



# Minnesota Stroke Registry Case Definition Flowchart Narrative

## MINNESOTA STROKE PROGRAM

### Collecting cases

1. Start with case ascertainment. This is the process that hospitals use to identify potential patients for entry into the registry.
2. Include cases evaluated and/or treated in the ED and patients directly admitted to nursing units within the hospital without first being seen in the ED, even if they expire, leave against medical advice, transfer to another acute care hospital, refuse treatment or have Do Not Resuscitate (DNR) orders.
3. Exclude cases 17 years old or younger.
4. Exclude cases admitted for the sole purpose of elective carotid intervention.

### Inclusion criteria

After you've collected and included all the potential cases to enter and filtered out exclusions, use the following inclusion criteria to determine whether the case is required or not required to enter.

5. Did the patient receive IV thrombolytic in the ED at this hospital? Patients who received IV thrombolytic in ED as well as patients who received IV thrombolytic in ED and are transferred to another hospital for further care should be included in the registries of the transferring hospital and receiving hospital.
  - a. If **“Yes,”** to patient receiving IV thrombolytic in ED at this hospital, then proceed to the Entry section to step #8.
  - b. If **“No,”** to receiving IV thrombolytic in the ED at this hospital, then proceed to step #6.
6. Does the patient have final clinical diagnosis of stroke? This includes: ischemic stroke, intracerebral hemorrhage, subarachnoid hemorrhage, transient ischemic attack (TIA), stroke not otherwise specified.
  - a. If **“Yes,”** to patient has final clinical diagnosis of stroke, then proceed to the Entry section to step #8.
  - b. If **“No,”** to patient has final clinical diagnosis of stroke, then proceed to step #7.

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7. Does the patient have a stroke related primary or secondary ICD-10-CM discharge diagnosis code?" These include: I60.00-I60.9: Non-traumatic subarachnoid hemorrhage; I61.0-I61.9: Non-traumatic intracerebral hemorrhage; I62.9: Non-traumatic intracerebral hemorrhage, unspecified; I63.00-I63.9: Ischemic stroke, cerebral infarction (occlusion and stenosis of cerebral and precerebral arteries, resulting in cerebral infarction); G45.0-G45.2, G45.8-G45.9, G46.0-G46.2: TIA and related syndromes; and \*O99.411-O99.413, O99.419, O99.42-O99.43: Diseases of the circulatory system complicating pregnancy, childbirth, and puerperium (\*only if final clinical diagnosis of stroke).
  - a. If "**Yes**," to patient has a stroke related primary or secondary ICD-10-CM discharge diagnosis, then proceed to the Entry section to step #8.
  - b. If "**No**," to patient has a stroke related primary or secondary ICD-10-CM discharge diagnosis, then case is not required to enter and is optional to enter. Process ends here.

## Entry

If "**Yes**" to steps #5, #6, or #7 above.

8. Did stroke occur after arrival (in ED/inpatient/observation)?
  - a. If "**Yes**," then case is not required and is optional to enter.
  - b. If "**No**," then case is required to enter.

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