

Item	Status <Variable name>	Text Prompt	Field Type	Legal Values
1	Demographic Data			
1.1	<Age>	Age [][] years	Numeric ### = 3-digit	0 < age < 125
1.2	<Gender>	Gender (<i>Check only one</i>)	Numeric # = 1-digit	1 - Male 2 - Female
1.3	<RaceW> <RaceAA> <RaceAs> <RaceHPI> <RaceAIAN> <RaceOth> <RaceUnk>	<u>Race (Check all that apply)</u> White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native Other Unknown	Numeric # = 1-digit Numeric # = 1-digit	1 - Yes 0 - No
1.4	<Hisp>	Hispanic Ethnicity	Numeric # = 1-digit	1 - Hispanic or Latino 0 - Not Hispanic or Latino or unknown
1.5	<HlthInsM> <HlthInsC> <HlthInsP> <HlthInsN> <HlthInND	<u>Health insurance status (Check all that apply)</u> Medicare/Medicare Advantage Medicaid Private/VA/Champus/Other Self Pay/No Insurance Not Documented	Numeric # = 1-digit Numeric # = 1-digit Numeric # = 1-digit Numeric # = 1-digit Numeric # = 1-digit	1 - Yes 0 - No
1.6	<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

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2	Pre-Hospital/Emergency Medical System (EMS) Data			
2.1	<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 – Cannot be determined
2.2	<ArrMode>	How did the patient get to your hospital for treatment of their stroke?		1 – EMS 2 – Private transportation/taxi/other 3 – Transfer from another hospital 9 – ND or unknown
2.3	<PlaceRcd>	In what area of your hospital was the patient first evaluated?	Numeric # = 1-digit	1 – Emergency Department/Urgent Care 2 – Direct Admit or direct to floor, not through ED 3 – Imaging suite prior to ED arrival or DA 9 – Cannot be determined
2.4	<EMSGCS> <EMSGCSND>	Glasgow Coma Scale (GCS)? -- Not documented	Numeric ## = 2-digit Numeric # = 1-digit	Range: 3 to 15 1 –Yes 0 – No
2.5		Patient was transferred from your ED		

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	<EdTrans>	to another acute care hospital without being admitted to your hospital	Numeric # = 1-digit	1 – Yes 0 – No/ND

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3	ED Data			
3.1	<EDTriagD> <EDTriagT> <EDTrgDND> <EDTrgTND>	Date & time of arrival at your hospital - What is the earliest documented time (military time) the patient arrived at the hospital? __ / __ / ____ : __ Date Not documented Time Not documented	Date MMDDYYYY Time HHMM Numeric # = 1-digit Numeric # = 1-digit	1 -Yes 0 – No

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4	Hospital admission data			
4.1	<HospadD>	What is the hospital admission date? __ / __ / ____	Date MMDDYYYY	
4.3	<AmbStatA>	Was patient ambulatory prior to the current stroke/TIA?	Numeric # = 1-digit	1 – Able to ambulate independently w/or w/o device 2 – With assistance (from person) 3 – Unable to ambulate 9 –not documented
4.4	<Weakness>	Did the initial exam show: Weakness or paresis	Numeric # = 1-digit	1 - Yes

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	<AltLOC> <Aphasia>	Altered level of consciousness Aphasia	Numeric # = 1-digit Numeric # = 1-digit	0 – No/ND
4.5	<sxresolv>	Did symptoms completely resolve prior to presentation?	Numeric # = 1-digit	1 - Yes 0 – No 9 - ND

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5	Imaging			
5.1	<ImageYN> <ImageD> <ImageT> <ImageDND> <ImageTND>	Was Brain Imaging Performed at your hospital after arrival as part of the initial evaluation for this episode of care or this event? Date of initial brain imaging __/__/____; Time of initial brain imaging __:__ Date Not documented Time Not documented	Numeric # = 1-digit MMDDYYYY Time HHMM Numeric # = 1-digit Numeric # = 1-digit	1 - Yes 0 - No/ND 2 - NC - if outside imaging prior to transfer or patient is DNR/CMO 1 -Yes 0 - No
5.2	<ImageRes>	Initial brain imaging findings?	Numeric # = 1-digit	1 – Hemorrhage 0 - No hemorrhage 9 - Not available

