

A. DEMOGRAPHICS

| | | | | | |
|--|---|------------------------------|------------------------|-------------------------------|-----------------|
| Last Name ²⁰⁰⁰ : | Mansfield | First Name ²⁰¹⁰ : | Elizabeth | Middle Name ²⁰²⁰ : | Kathleen |
| SSN ²⁰³⁰ : | - - X SSN N/A ²⁰³¹ | Patient ID ²⁰⁴⁰ : | 666555 (auto) | Other ID ²⁰⁴⁵ : | 727 |
| Birth Date ²⁰⁵⁰ : | 9/24/1955 | Sex ²⁰⁶⁰ : | O Male X Female | | |
| Race: | <input type="checkbox"/> White ²⁰⁷⁰ X Black/African American ²⁰⁷¹ <input type="checkbox"/> Asian ²⁰⁷² (check all that apply) <input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³ <input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴ | | | | |
| Hispanic or Latino Ethnicity ²⁰⁷⁶ : | X No O Yes | | | | |

B. EPISODE OF CARE

| | | | | |
|--|--|------------------------------------|--------------|---|
| Arrival Date/Time ^{3000,3001} : | 1/27/2014 0500 | Patient Zip Code ³⁰⁰⁵ : | 10000 | <input type="checkbox"/> Zip Code N/A ³⁰⁰⁶ |
| Admit Source ³⁰¹⁰ : | X Emergency department O Transfer in from another acute care facility O Other | | | |
| Insurance Payors: | <input type="checkbox"/> Private Health Insurance ³⁰²⁰ <input type="checkbox"/> Medicare ³⁰²¹ <input type="checkbox"/> Medicaid ³⁰²² <input type="checkbox"/> Military Health Care ³⁰²³ (check all that apply) <input type="checkbox"/> State-Specific Plan (non-Medicaid) ³⁰²⁴ <input type="checkbox"/> Indian Health Service ³⁰²⁵ <input type="checkbox"/> Non-US Insurance ³⁰²⁶ X None ³⁰²⁷ | | | |
| HIC # ³⁰³⁰ : | 100000801 | | | |

C. HISTORY AND RISK FACTORS (ON ARRIVAL TO CATHPCI FACILITY)

| | | | | |
|--|-------------------|--|-------------------|------|
| Current/Recent Smoker (< 1 year) ⁴⁰⁰⁰ : | O No X Yes | Height ⁴⁰⁵⁵ : | 175 | (cm) |
| Hypertension ⁴⁰⁰⁵ : | O No X Yes | Weight ⁴⁰⁶⁰ : | 57 | (kg) |
| Dyslipidemia ⁴⁰¹⁰ : | O No X Yes | Currently On Dialysis ⁴⁰⁶⁵ : | O No X Yes | |
| Family History of Premature CAD ⁴⁰¹⁵ : | O No X Yes | Cerebrovascular Disease ⁴⁰⁷⁰ : | O No X Yes | |
| Prior MI ⁴⁰²⁰ : | O No X Yes | Peripheral Arterial Disease ⁴⁰⁷⁵ : | O No X Yes | |
| Prior Heart Failure ⁴⁰²⁵ : | O No X Yes | Chronic Lung Disease ⁴⁰⁸⁰ : | O No X Yes | |
| Prior Valve Surgery/Procedure ⁴⁰³⁰ : | O No X Yes | Diabetes Mellitus ⁴⁰⁸⁵ : | O No X Yes | |
| Prior PCI ⁴⁰³⁵ : | O No X Yes | →If Yes, Diabetes Therapy ⁴⁰⁹⁰ : O None O Diet X Oral O Insulin O Other | | |
| →If Yes, Most Recent PCI Date ⁴⁰⁴⁰ : | 3/28/2013 | | | |
| Prior CABG ⁴⁰⁴⁵ : | O No X Yes | | | |
| →If Yes, Most Recent CABG Date ⁴⁰⁵⁰ : | 5/5/2010 | | | |

