

IV. Cardiac Presentation

CAD Presentation

- No Sxs, no angina
- Sx unlikely ischemic
- Stable angina
- Unstable angina
- Non-STEMI
- STEMI

CCS Class

For ALL patients with MI < 24 hours prior to PCI

- Mode of Arrival
- Self/Family
 - EMS
 - Other
- Thrombolytics:
- <3 hrs
 - 3-24 hrs
 - >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
Transfer Hospital Arrival:	<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
Transfer Hospital Departure:	<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
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"/>	

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

PCI STATUS (Check One)	Height	Noninvasive Test	Anti-anginal Med Therapy	Ejection Fraction	Creatinine
<input type="checkbox"/> STEMI, Immediate	<input style="width: 20px;" type="text"/> cm	<input type="checkbox"/> Stress	1 = Used, 2 = Contra/Intol	<input style="width: 20px;" type="text"/> %	<input style="width: 20px;" type="text"/> mg/dl
<input type="checkbox"/> STEMI, >12 hrs, Symptomatic		<input type="checkbox"/> CTA	<input type="checkbox"/> Beta Blockers	Measure	Aortic Valve Area
<input type="checkbox"/> STEMI, >12 hrs, Asymptomatic	<input style="width: 20px;" type="text"/> kg	Calcium Score	<input type="checkbox"/> Calcium Channel Blockers	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> cm ²
<input type="checkbox"/> STEMI, successful lytics		<input style="width: 20px;" type="text"/>	<input type="checkbox"/> Long Acting Nitrates		
<input type="checkbox"/> STEMI, failed lytics			<input type="checkbox"/> Ranolazine		
<input type="checkbox"/> NSTEMI or UA, high risk			<input type="checkbox"/> Other		
<input type="checkbox"/> None of the above					

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

Previous PCIs	Previous MI (Most Recent)	Cerebrovascular Disease	Cardiac Arrest
<input type="checkbox"/> One	<input type="checkbox"/> <6 hours	39 Neurological Event	44 <input type="checkbox"/> Cardiac Arrest
<input type="checkbox"/> Two	<input type="checkbox"/> ≥6-<12 hours	<input type="checkbox"/> Stroke <input type="checkbox"/> TIA, only	38 <input type="checkbox"/> Anoxic Brain Injury Criteria
<input type="checkbox"/> Three or more	<input type="checkbox"/> ≥12-<24 hours	40 Imaging	Hemodynamic Instability
	7 <input style="width: 20px;" type="text"/> days	<input type="checkbox"/> 50-79% <input type="checkbox"/> > 79%	42 <input type="checkbox"/> Shock
	(Use 21 for 21 or more)	41 <input type="checkbox"/> Cerebrovasc. Procedure	43 <input type="checkbox"/> Refractory Shock
10 <input type="checkbox"/> Peripheral Arterial Disease	21 <input type="checkbox"/> Chronic Lung Disease	22 <input type="checkbox"/> Diabetes	24 <input type="checkbox"/> Renal Failure, Dialysis
18 <input type="checkbox"/> Heart Failure, Current	<input type="checkbox"/> None	22a Diabetes Therapy	28 <input type="checkbox"/> Previous CABG Surgery
19 <input type="checkbox"/> Heart Failure, Past	<input type="checkbox"/> Mild	<input type="checkbox"/> None <input type="checkbox"/> Other Sub-q	32 <input type="checkbox"/> Emergency PCI due to Dx cath complication
20 <input type="checkbox"/> Malignant Ventricular Arrhythmia	<input type="checkbox"/> Mod.	<input type="checkbox"/> Diet <input type="checkbox"/> Other	34 <input type="checkbox"/> Stent Thrombosis
	<input type="checkbox"/> Severe	<input type="checkbox"/> Oral <input type="checkbox"/> Unknown	35 <input type="checkbox"/> Any Previous Organ Transplant
		<input type="checkbox"/> Insulin	45 <input type="checkbox"/> High Risk of Bleeding

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

<input type="checkbox"/> None	<input type="checkbox"/> Renal Failure	<input type="checkbox"/> Bleeding – PCI Access Site
<input type="checkbox"/> Stroke	<input type="checkbox"/> Emergency Cardiac Surgery	<input type="checkbox"/> Bleeding – Other Access Site
<input type="checkbox"/> Post-PCI MI	<input type="checkbox"/> Stent Thrombosis	<input type="checkbox"/> Other – PCI Access Site
7a <input type="checkbox"/> Acute Occlusion, Targeted Lesion	<input type="checkbox"/> Emerg Return to Lab for PCI	<input type="checkbox"/> Other – Other Access Site
7b <input type="checkbox"/> Acute Occlusion, Sig Side Branch	<input type="checkbox"/> Coronary Perforation	

VII. Discharge Information

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

Discharged Alive to:	Died in:	Hospital Discharge Date
<input type="checkbox"/> Home	<input type="checkbox"/> Operating Room	<input style="width: 20px;" type="text"/>
<input type="checkbox"/> Hospice	<input type="checkbox"/> Recovery Room	<input style="width: 20px;" type="text"/>
<input type="checkbox"/> Acute Care Facility	<input type="checkbox"/> Critical Care Unit	<input style="width: 20px;" type="text"/>
<input type="checkbox"/> Skilled Nursing Home	<input type="checkbox"/> Medical/Surgical Floor	<input style="width: 20px;" type="text"/>
<input type="checkbox"/> Inpatient Physical Medicine & Rehab	<input type="checkbox"/> Cath Lab	<input style="width: 20px;" type="text"/>
<input type="checkbox"/> Other	<input type="checkbox"/> In Transit to Other Facility	<input style="width: 20px;" type="text"/>
(Specify) _____	<input type="checkbox"/> Elsewhere in Hospital (Specify) _____	<input style="width: 20px;" type="text"/>

CCS Class		Noninvasive Test Result			Ejection Fraction Measure	
1 - Class I	4 - Class IV	1 - Low Risk	4 - Pos., Risk unavail.	9 - Not Done/Unknown	1 - LV Angiogram	4 - TEE
2 - Class II	8 - None	2 - Intermediate Risk	5 - Indeterminate		2 - Echo	8 - Other
3 - Class III		3 - High Risk	6 - Unavailable		3 - Radionuclide	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). Also report for patients with a Clinical Diagnosis of Cardiogenic Shock within 12 hours before procedure start. PCI START is defined as the time that the guidewire leaves the catheter.

Clinical Diagnosis of Cardiogenic Shock within 12 hours before PCI start

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										
Lactate	___ . ___ mmol/L	<input type="checkbox"/>	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td>:</td> <td>:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Date	Year	:	:						<input type="checkbox"/>
Month	Date	Year	:	:										
ALT	___ IU/L	<input type="checkbox"/>	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td>:</td> <td>:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Date	Year	:	:						<input type="checkbox"/>
Month	Date	Year	:	:										
Arterial pH	___ . ___	<input type="checkbox"/>	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td>:</td> <td>:</td> </tr> <tr> <td> </td> <td> </td> <td> </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
Last	___ / ___	<input type="checkbox"/>	___ mmHg	<input type="checkbox"/>
Lowest w/in 1 hr	___ / ___	<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
Right Atrial (RA) Pressure	___ mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recorded at time remote from other PAC Values				
Pulmonary Artery (PA) Pressure	___ / ___ mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCWP	___ mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LV End Diastolic Pressure	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Index	___ . ___ L/min/m ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Record #: _____
(For Reference Only)