

IV. Cardiac Presentation

CAD Presentation	CCS Class	For ALL patients with MI < 24 hours prior to PCI			
1 <input type="checkbox"/> No Sxs, no angina	1 <input type="checkbox"/> I	Date		Time	<input type="checkbox"/> Onset Time Est
2 <input type="checkbox"/> Sx unlikely to be ischemic	2 <input type="checkbox"/> II	Onset of Ischemic Symptoms:		_____:	<input type="checkbox"/> New ST ↓ or T ↓
3 <input type="checkbox"/> Stable angina	3 <input type="checkbox"/> III	m	d	y	<input type="checkbox"/> TIMI ≤ II
4 <input type="checkbox"/> Unstable angina	4 <input type="checkbox"/> IV	Arrival at Transferring Hospital:		_____:	<input type="checkbox"/> Ongoing Isch at time of proc
5 <input type="checkbox"/> Non-STEMI	8 <input type="checkbox"/> No Sxs	m	d	y	<input type="checkbox"/> Killip Class 2 or 3
6 <input type="checkbox"/> STEMI		Arrival at PCI Hospital:		_____:	
		m	d	y	

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

PCI STATUS (check one)	Height	Stress Test	Anti-anginal Med Therapy (check all that apply)	Ejection Fraction	Creatinine
1 <input type="checkbox"/> STEMI, Immediate	_____ cm	<input type="checkbox"/> Done	<input type="checkbox"/> Beta Blockers	_____ %	_____ mg/dl
2 <input type="checkbox"/> STEMI, >12 hrs, Symptomatic	Weight	<input type="checkbox"/> Type	<input type="checkbox"/> Ca Channel Blockers	Measure _____	
3 <input type="checkbox"/> STEMI, >12 hrs, Asymptomatic	_____ kg	<input type="checkbox"/> Result	<input type="checkbox"/> Long Acting Nitrates		
4 <input type="checkbox"/> STEMI, successful lytics			<input type="checkbox"/> Ranolazine		
5 <input type="checkbox"/> STEMI, failed lytics			<input type="checkbox"/> Other		
6 <input type="checkbox"/> NSTEMI or UA, high risk					
7 <input type="checkbox"/> None of the above					

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

Previous PCIs	Previous MI (most recent)	Hemodynamic Instability
1 <input type="checkbox"/> One	4 <input type="checkbox"/> <6 hours	12 <input type="checkbox"/> Unstable
2 <input type="checkbox"/> Two	5 <input type="checkbox"/> ≥6-<12 hours	13 <input type="checkbox"/> Shock
3 <input type="checkbox"/> Three or more	6 <input type="checkbox"/> ≥12-<24 hours	
	7 <input type="checkbox"/> _____ days (use 21 for 21 or more)	
		9 <input type="checkbox"/> Cerebrovascular Disease
		9a <input type="checkbox"/> TIA, only
		10 <input type="checkbox"/> Peripheral Vascular Disease
		Neurologic State
		38 <input type="checkbox"/> Anoxic Brain Injury Criteria

18 <input type="checkbox"/> CHF, Current	21 Chronic Lung Disease	22 <input type="checkbox"/> Diabetes	24 <input type="checkbox"/> Renal Failure, Dialysis
19 <input type="checkbox"/> CHF, Past	1 <input type="checkbox"/> None	22a Diabetes Therapy	28 <input type="checkbox"/> Previous CABG Surgery
37 <input type="checkbox"/> BNP, 3x Normal	2 <input type="checkbox"/> Mild	1 <input type="checkbox"/> None	32 <input type="checkbox"/> Emergency PCI due to Dx cath complication
20 <input type="checkbox"/> Malignant Ventricular Arrhythmia	3 <input type="checkbox"/> Mod.	2 <input type="checkbox"/> Diet	34 <input type="checkbox"/> Stent Thrombosis
	4 <input type="checkbox"/> Severe	3 <input type="checkbox"/> Oral	35 <input type="checkbox"/> Any Previous Organ Transplant
		4 <input type="checkbox"/> Insulin	36 <input type="checkbox"/> Contraindication to Antiplatelet Therapy
		5 <input type="checkbox"/> Other	

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

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

VII. Discharge Information

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

Discharged alive to:	Died in:	Hospital Discharge Date
11 <input type="checkbox"/> Home	2 <input type="checkbox"/> Operating Room	_____
12 <input type="checkbox"/> Hospice	3 <input type="checkbox"/> Recovery Room	m d y
13 <input type="checkbox"/> Acute Care Facility	4 <input type="checkbox"/> Critical Care Unit	
14 <input type="checkbox"/> Skilled Nursing Home	5 <input type="checkbox"/> Medical/Surgical Floor	
15 <input type="checkbox"/> In-Patient Physical Medicine & Rehab	6 <input type="checkbox"/> Cath Lab	
19 <input type="checkbox"/> Other (specify) _____	7 <input type="checkbox"/> In Transit to Other Facility	30 Day Status
	8 <input type="checkbox"/> Elsewhere in Hospital (specify) _____	1 <input type="checkbox"/> Live
		2 <input type="checkbox"/> Dead
		9 <input type="checkbox"/> Unknown

Stress Test Done	Stress Test Type	Stress Test Result	Ejection Fraction Measure
1 - Yes	1 - Stndrd Exercise	1 - Neg.	1 - LV Angiogram
2 - No	2 - Stress Echo	2 - Pos., Low	2 - Echo
9 - Unknown	3 - w/SPECT MPI	3 - Pos., Intermed	3 - Radionuclide
	4 - w/CMR	4 - Pos., High	4 - TEE
	9 - Not Done/Unknown	5 - Pos., Risk unavail.	8 - Other
		6 - Indeterminate	9 - Not Done/Unknown
		7 - Unavailable	
		9 - Not Done/Unknown	