D. CATH LAB VISIT (COMPLETE FOR EACH CATH LAB VISIT)

CLINICAL EVALUATION LEADING TO THE PROCEDURE

| | | | | |
|--|--|---|---|--------------------------------|
| CAD Presentation ⁵⁰⁰⁰ : | O No Sxs, no angina (14 days) O Sx unlikely to be ischemic (14 days) O Stable angina (42 days) O Unstable angina (60 days) O Non-STEMI (7 days) X STEMI (7 days) | | | |
| →If STEMI or Non-STEMI, Symptom Onset Date/Time ^{5005,5006} (7 days): | 1/26/2014 2300 | X Time Estimated ⁵⁰⁰⁷ | <input type="checkbox"/> Time Not Available ⁵⁰⁰⁸ | |
| →If STEMI, Thrombolytics ⁵⁰¹⁰ : | O No X Yes | →If Yes, Start Date/Time ^{5015,5016} : | 1/26/2014 2320 | |
| Anginal Classification w/in 2 Weeks ⁵⁰²⁰ : | O No symptoms O CCS I O CCS II X CCS III O CCS IV | | | |
| Anti-Anginal meds w/in 2 Weeks ⁵⁰²⁵ : | O No X Yes → If Yes, Type (check all that apply): | | | |
| X Beta Blockers ⁵⁰²⁶ | X Ca Channel Blockers ⁵⁰²⁷ | X Long Acting Nitrates ⁵⁰²⁸ | X Ranolazine ⁵⁰²⁹ | X Other ⁵⁰³⁰ |
| Heart Failure w/in 2 Weeks ⁵⁰⁴⁰ : | O No X Yes | | | |
| →If Yes, NYHA Class w/in 2 Weeks ⁵⁰⁴⁵ : | O Class I O Class II X Class III O Class IV | | | |
| Cardiomyopathy or LV Systolic Dysfunction ⁵⁰⁵⁰ : | O No X Yes | Cardiogenic Shock w/in 24 Hours ⁵⁰⁶⁰ : | O No X Yes | |
| Pre-operative Evaluation Before Non-Cardiac Surgery ⁵⁰⁵⁵ : | O No X Yes | Cardiac Arrest w/in 24 Hours ⁵⁰⁶⁵ : | X No O Yes | |

Stress or Imaging Studies Performed⁵¹⁰⁰: No Yes → If Yes, Specify Test Performed:

| Test Performed | No | Yes | Result | Risk/Extent Of Ischemia |
|--|----------------------------------|--|--|--|
| Standard Exercise Stress Test ^{5200,5201,5202} : (w/o imaging) | <input type="radio"/> | <input checked="" type="radio"/> → If Yes, | <input type="radio"/> Negative <input checked="" type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable | → If Positive, <input type="radio"/> Low <input checked="" type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable |
| Stress Echocardiogram ^{5210,5211,5212} : | <input type="radio"/> | <input checked="" type="radio"/> → If Yes, | <input type="radio"/> Negative <input checked="" type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable | → If Positive, <input type="radio"/> Low <input checked="" type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable |
| Stress Testing w/SPECT MPI ^{5220,5221,5222} : | <input checked="" type="radio"/> | <input type="radio"/> → If Yes, | <input checked="" type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable | → If Positive, <input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable |
| Stress Testing w/CMR ^{5230,5231,5232} : | <input type="radio"/> | <input checked="" type="radio"/> → If Yes, | <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminant <input checked="" type="radio"/> Unavailable | → If Positive, <input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable |
| Cardiac CTA ^{5240,5241} : | <input type="radio"/> | <input checked="" type="radio"/> → If Yes, | <input type="radio"/> No disease <input checked="" type="radio"/> 1VD <input type="radio"/> 2VD <input type="radio"/> 3VD <input type="radio"/> Indeterminant <input type="radio"/> Unavailable | |
| Coronary Calcium Score ⁵²⁵⁰ : | <input type="radio"/> | <input checked="" type="radio"/> → If Yes, | Calcium Score: ⁵²⁵¹ <u>105</u> | |

