

Bold font = Required field

Post Discharge Mortality & Readmission Tab

Patient ID: _____

Date of Hospital Admission: ____/____/____
mm / dd / yyyyDate of Hospital Discharge: ____/____/____
mm / dd / yyyyDate Follow-up Completed: ____/____/____
mm / dd / yyyy

PATIENT LOGISTICS

Method used for Patient follow-up:

- Chart Review
 Health Facility
 Patient's current residence
 Phone Call
 Unable to reach
 Other

Source of Information (select all that apply):

- Caregiver
 EMS
 Family
 Home Health Aid
 Patient
 Chart Review
 Other

Patient location:

- Acute care facility/ Hospital
 Chronic Health Care Facility
 Home
 Rehabilitation Facility
 Skilled Nursing Facility
 Unknown/ND

PATIENT STATUS

Is patient deceased?

- Yes
 No

Date of death:

____/____/____
MM/ DD/ YYYY Unknown

Cause of Death:

- Cerebrovascular (Stroke [ischemic/ hemorrhagic])
 Cardiovascular
 Non-Vascular
 Unknown/ND

Specific Cause of Death:

- DVT/PE
 Heart Failure
 Intracranial hemorrhage (SAH, ICH, SDH, etc.)
 Myocardial infarction
 New ischemic stroke
 Other cardiovascular
 Pneumonia/respiratory failure
 Sepsis/Infection
 Severe Disability
 Sudden Death
 Unknown/ ND
 Other _____

Post Discharge Modified Rankin Scale:

- Yes
 No/ND

Date Post Discharge Modified Rankin Scale Performed: ____/____/____
mm/dd/yyyy Unknown

Modified Rankin Scale – Total Score:

- 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 perform 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
 Unknown/ ND

STROKE REHABILITATION

Type of rehab ordered:

- Occupational therapy
 Physical therapy
 Speech therapy

Current Therapy Status:

- Home Therapy
 Home with outpatient therapy
 Home with no therapy
 Rehabilitation facility
 Unknown/ ND

APPOINTMENTS

Who did patient see or will see within 30 days of discharge? (check all that apply)

- Primary Care Physician
 Cardiologist
 Neurologist
 Endocrinologist
 Other

Date of 1st post- Discharge Physician Office Visit:

____/____/____
 mm/ dd/ yyyy

 Unknown**ED VISITS**

Has patient been seen in the ED since discharge?

- Yes
 No
 Unknown/ND

Total Number of ED Visits:

- 1
 2
 3 or more
 Unknown/ND

READMISSIONS

Has patient been readmitted to a hospital since discharge?

Select Period:

- Yes, Within 30 days post discharge
 Yes, Within 60 days post discharge
 Yes, Within 90 days post discharge
 No readmissions
 Unknown/ ND

Total number of readmissions since discharge:

- 1
 2
 3 or more
 Unknown/ND

Date of Readmission:

____/____/____
 mm/dd/yyyy

 Unknown

Reason for Readmission (check all applicable fields):

- Acute Myocardial Infarction
 Atrial Fibrillation/Flutter
 Carotid Intervention (endarterectomy/stent)
 Deep vein thrombosis/pulmonary embolism/blood clot
 Fall
 Heart Failure
 Infection/Sepsis
 Other Cardiac event
 Other Cardiac Surgery
 Other surgical procedure (i.e. Amputation/diabetes)
 Peripheral Intervention
 Pneumonia
 Recurrent stroke
 Transient Ischemic Attack
 Urinary Tract Infection
 Unknown/ ND
 Other

WELLNESS METRICS**Tobacco Use and Cessation**

NOTE: Tobacco use includes: cigarettes, cigars/cigarillo, little cigars. Pipes, smokeless tobacco (chew, dip, snuff, snus), hookah/water pipe and electronic vapor products (e-cigarettes, e-hookah, vape pens).

Use of tobacco since discharge?

- Yes, within 30 days of discharge
 Yes, after 30 days since discharge
 No tobacco products used to date
 Unknown/ ND

BLOOD PRESSURE MANAGEMENT

Has the patient been monitoring their blood pressure at home or in the community?

