

**NINDS CDE Project  
Stroke Version 2.0  
Hospital Course and Acute Therapies Subgroup**

Members of the subgroup were assigned the primary responsibility to review and update elements within their areas of expertise. Each reviewer made edits and updated each element based on recent review of the literature. The changes/recommendations were discussed by all members of the group via conference call to allow each member to provide feedback. Once a consensus was reached, the elements were finalized one at a time.

The CDEs differ between the types of stroke. The subgroup largely focused on ischemic stroke, but there were instances where they provided elements related to hemorrhagic stroke. In these cases, the NINDS CDE Team was informed about potential overlap with other subgroups and asked to reach out to the appropriate subgroup to assure coordination. The subgroup did not address pediatric stroke patients. The subgroup's recommendations are summarized in the table on page 2.

The CDE recommendations tend to be more thorough and cover several intermixed elements as compared with other standards. Otherwise, there are no differences.

Issues unique to stroke, unmet needs, and unanswered questions were identified during the Stroke v2.0 CDE development process. The multi-disciplinary nature of stroke care and involvement of multiple teams and specialties leads to duplication and challenges to assure consistency of required elements. There is a need to develop specific elements for ICH.

## Summary of Recommendations

Instrument/CRF Name	Domain/Subdomain	Population	Classification	Stroke Type
Antithrombotics and Risk Factor Controlling Medications	Treatment/Intervention Data/ Drugs	Adult and Pediatric	<b>Supplemental – Highly Recommended:</b> Anticoagulant agent in hospital indicator; Anticoagulant agent in hospital type; Anticoagulant agent in hospital other text; Antiplatelet agent in hospital indicator; Antiplatelet agent in hospital type; Antiplatelet agent in hospital other text; Medication stroke discharge prescribe category; Anticoagulant agent stroke discharge prescribe type; Anticoagulant agent stroke discharge prescribe other text; Antiplatelet agent stroke discharge prescribe type; Antiplatelet agent stroke discharge prescribe other text; Antihypertensive agent stroke discharge prescribe type; Antihypertensive agent stroke discharge prescribe other text; Anti diabetic agent stroke discharge prescribe type; Anti diabetic agent stroke discharge prescribe other text; Lipid lower agent stroke discharge prescribe type; Lipid lower agent stroke discharge prescribe other text The remaining CDEs are classified as Supplemental.	Ischemic Stroke
Hospital Discharge	Disease/Injury Related Events/ Discharge Information	Adult and Pediatric	<b>Supplemental – Highly Recommended:</b> Date of discharge; Principal discharge diagnosis; Initial residence/ Discharge destination The remaining CDEs are classified as Supplemental.	Any stroke type
Neurobehavioral Symptom Inventory (NSI)	Assessments and Examinations/ Physical/Neurological Examination	Adult	Supplemental	Any stroke type & SAH
Palliative/Comfort Care and End of Life Issues	Treatment/Intervention Data/ Therapies	Adult and Pediatric	All CDEs are classified as Supplemental.	Any stroke type
Stroke Surgical and Procedural Interventions	Treatment/Intervention Data/ Therapies	Adult and Pediatric	All CDEs are classified as Supplemental.	Any stroke type
Thrombolytic/Reperfusion Therapies	Treatment/Intervention Data/ Drugs	Adult and Pediatric	<b>Supplemental – Highly Recommended:</b> IV tPA initiated status; IV tPA initiated date and time; Intra-arterial (IA) procedure initiated indicator; Intra-arterial (IA) procedure type The remaining CDEs are classified as Supplemental or Exploratory.	Ischemic Stroke