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6	Time of Signs and Symptoms			
6.1		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>	__/__/----	Date MMDDYYYY	
	<LKWT>	__:__	Time HHMM	
	<LKWDNK>	Date last known well is unknown/not documented/UTD	Numeric # = 1-digit	1 –Yes (Statement is True) 0 – No (Statement is False)
	<LKWTNK>	Time last known well is unknown/not documented/UTD	Numeric # = 1-digit	
		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>	__/__/----	Date MMDDYYYY	
	<DiscT>	__:__	Time HHMM	
	<DiscDNK>	Date patient discovered with symptoms unknown/not documented	Numeric # = 1-digit	1 –Yes (Statement is True) 0 – No (Statement is False)
	<DiscTNK>	Discovery time unknown/not documented	Numeric # = 1-digit	
6.2	<NIHSSYN>	Was NIH Stroke Scale score performed as part of the initial evaluation of the patient?	Numeric # = 1-digit	1 – Yes 0 – No/Not documented
	<NIHStrkS>	If performed, what is the first NIH Stroke Scale total score recorded by hospital personnel (enter score) __ __	Numeric ## = 2-digit	Range: 00 to 42

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7	Thrombolytic Treatment			
7.1	<TrmIVM> <TrmIVMD> <TrmIVMT> <TrmIVMDN> <TrmIVMTN>	Was IV tPA initiated for this patient at this hospital? If IV tPA was initiated at this hospital or ED, please complete this section: __/__/____ __:____ Date Not documented Time Not documented	Numeric # = 1-digit Date MMDDYYYY Time HHMM Numeric # = 1-digit Numeric # = 1-digit	1 – Yes 0 – No 1 – Yes 0 – No
7.2	<TrmIVT> <TrmIAM> <TrmIAMD> <TrmIAMT> <TrmIAMDN> <TrmIAMTN>	Was other thrombolytic therapy administered? IV tPA at an outside hospital IA catheter-based reperfusion at this hospital? If yes, please record date and time __/__/____ __:____ Date Not documented Time Not documented	Numeric # = 1-digit Numeric # = 1-digit Date MMDDYYYY Time HHMM Numeric # = 1-digit Numeric # = 1-digit	1 – Yes 0 – No

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7.3		Complications of thrombolytic therapy (Check all that apply among responses)		
	<ThrmCmpS>	Symptomatic intracranial hemorrhage	Numeric # = 1-digit	0 – No
	<ThrmCmpL>	Life threatening, serious systemic hemorrhage	Numeric # = 1-digit	1 –Yes – within 36 hours (≤ 36 hours) of t-PA 9 – Unknown/Unable to Determine

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8	<p>Non-Treatment with Thrombolytics</p> <p>Section 8 completed only if thrombolytic therapy not given or started.</p> <p>Disclaimer: The reasons provided herein are not intended to supersede physician judgment, but serve as a guideline to abstractors. As always, the physician must exercise due caution in providing treatment, given the risks and benefits to the individual patient and the available information at the time of treatment decision. Reasons have been taken from the package insert for Activase, as well as those used in previous clinical trials.</p>			

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Item	Status <Variable name>	Text Prompt	Field Type	Legal Values
	<NonTrtAG> <NonTrtSM> <NonTrtRI> <NonTrtIL> <NonTrtFR> <NonTrtNC> <NonTrtOH> <NonTrtDX> <NonTrtTD> <NonTrtA> <NonTrtIV> <NonTrtOC> <NonTrtOt>	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 Advanced age Stroke severity too mild Rapid improvement Life expectancy < 1 year or severe co-morbid illness or CMO on admission Pt./Family refused Care-team unable to determine eligibility IV or IA tPA given at outside hospital Hospital-Related or Other Factors: Unable to diagnose or did not diagnose in 3 hour time frame Inhospital Time Delay Delay in patient arrival No IV access	Text 25 characters	
8.2		For any IS patient, check if any of these conditions apply:		

