Rankin records can be submitted; each must contain date, time, and score. Must collect at least one score assessed at the time the patient leaves your facility. Some facilities may also choose to report this score at 90 days post-treatment. Does not apply to initial facility if patient transfers to a higher level of care.					
Modified Rankin Scale Date	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)	SK11.2	Required*	**Does not apply to initial facility if patient transfers to a higher level of care.** Record this only when your facility provided the stroke treatment. Do not capture this if you are triage and transfer. MM/DD/YYYY
Time *(Next to Modified Rankin Scale Date)*	Modified Rankin Scale Time	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)	SK11.3	Required*	**Does not apply to initial facility if patient transfers to a higher level of care.** Record this only when your facility provided the stroke treatment. Do not capture this if you are triage and transfer. HH:MM (military time)
Modified Rankin Scale	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.	SK11.4	Required*	**Does not apply to initial facility if patient transfers to a higher level of care.** Record this only when your facility provided the stroke treatment. Do not capture this if you are triage and transfer. 0-6 Drop-down Choices are as follows: 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 all 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 - The patient has expired. Not Applicable, Not Available, Not Known/Not Recorded

OPTIONAL TAB ITEMS					
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.					
Initial Vital Signs Date	Vitals Date	The Date the Initial Vital Signs were Performed. You can also capture other additional Vital Dates	TR18.104	Optional	MM/DD/YYYY
Time *(Next to Initial Vital Signs Date)*	Vitals Time	The Time the Initial Vital Signs were Performed. You can also capture other additional Vital Times	TR18.110	Optional	HH:MM (military time)
Sys. BP	Initial Assessment Systolic Blood Pressure	First recorded Systolic Blood Pressure in ED/hospital. You can also capture other additional BP measurements	TR18.11	Optional	
Dia. BP	Initial Assessment Diastolic Blood Pressure	First recorded Diastolic Blood Pressure in ED/hospital. You can also capture other additional BP measurements	TR18.13	Optional	
Pulse Rate	Initial ED/Hospital Pulse Rate	other additional Pulse Rates	TR18.2	Optional	Number per minute