PROCEDURE INFORMATION

| | |
|---|--|
| Procedure Date/Time ^{5300/5301} : 1/27/2014 0520 | Fluoro Time/Dose ^{5320,5321} : 30 minutes OR 2 mGy |
| PCI ⁵³⁰⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes | Contrast Volume ⁵³²⁵ : 200 |
| Diagnostic Cath ⁵³¹⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Other Procedure (in conj w/Dx Cath or PCI) ⁵³¹⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes | |

MECHANICAL VENTRICULAR SUPPORT

| | |
|---|---|
| IABP ⁵³³⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes | → If Yes, Timing ⁵³³⁵ : <input type="radio"/> In place at start of procedure <input type="radio"/> Inserted during procedure and prior to PCI <input checked="" type="radio"/> Inserted after PCI has begun |
| Other Mechanical Ventricular Support ⁵³⁴⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes | → If Yes, Timing ⁵³⁴⁵ : <input type="radio"/> In place at start of procedure <input checked="" type="radio"/> Inserted during procedure and prior to PCI <input type="radio"/> Inserted after PCI has begun |

ARTERIAL ACCESS:

| | |
|--|--|
| Arterial Access Site ⁵³⁵⁰ : <input type="radio"/> Femoral <input checked="" type="radio"/> Brachial <input type="radio"/> Radial <input type="radio"/> Other | |
| Closure Method(s) ⁵³⁵⁵ : | <input type="checkbox"/> Method Not Documented ⁵³⁵⁶ |
| 1 9 Perclose ProGlide | |
| 2 | |
| 3 | |
| 4 | |

E. DIAGNOSTIC CATHETERIZATION PROCEDURE (COMPLETE FOR EACH DIAGNOSTIC CATH)

| | |
|--|--|
| Operator's Name ^{6000, 6005, 6010} : Joe Jackson | Operator's NPI ⁶⁰¹⁵ : 1234567890 |
| Diagnostic Coronary Angiography ⁶⁰²⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Left Heart Cath ⁶⁰²⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Cardiac Transplant Evaluation ⁶⁰³⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes | → If Yes, Type ⁶⁰³⁵ : <input checked="" type="radio"/> Donor for cardiac transplant <input type="radio"/> Candidate to receive a cardiac transplant <input type="radio"/> Post cardiac transplant follow up |
| Diag Cath Status ⁶⁰⁴⁰ : <input type="radio"/> Elective <input checked="" type="radio"/> Urgent <input type="radio"/> Emergency <input type="radio"/> Salvage | |
| Rx Recommendation ⁶⁰⁴⁵ : (after diagnostic cath) <input type="radio"/> None <input type="radio"/> Medical therapy and/or counseling <input checked="" type="radio"/> PCI w/o planned CABG <input type="radio"/> CABG (including planned hybrid CABG/PCI procedures) <input type="radio"/> Other cardiac therapy without CABG or PCI | |

F. BEST ESTIMATE OF CORONARY ANATOMY (COMPLETE FOR EACH CATH LAB VISIT)

Dominance⁶¹⁰⁰: Left Right Co-dominant

| Coronary Territory | Native Artery Percent Stenosis in >=2mm vessels | Grafts Supplying Coronary Territory (Note 1) Percent Stenosis |
|-------------------------------|--|--|
| Left Main | <u>40</u> % ⁶¹¹⁰ <input type="checkbox"/> Not Available ⁶¹¹¹ | |
| Prox LAD | <u>30</u> % ⁶¹²⁰ <input type="checkbox"/> Not Available ⁶¹²¹ | <u>80</u> % ⁶¹⁷⁰ <input type="checkbox"/> Not Available ⁶¹⁷¹ |
| Mid/Distal LAD, Diag Branches | <u>40</u> % ⁶¹³⁰ <input type="checkbox"/> Not Available ⁶¹³¹ | <u>90</u> % ⁶¹⁸⁰ <input type="checkbox"/> Not Available ⁶¹⁸¹ |
| Circ, OMs, LPDA, LPL Branches | <u>50</u> % ⁶¹⁴⁰ <input type="checkbox"/> Not Available ⁶¹⁴¹ | <u>95</u> % ⁶¹⁹⁰ <input type="checkbox"/> Not Available ⁶¹⁹¹ |
| RCA, RPDA, RPL, AM Branches | <u>60</u> % ⁶¹⁵⁰ <input type="checkbox"/> Not Available ⁶¹⁵¹ | <u>85</u> % ⁶²⁰⁰ <input type="checkbox"/> Not Available ⁶²⁰¹ |
| Ramus | <u>70</u> % ⁶¹⁶⁰ <input type="checkbox"/> Not Available ⁶¹⁶¹ | <u>75</u> % ⁶²¹⁰ <input type="checkbox"/> Not Available ⁶²¹¹ |