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	<NonTrt80> <NonTrtSD> <NonTrINR> <NonTrNIH> <NonTrMCA>	Age greater than 80 Prior stroke and presence or history of diabetes Any anticoagulant use prior to admission NIHSS Score > 25 CT findings of stroke involving more than 1/3 of middle carotid artery	Numeric # = 1-digit	1 –Yes 0 – No

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9	Medical History			
9.1	<MedHisDM> <MedHisST> <MedHisTI> <MedHisCS> <MedHisMI> <MedHisPA> <MedHisVP> <MedHisHF> <MedHisSS> <MedHisPG>	Documented past medical history of any of the following: (Check all that apply.) Is there a history of Diabetes Mellitus (DM)? Is there a history of prior Stroke? Is there a history of TIA/Transient ischemic attack/VBI? Is there a history of carotid stenosis? Is there a history of myocardial infarction (MI) or coronary artery disease (CAD)? Is there a history of peripheral arterial disease (PAD)? Does the patient have a valve prosthesis (heart valve)? Is there a history of Heart Failure (CHF)? Does the patient have a history of sickle cell disease (sickle cell anemia)? Did this event occur during pregnancy or within 6 weeks after a delivery or termination of pregnancy?	Numeric # = 1-digit	1 -Yes 0 - No

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10	In-Hospital Procedures and Treatment			
10.1	<AThr2Day> <AThrNC>	Was antithrombotic therapy received by the end of hospital day 2? Is there documentation by a physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist in the medical record of a reason for not administering antithrombotic therapy by end of hospital day 2?	Numeric # 1-digit Numeric # 1-digit	1 – Yes 0 – No
10.2	<DVTAmbul>	Was patient ambulating the day of admission or the day after admission?	Numeric # 1-digit	1 – Yes 0 – No/Not documented
10.3	<VTELDUH> <VTELMWH> <VTEIPC> <VTEGCS> <VTEXaI>	Please check all of the following questions regarding type of VTE prophylaxis provided: Low dose unfractionated heparin (LDUH) Low molecular weight heparin (LMWH) Intermittent pneumatic compression devices Graduated compression stockings (GCS) Factor Xa Inhibitor	Numeric # 1-digit	1 – Yes 0 – No

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	<VTEWar> <VTEVFP> <VTEND> <VTEDate> <NoVTEDoc>	Warfarin Venous foot pumps Not Documented or none of the above What date was the initial VTE prophylaxis administered? 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	 Date MMDDYYYY 1 – Yes 0 – No
10.4	<NPO> <DysphaYN> <DysphaPF>	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.) Was patient screened for dysphagia prior to any oral intake, including food, fluids or medications? If patient was screened for dysphagia, what were the results of the screen?	Numeric # 1-digit	1 – Yes Skip to Question 11.1 0 – No or Not documented 1 – Yes 0 – No/Not documented 2 – NC – documented reason for screening not required exists in the medical record. 1 – Pass 2 – Fail 9 – Not Documented

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11	Other In-Hospital Complications			
11.1	<DVTDocYN>	Did patient experience a DVT or pulmonary embolus (PE) during this admission?	Numeric # 1-digit	1 – Yes 0 – No/Not Documented
11.2	<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
11.3	<UTI> <UTIFoley>	Was patient treated for a urinary tract infection (UTI) during this admission? If patient was treated for a UTI, did the patient have a Foley catheter during this admission?	Numeric # 1-digit	1 – Yes 0 – No 1 – Yes, and patient had catheter in place on arrival 2 – Yes, but only after admission 0 – No 9 – Unable to determine
12	Discharge Data			
12.1	<DschrgD>	Date of discharge from hospital _ _ / _ _ / _ _ _ _	Date MMDDYYYY	
12.2	<ICD9StDx>	ICD-9-CM discharge diagnosis related to stroke _ _ _ _ . _ _ _	###.## 5 – digit, 2 decimal places	
	<ICD9StND>	Not present	Numeric # = 1-digit	
12.3	<ICD9PrDx>	Principle discharge ICD-9-CM diagnosis _ _ _ _ . _ _ _	###.## 5 – digit, 2 decimal places	

