



### IV. Cardiac Presentation

#### CAD Presentation

- 1  No Sxs, no angina
- 2  Sx unlikely ischemic
- 3  Stable angina
- 4  Unstable angina
- 5  Non-STEMI
- 6  STEMI

CCS Class

#### For ALL patients with MI < 24 hours prior to PCI

- Mode of Arrival
- 1  Self/Family
  - 2  EMS
  - 3  Other
- Thrombolytics:
- 1  <3 hrs
  - 2  3-24 hrs
  - 3  >24 hrs

	Date	Time	
	Month    Date    Year	(In Military Time)	
Onset of Ischemic Symptoms:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>	<input type="checkbox"/> Onset Time Est
First Medical Contact:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>	<input type="checkbox"/> TIMI ≤ II
Arrival at Transferring Hospital:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>	<input type="checkbox"/> Ongoing Isch at time of proc
Arrival at PCI Hospital:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>	<input type="checkbox"/> Killip Class 2 or 3

### V. Pre-intervention Risk Factors (Answer All That Apply)

#### PCI STATUS (Check One)

- 1  STEMI, Immediate
- 2  STEMI, >12 hrs, Symptomatic
- 3  STEMI, >12 hrs, Asymptomatic
- 4  STEMI, successful lytics
- 5  STEMI, failed lytics
- 6  NSTEMI or UA, high risk
- 7  None of the above

#### Height

cm

#### Weight

kg

#### Noninvasive Test

- Stress
- CTA

#### Calcium Score

#### Anti-anginal Med Therapy

- 1 = Used, 2 = Contra/Intol
- Beta Blockers
  - Calcium Channel Blockers
  - Long Acting Nitrates
  - Ranolazine
  - Other

#### Ejection Fraction

%

#### Measure

#### Creatinine

.  mg/dl

#### Aortic Valve Area

.  cm<sup>2</sup>

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

#### Previous PCIs

- 1  One
- 2  Two
- 3  Three or more

#### Previous MI (Most Recent)

- 4  <6 hours
- 5  ≥6-<12 hours
- 6  ≥12-<24 hours
- 7  days  
(Use 21 for 21 or more)

#### Cerebrovascular Disease

- 39 Neurological Event
  - 1  Stroke
  - 2  TIA, only
- 40 Imaging
  - 1  50-79%
  - 2  > 79%
- 41  Cerebrovasc. Procedure

#### Cardiac Arrest

- 44  Cardiac Arrest
- 38  Anoxic Brain Injury Criteria

#### Hemodynamic Instability

- 42  Shock
- 43  Refractory Shock

- 10  Peripheral Arterial Disease
- 18  Heart Failure, Current
- 19  Heart Failure, Past
- 20  Malignant Ventricular Arrhythmia

- 21 Chronic Lung Disease
  - 1  None
  - 2  Mild
  - 3  Mod.
  - 4  Severe

- 22  Diabetes
  - 22a Diabetes Therapy
    - 1  None
    - 2  Diet
    - 3  Oral
    - 4  Insulin
  - 6  Other Sub-q
  - 5  Other
  - 7  Unknown

- 24  Renal Failure, Dialysis
- 28  Previous CABG Surgery
- 32  Emergency PCI due to Dx cath complication
- 34  Stent Thrombosis
- 35  Any Previous Organ Transplant
- 45  High Risk of Bleeding

### VI. Major Events Following PCI (Answer All That Apply)

- |  |   |  |
|--|---|--|
| 0 <input type="checkbox"/> None                              | 10 <input type="checkbox"/> Renal Failure               | 21 <input type="checkbox"/> Bleeding – PCI Access Site   |
| 1 <input type="checkbox"/> Stroke                            | 14 <input type="checkbox"/> Emergency Cardiac Surgery   | 22 <input type="checkbox"/> Bleeding – Other Access Site |
| 2 <input type="checkbox"/> Post-PCI MI                       | 17 <input type="checkbox"/> Stent Thrombosis            | 23 <input type="checkbox"/> Other – PCI Access Site      |
| 7a <input type="checkbox"/> Acute Occlusion, Targeted Lesion | 18 <input type="checkbox"/> Emerg Return to Lab for PCI | 24 <input type="checkbox"/> Other – Other Access Site    |
| 7b <input type="checkbox"/> Acute Occlusion, Sig Side Branch | 19 <input type="checkbox"/> Coronary Perforation        |  |

### 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  Home
- 12  Hospice
- 13  Acute Care Facility
- 14  Skilled Nursing Home
- 15  Inpatient Physical Medicine & Rehab
- 19  Other  
(Specify) \_\_\_\_\_