G. PCI PROCEDURE (COMPLETE FOR EACH CATH LAB VISIT IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)

Operator's Name^{7000,7005,7010}: **Joe Jackson**

Operator's NPI⁷⁰¹⁵:

PCI Status⁷⁰²⁰: Elective Urgent Emergency Salvage

Pre-PCI LVEF⁷⁰²⁵: **40** % Pre-PCI LVEF Not Assessed⁷⁰²⁶

Cardiogenic Shock at Start of PCI⁷⁰³⁰: No Yes

PCI Indication⁷⁰³⁵: Immediate PCI for STEMI PCI for STEMI (Unstable, >12 hrs from Sx onset)
 PCI for STEMI (Stable, >12 from hrs Sx onset) PCI for STEMI (stable after successful full-dose Thrombolysis)
 Rescue PCI for STEMI (after failed full-dose lytics) PCI for high risk Non-STEMI or unstable angina
 Staged PCI Other

→ If Immediate PCI for STEMI, STEMI or STEMI Equivalent First Noted⁷⁰⁴⁰: First ECG Subsequent ECG

→ If Subsequent ECG, Subsequent ECG with STEMI or STEMI Equivalent Date/Time^{7045, 7046}: 1/27/2014 0427

→ If Immediate PCI for STEMI, First Device Activation Date/Time^{7050,7051}: 01/27/2014 0540

→ If Immediate PCI for STEMI, Transferred In for Immediate PCI for STEMI⁷⁰⁵⁵: No Yes

→ If Yes, Date/Time ED Presentation at Referring Facility^{7060,7061}: 1/27/2014 0415

→ If Immediate PCI for STEMI, Non-System Reason for Delay in PCI⁷⁰⁶⁵:

- Difficult vascular access
- Cardiac arrest and/or need for intubation before PCI
- Patient delays in providing consent for the procedure
- Difficulty crossing the culprit lesion during the PCI procedure
- Other
- None

PROCEDURE MEDICATIONS (ADMINISTERED WITHIN 24 HOURS PRIOR TO AND DURING THE PCI PROCEDURE)

| Category | Medication ⁹⁵⁰⁰ | Administered ⁹⁵¹⁰ |
|----------------------------------|------------------------------------|---|
| Anticoagulants | Fondaparinux | <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded |
| | Low Molecular Weight Heparin (any) | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded |
| | Unfractionated Heparin (any) | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded |
| Aspirin | Aspirin (any) | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded |
| Direct Thrombin Inhibitors | Bivalirudin | <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded |
| | Direct Thrombin Inhibitor (other) | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded |
| Glycoprotein IIb/IIIa Inhibitors | GP IIb/IIIa (any) | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded |
| Thienopyridines | Clopidogrel | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded |
| | Ticlopidine | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded |
| | Prasugrel | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input checked="" type="radio"/> Blinded |

Note 1: CABG Date⁹⁰²⁰ must be less than Procedure Date/Time^{5300/5301} or Prior CABG⁴⁰⁴⁵ = "Yes" to complete these elements.