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12.4	<AdmDxSH> <AdmDxIH> <AdmDxIS> <AdmDxTIA> <AdmDxSNS> <AdmDxNoS>	Clinical hospital diagnosis related to stroke that was ultimately responsible for this admission (check only one item) Subarachnoid hemorrhage Intracerebral hemorrhage Ischemic stroke Transient ischemic attack Stroke not otherwise specified No stroke related diagnosis	Numeric # = 1-digit Numeric # = 1-digit	1 -Yes 0 - No
12.5	<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 and acute care facility (includes critical access hospital, cancer and children's hospitals, VA or 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
12.6	<AmbStatD>	Ambulation status at Discharge	Numeric # 1-digit	1 – Able to ambulate independently w/or w/o device 2 – With assistance (from person) 3 – Unable to ambulate 9 –not documented

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12.7	<MedHisSM>	Is there documented past medical history of Smoking – did the adult patient smoke at least one cigarette during the year prior to hospital arrival?	Numeric # 1-digit	1 - Yes (If “No”, then skip to 12.8) 0 - No/Not documented
	<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?		1 – Yes 0 – No or not documented in the medical record 2 –NC A documented reason exists for not performing counseling.
12.8	<MedHisDL>	Is there a medical history of Dyslipidemia?	Numeric # 1-digit	1 - Yes 0 - No/Not documented
	<LipAdmYN>	Was patient on cholesterol reducing or cholesterol controlling medication prior to this hospitalization?		
		Record lipid levels done within 48 hours of admission or within 30 days prior to admission.		
	<LipLDL>	LDL _ _ _ mg/dl	Numeric ### 3-digit	
	<LipTotal>	Total Cholesterol _ _ _ mg/dl	Numeric ### 3-digit	
	<LipStatn>	Was a statin medication prescribed at discharge?		1 – Yes 0 - No/Not documented
	<StatnNC>	If statin not prescribed, was there a documented contraindication to statins?		
	<LipOthRx>	Was other lipid lowering medication prescribed at discharge?		
<LipOthNC>	If other lipid lowering medications			

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		not prescribed, was there a documented contraindication to other lipid lowering medication?		
12.9	<MedHisHT> <HBPAadmYN> <HBPTreat>	Is there a documented past medical history of hypertension? Was patient on antihypertensive medication prior to admission? Is there documentation that antihypertensive medication was prescribed at discharge?	Numeric # 1-digit	1 - Yes 0 - No/Not documented
12.10	<AthAdmYN> <AthDscYN> <AthDCDoc>	Was the patient taking antithrombotic (antiplatelet or anticoagulant) medication prior to admission? Was antithrombotic (antiplatelet or anticoagulant) medication prescribed at discharge? Is there documentation by a physician/advanced practice nurse/physician assistant (physician/APN/PA) or pharmacist in the medical record of a reason for not prescribing antithrombotic therapy at hospital discharge?	Numeric # = 1-digit	1 -Yes 0 - No or UTD 1 -Yes 0 - No
12.11	<MedHisAF> <AFibYN>	Is there documentation in the patient's medical history of atrial fibrillation/flutter? Was atrial fibrillation/flutter or paroxysmal atrial fibrillation (PAF), documented during this episode of care?	Numeric # = 1-digit	1 - Yes 0 - No or UTD

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12.13	<RehaPlan>	Is there documentation in the record that the patient was assessed for or received rehabilitation services?	Numeric # 1-digit	1 - Yes 0 – No/ Not documented
12.14	<Rehrefer> <Rehineli>	<u>Please answer all of the following:</u> Was patient referred to rehabilitation services following discharge? Was patient ineligible to receive rehabilitation services (e.g., symptoms resolved, poor prognosis, patient unable to tolerate rehabilitation therapeutic regimen)?	Numeric # = 1-digit	1 - Yes 0 – No/ Not documented