#### Died in:

- 2  Operating Room
- 3  Recovery Room
- 4  Critical Care Unit
- 5  Medical/Surgical Floor
- 6  Cath Lab
- 7  In Transit to Other Facility
- 8  Elsewhere in Hospital (Specify) \_\_\_\_\_

#### Hospital Discharge Date

Month    Date    Year

#### 30 Day Status:

- 1  Live
- 2  Dead
- 9  Unknown

CCS Class	Noninvasive Test Result	Ejection Fraction Measure
1 - Class I	1 - Low Risk	1 - LV Angiogram
2 - Class II	2 - Intermediate Risk	2 - Echo
3 - Class III	3 - High Risk	3 - Radionuclide
4 - Class IV	4 - Pos., Risk unavail.	4 - TEE
8 - None	5 - Indeterminate	8 - Other
	6 - Unavailable	9 - Not Done/Unknown
	9 - Not Done/Unknown	

**Note:** This section to be completed for patients with any of the following risk factors: MI < 24 hours, Refractory Cardiogenic Shock, Non-refractory Cardiogenic Shock, Cardiac Arrest, Anoxic Brain Injury Criteria, or Heart Failure - Current (within the past 2 weeks other than elective same-day admission).  
 PCI START is defined as the time that the guidewire leaves the catheter.

**Pre-PCI Biochemical Markers (last value before PCI START but w/in 12 hours)**

	Value	Not Done/Unknown	Date and Time Drawn (In Military Time)	Not Documented/Unknown					
<b>Lactate</b>	___ . ___ mmol/L	<input type="checkbox"/>	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td>:</td> <td></td> </tr> </table>	Month	Date	Year	:		<input type="checkbox"/>
Month	Date	Year	:						
<b>ALT</b>	___ IU/L	<input type="checkbox"/>	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td>:</td> <td></td> </tr> </table>	Month	Date	Year	:		<input type="checkbox"/>
Month	Date	Year	:						
<b>Arterial pH</b>	___ . ___	<input type="checkbox"/>	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td>:</td> <td></td> </tr> </table>	Month	Date	Year	:		<input type="checkbox"/>
Month	Date	Year	:						

**Blood Pressures Before PCI START**

	Systolic / Diastolic	Not Documented/Unknown	MAP	Not Documented/Unknown
<b>Last</b>	___ / ___	<input type="checkbox"/>	___ mmHg	<input type="checkbox"/>
<b>Lowest w/in 1 hr</b>	___ / ___	<input type="checkbox"/>	___ mmHg	<input type="checkbox"/>

**Vasoactive Medication**

**Infusion of vasoactive medication at PCI START or bolus within 1 Hour?**  Yes  No

If Yes: (Blank or 0 = No; 1 = Only Bolus w/in 1 hour; 2= Continuous Infusion at PCI START)

<input type="checkbox"/> Dobutamine	<input type="checkbox"/> Levosimendan	<input type="checkbox"/> Phenylephrine
<input type="checkbox"/> Dopamine	<input type="checkbox"/> Milrinone	<input type="checkbox"/> Vasopressin
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Norepinephrine	<input type="checkbox"/> Other (Specify) _____

**Mechanical Circulatory Support Devices**

**Mechanical Circulatory Support Devices/VAD at PCI START?**  Yes  No

If Yes, check all that apply

<input type="checkbox"/> IABP	<input type="checkbox"/> Impella	<input type="checkbox"/> VA ECMO	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Tandem Heart	<input type="checkbox"/> 2.5	<input type="checkbox"/> Percutaneous RVAD	
	<input type="checkbox"/> CP		
	<input type="checkbox"/> 5.0 / 5.5		

**Invasive Hemodynamic Assessment**

**Most recent Invasive Hemodynamic Assessment:**

1 <input type="checkbox"/> None within 12 hours of PCI	3 <input type="checkbox"/> Prior to this lab visit w/in 12 hrs
2 <input type="checkbox"/> This lab visit	4 <input type="checkbox"/> Not Documented/Unknown

If this lab visit or within 12 hrs:	Value	Not Done/Unknown	While on:	
			Vasoactive Meds	Support Device
<b>Right Atrial (RA) Pressure</b>	___ mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recorded at time remote from other PAC Values				
<b>Pulmonary Artery (PA) Pressure</b>	___ / ___ mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PCWP</b>	___ mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LV End Diastolic Pressure</b>	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cardiac Index</b>	___ . ___ L/min/m <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Record #: \_\_\_\_\_  
 (For Reference Only)