H. LESIONS AND DEVICES (COMPLETE FOR EACH PCI ATTEMPTED OR PERFORMED)

| | | |
|--|--|--|
| Lesion Counter ⁷¹⁰⁰ : | 1 | 2 |
| Segment Number(s) ⁷¹⁰⁵ : | 91750005 | 91748002 91751009 |
| If CAD Presentation ⁵⁰⁰⁰ is 'STEMI', 'Non-STEMI', or 'Unstable angina', Culprit Lesion ⁷¹¹⁰ : | <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Unknown | <input type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> Unknown |
| Stenosis Immediately Prior to Rx ⁷¹¹⁵ : | <u>65</u> % | <u>90</u> % |
| → If 100%, Chronic Total Occlusion ⁷¹²⁰ : | <input checked="" type="radio"/> No <input type="radio"/> Yes | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| → If 40-70%, IVUS ⁷¹²⁵ : | <input type="radio"/> No <input checked="" type="radio"/> Yes | <input type="radio"/> No <input checked="" type="radio"/> Yes |
| → If 40-70%, FFR ⁷¹³⁰ : | <input type="radio"/> No <input checked="" type="radio"/> Yes | <input type="radio"/> No <input checked="" type="radio"/> Yes |
| → If Yes, FFR Ratio ⁷¹³⁵ : | <u>.62</u> | <u>.53</u> |
| Pre-procedure TIMI Flow ⁷¹⁴⁰ : | <input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | <input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 |
| Prev Treated Lesion ⁷¹⁴⁵ : | <input type="radio"/> No <input checked="" type="radio"/> Yes | <input type="radio"/> No <input checked="" type="radio"/> Yes |
| → If Yes, Timeframe ⁷¹⁵⁰ : | <input type="radio"/> < 1 month <input type="radio"/> 1-5 months <input checked="" type="radio"/> 6-12 months | <input type="radio"/> < 1 month <input type="radio"/> 1-5 months <input checked="" type="radio"/> 6-12 months |
| → If Yes, Treated with Stent ⁷¹⁵⁵ : | <input type="radio"/> No <input checked="" type="radio"/> Yes | <input type="radio"/> No <input checked="" type="radio"/> Yes |
| → If Yes, In-Stent Restenosis ⁷¹⁶⁰ : | <input type="radio"/> No <input checked="" type="radio"/> Yes | <input type="radio"/> No <input checked="" type="radio"/> Yes |
| In-Stent Thrombosis ⁷¹⁶⁵ : | <input type="radio"/> No <input checked="" type="radio"/> Yes | <input type="radio"/> No <input checked="" type="radio"/> Yes |
| Stent Type ⁷¹⁷⁰ : | <input checked="" type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Type unknown | <input checked="" type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Type unknown |
| Lesion in Graft ⁷¹⁷⁵ : | <input checked="" type="radio"/> Not in Graft <input type="radio"/> Vein <input type="radio"/> LIMA <input type="radio"/> Other artery | <input checked="" type="radio"/> Not in Graft <input type="radio"/> Vein <input type="radio"/> LIMA <input type="radio"/> Other artery |
| → If Vein, LIMA, Other, Location in Graft ⁷¹⁸⁰ : | <input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal | <input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal |
| Lesion Complexity ⁷¹⁸⁵ : | <input type="radio"/> Non-High/Non-C <input checked="" type="radio"/> High/C | <input checked="" type="radio"/> Non-High/Non-C <input type="radio"/> High/C |
| Lesion Length (mm) ⁷¹⁹⁰ : | <u>8</u> mm | <u>15</u> mm |
| Thrombus Present ⁷¹⁹⁵ : | <input type="radio"/> No <input checked="" type="radio"/> Yes | <input type="radio"/> No <input checked="" type="radio"/> Yes |
| Bifurcation Lesion ⁷²⁰⁰ : | <input type="radio"/> No <input checked="" type="radio"/> Yes | <input type="radio"/> No <input checked="" type="radio"/> Yes |
| Guidewire Across Lesion ⁷²⁰⁵ : | <input type="radio"/> No <input checked="" type="radio"/> Yes | <input type="radio"/> No <input checked="" type="radio"/> Yes |
| → If Yes, Stenosis Post-Procedure ⁷²¹⁰ : | <u>30</u> % | <u>20</u> % |
| → If Yes, Post-Procedure TIMI Flow ⁷²¹⁵ : | <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 | <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 |
| → If Yes, Device(s) Deployed ⁷²²⁰ : | <input type="radio"/> No <input checked="" type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |

| Intracoronary Device(s) Used ⁷²²⁵ | Associated Lesion(s) ⁷¹⁰⁰ | Diameter ⁷²³⁵ | Length ⁷²⁴⁰ |
|---|--------------------------------------|--------------------------|------------------------|
| 1 Accent Balloon - Cook Medical (85) | <u>1</u> | 5 mm | 20 mm |
| 2 XIENCE V DES - RX - Multilink MiniVision (193) | <u>2</u> | 9mm | 30mm |
| 3 | | | |
| 4 | | | |
| 5 | | | |

| | | |
|------------------------------|---|--|
| INTRAPROCEDURE EVENTS | Significant Dissection ⁷²⁴⁵ : <input checked="" type="radio"/> No <input type="radio"/> Yes | Perforation ⁷²⁵⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes |
|------------------------------|---|--|

I. LABS (COMPLETE FOR EACH CATH LAB VISIT IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)

| Pre-Procedure (performed at your facility) | | Post-Procedure (post-procedure only) | |
|---|--|---|---|
| CK-MB ⁷³⁰⁰ <u>15</u> ng/mL <input type="checkbox"/> CK Not Applicable ⁷³⁰¹ <input type="checkbox"/> CK Drawn and Normal ⁷³⁰² | CK-MB ⁷³²⁵ <u>9</u> ng/mL <input type="checkbox"/> CK Not Applicable ⁷³²⁶ (peak value 6-24 hrs) <input type="checkbox"/> CK Drawn and Normal ⁷³²⁷ | Troponin I ⁷³⁰⁵ <u>4.5</u> ng/mL <input type="checkbox"/> Not Drawn ⁷³⁰⁶ | Troponin I ⁷³³⁰ <u>2.3</u> ng/mL <input type="checkbox"/> Not Drawn ⁷³³¹ (peak value 6-24 hrs) |
| Troponin T ⁷³¹⁰ <u>0.3</u> ng/mL <input type="checkbox"/> Not Drawn ⁷³¹¹ | Troponin T ⁷³³⁵ <u>0.1</u> ng/mL <input type="checkbox"/> Not Drawn ⁷³³⁶ (peak value 6-24 hrs) | Creatinine ⁷³¹⁵ <u>2.1</u> mg/dL <input type="checkbox"/> Not Drawn ⁷³¹⁶ | Creatinine ⁷³⁴⁰ <u>2.2</u> mg/dL <input type="checkbox"/> Not Drawn ⁷³⁴¹ (highest value) |
| Hemoglobin ⁷³²⁰ <u>15.6</u> g/dL <input type="checkbox"/> Not Drawn ⁷³²¹ | Hemoglobin ⁷³⁴⁵ <u>15.0</u> g/dL <input type="checkbox"/> Not Drawn ⁷³⁴⁶ (lowest w/in 72 hrs) | | |

J. INTRA AND POST-PROCEDURE EVENTS (COMPLETE FOR EACH CATH LAB VISIT)

| | | | |
|--|--|---|--|
| Myocardial Infarction ⁸⁰⁰⁰ : (Positive Biomarkers) | O No <input checked="" type="checkbox"/> Yes | Bleeding Event w/in 72 Hours ⁸⁰⁵⁰ : | O No <input checked="" type="checkbox"/> Yes |
| Cardiogenic Shock ⁸⁰⁰⁵ : | O No <input checked="" type="checkbox"/> Yes | →If Yes, Bleeding at Access Site ⁸⁰⁵⁵ : | O No <input checked="" type="checkbox"/> Yes |
| Heart Failure ⁸⁰¹⁰ : | O No <input checked="" type="checkbox"/> Yes | →If Yes, Hematoma at Access Site ⁸⁰⁶⁰ : | O No <input checked="" type="checkbox"/> Yes |
| CVA/Stroke ⁸⁰¹⁵ : | O No <input checked="" type="checkbox"/> Yes | →If Yes, Size ⁸⁰⁶¹ : O <3cm O 3-5cm <input checked="" type="checkbox"/> >5-10 O >10cm | |
| →If Yes, Hemorrhagic Stroke ⁸⁰²¹ : | O No <input checked="" type="checkbox"/> Yes | →If Yes, Retroperitoneal Bleeding ⁸⁰⁷⁰ : | O No <input checked="" type="checkbox"/> Yes |
| Tamponade ⁸⁰²⁵ : | O No <input checked="" type="checkbox"/> Yes | →If Yes, GI Bleed ⁸⁰⁸⁰ : | O No <input checked="" type="checkbox"/> Yes |
| New Requirement for Dialysis ⁸⁰³⁰ : | O No <input checked="" type="checkbox"/> Yes | →If Yes, GU Bleed ⁸⁰⁹⁰ : | O No <input checked="" type="checkbox"/> Yes |
| Other Vascular Complications Req Rx ⁸⁰³⁵ : | O No <input checked="" type="checkbox"/> Yes | →If Yes, Other Bleed ⁸¹⁰⁰ : | O No <input checked="" type="checkbox"/> Yes |
| RBC/Whole Blood Transfusion ⁸⁰⁴⁰ : | O No <input checked="" type="checkbox"/> Yes | | |
| →If Yes, Hgb Prior to Transfusion ⁸⁰⁴¹ : | <u>15</u> g/dL | | |