- Yes
 No
 Unknown/ ND

Most Recent Blood Pressure: _____ / _____ mmHg
(systolic: 50-220 / diastolic: 30-160)

SYMPTOMS & SIGNS (30 DAY) TAB**NEW OR RECURRENT SYMPTOMS WITHIN 30 DAYS OF DISCHARGE:**

- None
 Stroke Symptoms
 Chest Pain
 Shortness of Breath

VITAL SIGNS:

(if more than one, use value closest to 30 days post discharge)

Weight: _____ O lb O kg

Height: _____ O in O cm

Waist Circumference: _____ O in O cm

Body Mass Index: _____

Heart rate (bpm): _____

LABS (30 DAY) TAB**LABORATORY ASSESSMENTS WITHIN 30 DAYS OF DISCHARGE**

Any blood work since hospital discharge

(If more than one, use value closest to 30 days post discharge)

- Yes
 No
 Unknown/ND

Get With The Guidelines® Follow-up Labs:

Chemistries:

- Done
 Not Done
 Unknown/ND

Creatinine: _____ mg/dL

Glucose: _____ mg/dL

Lipid Profile:

- Done
 Not Done
 Unknown/ND

Total Cholesterol: _____ mg/dL

HDL: _____ mg/dL

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Active Form Group(s): 30-Day

Updated January 2021

LDL: _____mg/dL			
Triglycerides: _____ mg/dL			
Other Laboratories:			
HbA1c: _____ (%)		<input type="checkbox"/> Transthoracic ECHO <input type="checkbox"/> Transesophageal ECHO	
ECHO Findings:			
<input type="checkbox"/> Left atrial thrombus <input type="checkbox"/> Valvular abnormality <input type="checkbox"/> Patent foramen ovale <input type="checkbox"/> Other			
<input type="checkbox"/> LVEF			
Date of New LVEF: ____/____/____ MM/ DD/ YYYY		LVEF: _____(%)	Specify LVEF Findings: <input type="radio"/> LV Thrombus <input type="radio"/> Valvular abnormalities
			If no LVEF, qualitative LV dysfunction: <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <input type="checkbox"/> Normal
<input type="checkbox"/> Carotid Ultrasound:		If yes, Degree of Stenosis: <input type="radio"/> Severe (>70%) <input type="radio"/> Moderate (50-69%) <input type="radio"/> Mild (<50%) <input type="radio"/> Normal	
<input type="checkbox"/> MR or CT angiography	<input type="checkbox"/> Holter or long-term heart rhythm monitoring	<input type="checkbox"/> Peripheral Vascular Assessment	<input type="checkbox"/> Repeat Swallow Study
MEDICATIONS (30 DAY) TAB			
Antithrombotic Medication(s) Prescribed?			
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown/ND			
Antithrombotic therapy approved in stroke	Class	Medication	Dosage
Since Discharge:			
<input type="radio"/> Continued dose unchanged <input type="radio"/> Continued dose increased <input type="radio"/> Continued dose decreased <input type="radio"/> Discontinued since hospital discharge <input type="radio"/> Documented contraindication, intolerance, other physician documented			
Missed any doses:	If missed any dose, taking >80% of doses:	Newly Prescribed after Discharge?	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown/ND	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC	
Antiplatelet		Anticoagulant	
<input type="checkbox"/> aspirin <input type="checkbox"/> aspirin/dipyridamole (Aggrenox) <input type="checkbox"/> clopidogrel (Plavix) <input type="checkbox"/> prasugrel (Effient) *contraindication in stroke and TIA <input type="checkbox"/> ticagrelor (Brilinta) <input type="checkbox"/> ticlopidine (Ticlid)		<input type="checkbox"/> Unfractionated heparin IV <input type="checkbox"/> full dose LMW heparin (Enoxaparin, Others) <input type="checkbox"/> warfarin (Coumadin) <input type="checkbox"/> dabigatran (Pradaxa) <input type="checkbox"/> argatroban <input type="checkbox"/> desirudin (Iprivask)	

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<input type="checkbox"/> Other Antiplatelet	<input type="checkbox"/> fondaparinux (Arixtra) <input type="checkbox"/> rivaroxaban (Xarelto) <input type="checkbox"/> apixaban (Eliquis) <input type="checkbox"/> lepirudin (Refludan) <input type="checkbox"/> Other Anticoagulant
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ANTICOAGULATION:

If atrial fib/flutter or history of PAF documented, was patient discharged on anticoagulation?