Field	Label	Description	Code	Status	Values/Notes
Temperature (Celsius)	Initial Assessment Temperature Celsius	First recorded Temperature (Celsius) in the ED/Hospital. You can also capture other additional Temperature measurements	TR18.30	Optional	Degrees in Celsius
Temperature (Fahrenheit)	Initial ED/Hospital Temperature in Fahrenheit	First recorded Temperature (Fahrenheit) in the ED/Hospital. You can also capture other additional Temperature measurements	TR18.30.1	Optional	Degrees in Fahrenheit
O2Sat	Initial Assessment Oxygen Saturation	First recorded Oxygen Saturation in the ED/Hospital. You can also capture other additional Oxygen Saturation rates	TR18.31	Optional	Percentage
Resp. Rate	Initial ED/Hospital Respiratory Rate	First recorded respiratory rate in the ED/hospital. You can also capture other additional Respiratory Rates	TR18.7	Optional	Number per minute
INR	International Normalized Ratio	Measured INR (International Normalized Ratio) Lab Value	TR38.7	Optional	Numeric value
INR Date	INR Date	Indicate the date the international normalized ratio (INR) sample was resulted	ST13.43	Optional	MM/DD/YYYY
INR Time	INR Time	Indicate the time the international normalized ratio (INR) sample was resulted	ST13.44	Optional	HH:MM (military time)
Blood Glucose	Blood Glucose	Measured Blood Glucose Lab Value	TR18.130	Optional	Numeric value
LDL	Low Density Lipoprotein cholesterol	Measured LDL (Low-Density Lipoprotein) cholesterol	TR38.11	Optional	Numeric value mg/dL
Antithrombotic Therapy by Day 2	Antithrombotic end of day 2	Was patient administered antithrombotic therapy by the end of day 2 (excludes patients that were discharged to "other acute care hospital", left AMA, receive hospice, or deceased/expired)?	SK38.102	Optional	Yes, No, NC
Antithrombotic Medication (If Antithrombotic Therapy by Day 2 = Yes)	Antithrombotic If yes	If Antithrombotic Therapy by Day 2 = Yes, then indicate the type of Antithrombotic Medication that was administered. Select all that apply.	SK38.149	Optional	Antiplatelet, Antithrombotic
Antithrombotic at Discharge	Antithrombotic Medication(s) at Discharge	Was antithrombotic (antiplatelet or anticoagulant) medication prescribed at discharge (excludes patients that were discharged to "other acute care hospital", left AMA, receive hospice, or deceased/expired)?	SK38.232	Optional	Yes, No, Not Known/Not Recorded, Not Applicable
Anticoagulant at Discharge	If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?	If patient has atrial fib/flutter or history of PAF documented, were they discharged on anticoagulation (excludes patients that were discharged to "other acute care hospital", left AMA, receive hospice, or deceased/expired)?	SK38.41	Optional	Yes, No, No/ND
Statin at Discharge	prescribed an Statin medication at receive hospice, or deceased/expired)?	receive hospice, or deceased/expired)?	SK43.4	Optional	Yes, No, Not Known/Not Recorded, Not Applicable
Statin at Discharge Dose	Statin at Discharge Dose	Indicate the dose of statin prescribed at discharge	ST14.106	Optional	Intensive Statin Therapy, Less than Intensive Statin Therapy
VTE Prophylaxis Administered (Check all that apply)	Please check all of the following regarding type of VTE prophylaxis provided:	Please check all of the following regarding the type(s) of Venous Thromboembolism (VTE) Prophylaxis administered	SK10.4.1	Optional	N/A, Factor Xa inhibitor, Graduated compression stockings (GCS), Intermittent pneumatic compression devices, Low dose unfractioned heparin (LDUH), Low molecular weight heparin, Not documented or none of the options, Oral factor Xa inhibitor, Venous foot pumps, Warafin
Initial VTE prophylaxis administered Date/Time	What date was the initial VTE prophylaxis administered	Indicate the Date the patient's initial VTE prophylaxis was administered	SK10.4.10	Optional	MM/DD/YYYY
Time *(Next to Initial VTE prophylaxis administered Date - Currently no label)*		Indicate the Time the patient's initial VTE prophylaxis was administered	SK10.4.10.1	Optional	HH:MM (military time)
Documentation why VTE Prophylaxis not Administered?	prophylaxis was not administered at hospital admission?	If not documented or none of the above types of prophylaxis apply, is there documentation as to why prophylaxis was not administered at hospital admission?	SK10.4.11	Optional	
If t-PA delay that was >60 min. was a medical reason documented?	No IV thrombolytic in 60 minutes	Was there a documented medical delay of initiation greater than 60 minutes for an IV Tissue Plasminogen Activator (t-PA)?	SK38.81	Optional	Yes, No
Medical Reason(s)	Medical Reason for tPA administered >60 minutes after arrival	Medical Reason for tPA administered > 60 minutes after arrival	SK.38.MedicalReason	Optional	Check all that apply: Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose <50), seizures, or major metabolic disorders, Hypertension requiring aggressive control with IV medications, Investigational or experimental protocol for thrombolysis, Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation), Need for additional PPE for suspected/confirmed infectious disease
Dysphagia Screening Prior to any Oral Intake	Prior screening for dysphagia	Did your facility perform a screening of patient for dysphagia prior to oral intake of anything (Medication, Food, Liquid, etc.)?	SK38.94	Optional	Yes, No/ND, NC
Dysphagia screening results (If screening = Yes)	Results after screening patient for dysphagia	If patient had a Dysphagia screening, what were the results.	SK38.95	Optional	Pass, Fail, ND. Record only when question "Dysphagia screening prior to any oral intake (med, food, liquid)" = "YES"
Assessed for Rehabilitation Services?	Patient assessed for and/or received rehabilitation services during this hospitalization?	Patient was Assessed for and/or Received Rehabilitation Services During this Hospitalization?	SK38.31	Optional	No, Yes
Radiology Test Type	Radiology Type	Indicate the Type of Radiology Test that was performed on the patient	TR18.160	Optional	Optional. Drop-down choices currently are: CT, CT Angiogram, CT-Perfusion, DSA, Echo, EFAST, FAST, MR, MRA, MRI, Transcranial Doppler, Transesophageal Echocardiogram, X-Ray
Date Performed	Date Performed	Indicate the Date in which the Radiological Test Procedure was Performed	TR18.163	Optional	MM/DD/YYYY
Time *(Next to Date Performed)*	Time Performed	Indicate the Time at which the Radiological Test Procedure was Performed	TR18.163.1	Optional	HH:MM (military time)
Region	Radiology Region	Indicate the Region of the Patient's Body the Radiological Test was Performed on	TR18.143	Optional	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
Results	Results from Radiology	Indicate the Results from the Radiology Test Performed	TR18.161	Optional	Drop-down choices currently are: Abnormal, Inconclusive Result, Negative, Normal, Not Applicable, Positive, Not Known/Not Recorded
Date Ordered	Date Ordered	Indicate the Date in which the Radiological Test Procedure was Ordered	TR18.162	Optional	MM/DD/YYYY
Time *(Next to Date Ordered)*	Time Ordered	Indicate the Time at which the Radiological Test Procedure was Ordered	TR18.162.1	Optional	HH:MM (military time)
Date Sent	Date Sent	Indicate the Date the Patient was sent to Location to Receive a Radiology Procedure	TR18.144	Optional	MM/DD/YYYY
Time *(Next to Date Sent)*	Time Sent	Indicate the Time at which the Patient was sent to Location to Receive a Radiology Procedure	TR18.145	Optional	HH:MM (military time)
Date Results Read	Date Results Read	Indicate the Date in which the Radiological Results were Read	TR18.164	Optional	MM/DD/YYYY
Time *(Next to Date Results Read)*	Time Results Read	Indicate the Time at which the Radiological Results were Read	TR18.164.1	Optional	HH:MM (military time)
ICD-10 PCS Procedure code	ICD 10 Procedure	ICD-10 PCS (Procedural Coding System) code. Indicate the Procedure performed using the ICD-10 PCS coding system	TR200.2	Optional	ICD-10 PCS Procedure code (7 characters- alpha numeric)
Date Performed	The date Procedure Performed	Indicate the Date in which the Procedure was Performed	TR200.8	Optional	MM/DD/YYYY
Time *(Next to Date Performed)*	Time Procedure Performed	Indicate the Time at which the Procedure was Performed	TR200.9	Optional	HH:MM (military time)
Stroke Education or Resource Material?	Educational Material	Did the Patient or Care Giver Receive Stroke Educational or Resource Material?	SK36.23	Optional	Yes, No/Not Documented, N/A, Not Known/Not Recorded, Not performed

*Note - Items highlighted in orange have had changes made to them since the 2021 dictionary

Items highlighted in blue will need further follow up. Check notes in italics for details.

Items highlighted in purple are a brand new element since the 2021 dictionary.