K. DISCHARGE (COMPLETE THIS SECTION FOR EACH EPISODE OF CARE)

CABG⁹⁰⁰⁰: O No Yes

→ If Yes, **CABG Status**⁹⁰⁰⁵: O Elective Urgent O Emergency O Salvage

→ If Yes, **CABG Indication**⁹⁰¹⁰: O PCI complication PCI failure without clinical deterioration
O Treatment of CAD without PCI immediately preceding CABG O PCI/CABG hybrid procedure

→If Yes, **Location**⁹⁰¹⁵: At your facility O Transferred to other facility

→If At your facility, **CABG Date/Time**^{9020,9021}: **2/2/2014 0800**

Other Major Surgery⁹⁰²⁵: No O Yes **LVEF**⁹⁰³⁰: **35** % LVEF Not Assessed⁹⁰³¹

Discharge Date⁹⁰³⁵: **02/03/2014**

Discharge Status⁹⁰⁴⁰: Alive O Deceased

→If Alive, **Discharge Location**⁹⁰⁴⁵: O Home Extended care/TCU/rehab O Other acute care hospital
O Nursing home O Hospice O Other O Left against medical advice (AMA)

→If Alive, **Cardiac Rehabilitation Referral**⁹⁰⁵⁰: O No O Yes Ineligible

→If Deceased, **Death in Lab**⁹⁰⁵⁵: O No O Yes

→If Deceased, **Primary Cause of Death**⁹⁰⁶⁰: O Cardiac O Neurologic O Renal O Vascular O Infection
O Valvular O Pulmonary O Unknown O Other

Hospital Status⁹⁰⁶⁵: O Outpatient Outpatient converted to inpatient O Inpatient

DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE – COMPLETE FOR EACH EPISODE OF CARE IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)

| Category | Medication | Administered | | | |
|--|---------------------|--------------|-------|---|---|
| <i>Discharge medications are not required for patients who expired or were discharged to 'Other acute care Hospital', 'Hospice', or 'AMA'.</i> | | | | | |
| ACE Inhibitors | ACE Inhibitor (any) | O No | O Yes | O Contraindicated | <input checked="" type="checkbox"/> Blinded |
| ARBs | ARB (any) | O No | O Yes | O Contraindicated | O Blinded |
| Aspirin | Aspirin (any) | O No | O Yes | <input checked="" type="checkbox"/> Contraindicated | O Blinded |
| Beta Blockers | Beta Blocker (any) | O No | O Yes | O Contraindicated | O Blinded |
| Lipid Lowering Agents | Statin (any) | O No | O Yes | O Contraindicated | O Blinded |
| | Non-Statin (any) | O No | O Yes | O Contraindicated | O Blinded |
| Thienopyridines | Clopidogrel | O No | O Yes | O Contraindicated | O Blinded |
| | Ticlopidine | O No | O Yes | O Contraindicated | O Blinded |
| | Prasugrel | O No | O Yes | O Contraindicated | O Blinded |