(carried over from inpatient form):

- Yes
 No/ND
 NC

Since Discharge:

- Continued dose unchanged
 Continued dose increased
 Continued dose decreased
 Discontinued since hospital discharge
 Documented contraindication, intolerance, other physician documented

Missed any doses: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown/ND	If missed any dose, taking >80% of doses: <input type="radio"/> Yes <input type="radio"/> No	Newly Prescribed after Discharge? <input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC
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ANTIHYPERTENSIVE TX

Antihypertensive Tx:

(carried over from inpatient form):

- None prescribed/ND
 None – contraindicated
 ACE Inhibitors
 ARB
 Beta Blockers
 Ca++ Channel Blockers
 Diuretics
 Other anti-hypertensive med

Since Discharge:

- Continued dose unchanged
 Continued dose increased
 Continued dose decreased
 Discontinued since hospital discharge
 Documented contraindication, intolerance, other physician documented

Missed any doses: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown/ND	If missed any dose, taking >80% of doses: <input type="radio"/> Yes <input type="radio"/> No	Newly Prescribed after Discharge? <input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> NC
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CHOLESTEROL-REDUCING TX

Antihypertensive Tx:

(carried over from inpatient form):

- None prescribed/ND
 None – contraindicated
 Statin
 Fibrate
 Niacin
 Absorption Inhibitor
 Other med

Since Discharge:

- Continued dose unchanged

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Active Form Group(s): 30-Day

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- Continued dose increased
- Continued dose decreased
- Discontinued since hospital discharge
- Documented contraindication, intolerance, other physician documented

Missed any doses:	If missed any dose, taking >80% of doses:	Newly Prescribed after Discharge?
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No/ND
<input type="radio"/> Unknown/ND		<input type="radio"/> NC

DIABETIC TX

Antihypertensive Tx:

(carried over from inpatient form):

- None prescribed/ND
- None – contraindicated
- Other subcutaneous/injectable agent
- Insulin
- Oral agents

Since Discharge:

- Continued dose unchanged
- Continued dose increased
- Continued dose decreased
- Discontinued since hospital discharge
- Documented contraindication, intolerance, other physician documented

Missed any doses:

- Yes
- No
- Unknown/ND

Newly Diagnosed Diabetes:

- Yes
- No
- ND

Basis for Diagnosis

- HbA1c
- Oral Glucose Tolerance
- Fasting Blood Sugar
- Test Other

If missed any dose, taking >80% of doses:

- Yes
- No

Newly Prescribed after Discharge?

- Yes
- No/ND
- NC

ANTI-SMOKING TX

Newly Prescribed after Discharge?

- Yes
- No/ND
- NC

EDUCATION & MANAGEMENT TAB (30 DAY)

EDUCATION/COUNSELING WITHIN 30 DAYS OF DISCHARGE

- Medication adherence
- Diabetes education
- Anticoagulation therapy
- Diet counseling
 - Salt restriction
 - Therapeutic Lifestyle Changes Diet
- Signs and symptoms of stroke or TIA.
- Signs and symptoms of Heart Failure
- Signs and symptoms of Myocardial Infarction
- Whom to call if symptoms worsen
- Need for medical follow-up
- How to activate emergency medical care system (e.g., 911)
- Activity guidelines
- Weight loss/management counseling

Stroke and Cardiovascular risk factors

REHABILITATION/ DISEASE MANAGEMENT WITHIN 30 DAYS OF DISCHARGE

Stroke rehabilitation:

- Yes
 No
 Was at Discharge but stopped
 Declined rehab
 Unknown/ ND

Smoking cessation program (at least one outpatient visit)

Telephone management (at least one contact)

FUNCTIONAL OUTCOME/QUALITY OF LIFE WITHIN 30 DAYS OF DISCHARGE

Symptoms (check all that apply):

- Unable to Ambulate without Assistance
 Difficulty with Speech/Communication
 Cognitive impairment
 Difficulty with swallowing

Barthel Index _____

LIFESTYLE CHANGES WITHIN 30 DAYS OF DISCHARGE

Has the patient:

Been monitoring their blood pressure?

- Yes
 No
 Unknown/ ND

Returned for each medical follow-up appointment?

- Yes
 No
 Unknown/ ND

Been using a pill container to keep track of their medicines?

- Yes
 No
 Unknown/ ND

Been on a calorie restricted diet?

- Yes
 No
 Unknown/ ND

Been monitoring their daily weights

- Yes
 No
 Unknown/ ND

Engaged in physical activity weekly?

- Less than 1 hour
 1-3 hours
 3 or more hours
 Unknown/ND

END OF FORM