



## V. Peri-Procedural Information

	Timing				Timing		
	Pre-Proc	Post-Proc	Both		Pre-Proc	Post-Proc	Both
New Abnormal Wall Motion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	New ST ↓ or T ↓	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
New Q Waves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	New LBBB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
New ST Elevation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	TIMI ≤ II	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
				Ischemic type chest pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Time from onset of chest pain to procedure	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hours			Ongoing Ischemia at time of proc	<input type="checkbox"/>		

## VI. Pre-intervention Risk Factors (answer all that apply)

Priority	Height	Ejection Fraction	Measure	Angina:	Angina Type:
1 <input type="checkbox"/> Elective	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cm	<input type="text"/> <input type="text"/> %	1 <input type="checkbox"/> LV Angiogram	CCS Functional Class	1 <input type="checkbox"/> Stable
2 <input type="checkbox"/> Urgent			2 <input type="checkbox"/> Echocardiogram	1 <input type="checkbox"/> Class I	2 <input type="checkbox"/> Unstable
3 <input type="checkbox"/> Emergency	Weight	1 <input type="checkbox"/> Calculated	3 <input type="checkbox"/> Radionuclide Studies	2 <input type="checkbox"/> Class II	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	2 <input type="checkbox"/> Estimated	4 <input type="checkbox"/> TEE including Intra-Op	3 <input type="checkbox"/> Class III	
		9 <input type="checkbox"/> Unknown	8 <input type="checkbox"/> Other	4 <input type="checkbox"/> Class IV	
			9 <input type="checkbox"/> Unknown		

### Vessels Diseased (check all that apply)

LMT		Prox LAD or Major Diag	Mid/Dist LAD or Major Diag	RCA or PDA	LCX or Large Marg
1 <input type="checkbox"/> 50 - 69%	3 <input type="checkbox"/> 90 - 100%	4 <input type="checkbox"/> 50 - 69%	6 <input type="checkbox"/> 50 - 69%	8 <input type="checkbox"/> 50 - 69%	10 <input type="checkbox"/> 50 - 69%
2 <input type="checkbox"/> 70 - 89%		5 <input type="checkbox"/> 70 - 100%	7 <input type="checkbox"/> 70 - 100%	9 <input type="checkbox"/> 70 - 100%	11 <input type="checkbox"/> 70 - 100%

### Lesion-Specific Information

Complete one line for each lesion for which PCI was attempted, and one line for each non-attempted lesion with stenosis of at least 50% — even if lesion has been bypassed. See instructions for diagram and codes for the following fields:

Location	Bypassed (A or V)	Lesion Type	% Pre-op Stenosis	Previous PCI	Primary Device	Secondary Device	Stent	Radiation	% Post-op Stenosis
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

0  None of the pre-intervention risk factors listed below were present

Previous PCIs	Previous MI (most recent)	Peripheral Vascular Disease	Hemodynamic Instability at time of procedure
1 <input type="checkbox"/> One	4 <input type="checkbox"/> <6 hours	8 <input type="checkbox"/> Stroke	12 <input type="checkbox"/> Unstable
2 <input type="checkbox"/> Two	5 <input type="checkbox"/> ≥6-<12 hours	9 <input type="checkbox"/> Carotid/Cerebrovascular	13 <input type="checkbox"/> Shock
3 <input type="checkbox"/> Three or more	6 <input type="checkbox"/> ≥12-<24 hours	10 <input type="checkbox"/> Aortoiliac	33 <input type="checkbox"/> CPR
	7 <input type="text"/> <input type="text"/> days (use 21 for 21 or more)	11 <input type="checkbox"/> Femoral/Popliteal	
14 <input type="checkbox"/> More than one previous MI		23 <input type="checkbox"/> Renal Failure, creatinine > 2.5 mg/dl	
15 <input type="checkbox"/> Hypertension history		24 <input type="checkbox"/> Renal Failure, dialysis	
17 <input type="checkbox"/> ECG Evidence of Left Ventricular Hypertrophy		26 <input type="checkbox"/> IABP required at start of procedure	
18 <input type="checkbox"/> Congestive Heart Failure, Current		28 <input type="checkbox"/> Previous Open Heart Surgery	
19 <input type="checkbox"/> Congestive Heart Failure, Past		30 <input type="checkbox"/> Smoking history, in past 2 weeks	
20 <input type="checkbox"/> Malignant Ventricular Arrhythmia		31 <input type="checkbox"/> Smoking history, in past year	
21 <input type="checkbox"/> Chronic Obstructive Pulmonary Disease		32 <input type="checkbox"/> Emergency PCI due to Dx cath complication	
22 <input type="checkbox"/> Diabetes requiring medication		34 <input type="checkbox"/> Stent Thrombosis	

## VII. Person Completing Report

Name \_\_\_\_\_