

IV. Cardiac Presentation

CAD Presentation 1 <input type="checkbox"/> No Sxs, no angina 2 <input type="checkbox"/> Sx unlikely ischemic 3 <input type="checkbox"/> Stable angina 4 <input type="checkbox"/> Unstable angina 5 <input type="checkbox"/> Non-STEMI 6 <input type="checkbox"/> STEMI CCS Class <input type="checkbox"/>	Mode of Arrival 1 <input type="checkbox"/> Self/Family 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Other	For ALL patients with MI < 24 hours prior to PCI <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Onset of Ischemic Symptoms: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="width: 10%; text-align: center;">Date</td> <td style="width: 10%; text-align: center;">Time</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">m d y</td> <td></td> <td style="text-align: center;">: <input type="text"/> <input type="text"/></td> <td><input type="checkbox"/> Onset Time Est</td> </tr> <tr> <td>First Medical Contact: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td style="text-align: center;">m d y</td> <td style="text-align: center;">: <input type="text"/> <input type="text"/></td> <td><input type="checkbox"/> New ST ↓ or T ↓</td> </tr> <tr> <td>Arrival at Transferring Hospital: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td style="text-align: center;">m d y</td> <td style="text-align: center;">: <input type="text"/> <input type="text"/></td> <td><input type="checkbox"/> TIMI ≤ II</td> </tr> <tr> <td>Arrival at PCI Hospital: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td style="text-align: center;">m d y</td> <td style="text-align: center;">: <input type="text"/> <input type="text"/></td> <td><input type="checkbox"/> Ongoing Isch at time of proc</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Killip Class 2 or 3</td> </tr> </table>	Onset of Ischemic Symptoms: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date	Time		m d y		: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Onset Time Est	First Medical Contact: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	m d y	: <input type="text"/> <input type="text"/>	<input type="checkbox"/> New ST ↓ or T ↓	Arrival at Transferring Hospital: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	m d y	: <input type="text"/> <input type="text"/>	<input type="checkbox"/> TIMI ≤ II	Arrival at PCI Hospital: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	m d y	: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Ongoing Isch at time of proc				<input type="checkbox"/> Killip Class 2 or 3
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			<input type="checkbox"/> Killip Class 2 or 3																							

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

PCI STATUS (check one) 1 <input type="checkbox"/> STEMI, Immediate 2 <input type="checkbox"/> STEMI, >12 hrs, Symptomatic 3 <input type="checkbox"/> STEMI, >12 hrs, Asymptomatic 4 <input type="checkbox"/> STEMI, successful lytics 5 <input type="checkbox"/> STEMI, failed lytics 6 <input type="checkbox"/> NSTEMI or UA, high risk 7 <input type="checkbox"/> None of the above	Height <input type="text"/> <input type="text"/> <input type="text"/> cm Weight <input type="text"/> <input type="text"/> <input type="text"/> kg	Stress Test <input type="checkbox"/> Done <input type="checkbox"/> Type <input type="checkbox"/> Result	Anti-anginal Med Therapy 1 = Used, 2 = Contra/Intol <input type="checkbox"/> Beta Blockers <input type="checkbox"/> Calcium Channel Blockers <input type="checkbox"/> Long Acting Nitrates <input type="checkbox"/> Ranolazine <input type="checkbox"/> Other	Ejection Fraction <input type="text"/> % Measure <input type="checkbox"/>	Creatinine <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/dl
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0 None of the pre-intervention risk factors listed below were present

Previous PCIs 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three or more	Previous MI (most recent) 4 <input type="checkbox"/> <6 hours 5 <input type="checkbox"/> ≥6-<12 hours 6 <input type="checkbox"/> ≥12-<24 hours 7 <input type="text"/> <input type="text"/> days (use 21 for 21 or more)	Cerebrovascular Disease 39 Neurological Event 1 <input type="checkbox"/> Stroke 2 <input type="checkbox"/> TIA, only	40 Imaging 1 <input type="checkbox"/> 50-79% 2 <input type="checkbox"/> >79% 41 <input type="checkbox"/> Revasc. Procedure	Neurologic State 38 <input type="checkbox"/> Anoxic Brain Injury Criteria Hemodynamic Instability 42 <input type="checkbox"/> Shock 43 <input type="checkbox"/> Refractory Shock
10 <input type="checkbox"/> PVD 18 <input type="checkbox"/> CHF, Current 19 <input type="checkbox"/> CHF, Past 37 <input type="checkbox"/> BNP, 3x Normal 20 <input type="checkbox"/> Malignant Ventricular Arrhythmia	21 Chronic Lung Disease 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Mild 3 <input type="checkbox"/> Mod. 4 <input type="checkbox"/> Severe	22 <input type="checkbox"/> Diabetes 22a Diabetes Therapy 1 <input type="checkbox"/> None 3 <input type="checkbox"/> Oral 2 <input type="checkbox"/> Diet 4 <input type="checkbox"/> Insulin	24 <input type="checkbox"/> Renal Failure, Dialysis 28 <input type="checkbox"/> Previous CABG Surgery 6 <input type="checkbox"/> Other Sub Q 5 <input type="checkbox"/> Other 7 <input type="checkbox"/> Unknown	32 <input type="checkbox"/> Emergency PCI due to Dx cath complication 34 <input type="checkbox"/> Stent Thrombosis 35 <input type="checkbox"/> Any Previous Organ Transplant 36 <input type="checkbox"/> Contraindication to Antiplatelet Therapy

VI. Major Events Following PCI (check all that apply)

0 <input type="checkbox"/> None 1 <input type="checkbox"/> Stroke 2 <input type="checkbox"/> Q-Wave MI 7a <input type="checkbox"/> Acute Occlusion, Targeted Lesion	7b <input type="checkbox"/> Acute Occlusion, Sig Side Branch 8 <input type="checkbox"/> A/V Injury at Entry Site, req. int. 10 <input type="checkbox"/> Renal Failure 14 <input type="checkbox"/> Emergency Cardiac Surgery	17 <input type="checkbox"/> Stent Thrombosis 18 <input type="checkbox"/> Emerg Return to Lab for PCI 19 <input type="checkbox"/> Coronary Perforation
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VII. Discharge Information

Is a follow-up procedure planned, as part of a staged treatment strategy? 0 No 1 Yes, PCI 2 Yes, CABG 3 Yes, Valve

Discharged alive to: 11 <input type="checkbox"/> Home 12 <input type="checkbox"/> Hospice 13 <input type="checkbox"/> Acute Care Facility 14 <input type="checkbox"/> Skilled Nursing Home 15 <input type="checkbox"/> In-Patient Physical Medicine & Rehab 19 <input type="checkbox"/> Other (specify) _____	Died in: 2 <input type="checkbox"/> Operating Room 3 <input type="checkbox"/> Recovery Room 4 <input type="checkbox"/> Critical Care Unit 5 <input type="checkbox"/> Medical/Surgical Floor 6 <input type="checkbox"/> Cath Lab 7 <input type="checkbox"/> In Transit to Other Facility 8 <input type="checkbox"/> Elsewhere in Hospital (specify) _____	Hospital Discharge Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m d y 30 Day Status 1 <input type="checkbox"/> Live 2 <input type="checkbox"/> Dead 9 <input type="checkbox"/> Unknown
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CCS Class	Stress Test Done	Stress Test Type	Stress Test Result	Ejection Fraction Measure
1 - Class I	1 - Yes	1 - Stndrd Exercise	1 - Neg.	1 - LV Angiogram
2 - Class II	2 - No	2 - Stress Echo	2 - Pos., Low	2 - Echo
3 - Class III	9 - Unknown	3 - w/SPECT MPI	3 - Pos., Intermed	3 - Radionuclide
4 - Class IV		4 - w/CMR	4 - Pos., High	4 - TEE
8 - None		9 - Not Done/Unknown		8 - Other
			5 - Pos., Risk unavail.	9 - Not Done/Unknown
			6 - Indeterminate	
			7 - Unavailable	
			9 - Not Done/Unknown	