

DEMOGRAPHICS

Last Name ²⁰⁰⁰ :		First Name ²⁰¹⁰ :		Middle Name ²⁰²⁰ :	
Birth Date ²⁰⁵⁰ : mm / dd / yyyy		SSN ²⁰³⁰ : - -		<input type="checkbox"/> SSN N/A ²⁰³¹	
Patient ID ²⁰⁴⁰ : (auto)		Other ID ²⁰⁴⁵ :			
Sex ²⁰⁶⁰ : <input type="radio"/> Male <input type="radio"/> Female		Patient Zip Code ²⁰⁶⁵ :		<input type="checkbox"/> Zip Code N/A ²⁰⁶⁶	
Race: (Select all that apply) <input type="checkbox"/> White ²⁰⁷⁰		<input type="checkbox"/> Black/African American ²⁰⁷¹		<input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³	
<input type="checkbox"/> Asian ²⁰⁷²		<input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴			
Hispanic or Latino Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input type="radio"/> Yes					

EPISODE OF CARE

Arrival Date/Time ³⁰⁰¹ : mm / dd / yyyy / hh:mm		Admission Date/Time ¹²²¹⁷ : mm / dd / yyyy / hh:mm			
ED Professional Name, NPI ^{12202,12201,12203,12204} :		Last Name, First Name, Middle Name, NPI ,		Last Name, First Name, Middle Name, NPI	
Admitting Professional Name, NPI ^{3050,3051,3052,3053} :		Last Name, First Name, Middle Name, NPI			
Attending Professional Name, NPI ^{3055,3056,3057,3058} :		Last Name, First Name, Middle Name, NPI ,		Last Name, First Name, Middle Name, NPI	
Health Insurance ³⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes					
→ If Yes, Payment Source ³⁰¹⁰ : (Select all that apply)					
<input type="checkbox"/> Private health insurance		<input type="checkbox"/> State-specific plan (non-Medicaid)		<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Medicare (Part A or B)		<input type="checkbox"/> Medicare Advantage (Part C)		<input type="checkbox"/> Non-US insurance	
<input type="checkbox"/> Military health care		<input type="checkbox"/> Indian health service			
→ If any Medicare, Medicare Beneficiary Identifier (MBI) ¹²⁸⁴⁶ : _____					

DIAGNOSIS

Patient Type ¹²³⁶⁰ : <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> Unstable angina <input type="radio"/> Low-risk chest pain					
→ If STEMI, Setting ¹²⁴⁴⁷ : <input type="radio"/> Pre-Admit <input type="radio"/> In-Hospital					
→ If In-Hospital, Admitting Diagnosis ¹⁵⁴⁷⁸ :					
<input type="radio"/> Medical: Cardiac		<input type="radio"/> Medical: Non-cardiac			
<input type="radio"/> Surgical: Cardiovascular		<input type="radio"/> Surgical: Non-cardiovascular			
→ If STEMI, <input type="checkbox"/> Type 2 ¹⁵⁵⁵⁹					
→ If STEMI Type 2, Mechanism ¹⁵⁵⁹⁹ :					
<input type="radio"/> Spontaneous coronary artery dissection		<input type="radio"/> Coronary embolism			
<input type="radio"/> Coronary vasospasm		<input type="radio"/> Other			

INTERSYSTEM CARE DELIVERY

(COMPLETE FOR SETTING ¹²⁴⁴⁷ STEMI PRE-ADMIT OR PATIENT TYPE ¹²³⁶⁰ NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

Means of Transport to First Facility ¹²¹⁸⁸ : <input type="radio"/> Self/Family <input type="radio"/> EMS - Ambulance <input type="radio"/> EMS - Air					
→ If EMS, Call to 911 Date/Time ¹⁵⁴⁶⁴ : mm / dd / yyyy / hh:mm					
→ If EMS, Dispatch Date/Time ¹²¹⁹⁸ : mm / dd / yyyy / hh:mm					
→ If EMS, First Medical Contact Date/Time ¹²¹⁹⁷ : mm / dd / yyyy / hh:mm					
→ If EMS, Leaving Scene Date/Time ¹²¹⁹⁹ : mm / dd / yyyy / hh:mm		<input type="checkbox"/> Patient centered reason for delay to EMS departure ¹²⁴¹⁹			
→ If EMS, STEMI Activation Alert ¹²²⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes					
→ If Yes, STEMI Alert Date/Time ¹⁵⁴⁶⁵ : mm / dd / yyyy / hh:mm					
→ If EMS, NPI Number ¹⁵⁵⁹³ : _____			→ If EMS, Run Number ¹²¹⁹⁰ : _____		
Transferred from Outside Facility ¹²⁴²¹ : <input type="radio"/> No <input type="radio"/> Yes					
→ If Yes, Arrival at Outside Facility Date/Time ¹²⁴²⁶ : mm / dd / yyyy / hh:mm					
→ If Yes, Transfer from Outside Facility Date/Time ¹²⁴²⁷ : mm / dd / yyyy / hh:mm		<input type="checkbox"/> Patient centered reason for delay to transfer ¹⁵⁴⁶⁸			
→ If Yes, Name and ID of Transferring Facility ^{12402,12161} : _____		<input type="checkbox"/> Same ID as parent facility ¹⁵⁴⁶⁶		<input type="checkbox"/> Unavailable ¹²⁵³¹	

CARDIAC ARREST

Cardiac Arrest Out of Healthcare Facility ⁴⁶³⁰ :	<input type="radio"/> No	<input type="radio"/> Yes	
→ If Yes, Arrest Witnessed ⁴⁶³¹ :	<input type="radio"/> No	<input type="radio"/> Yes	
→ If Yes, Bystander CPR ¹²²⁸³ :	<input type="radio"/> No	<input type="radio"/> Yes	
→ If Yes, Arrest After Arrival of EMS ⁴⁶³² :	<input type="radio"/> No	<input type="radio"/> Yes	
→ If Yes, First Cardiac Arrest Rhythm ⁴⁶³³ :	<input type="radio"/> Shockable	<input type="radio"/> Not shockable	<input type="checkbox"/> Rhythm unknown ⁴⁶³⁴
→ If Yes, Resuscitation Date/Time ¹²²⁸⁵ :	mm / dd / yyyy / hh:mm		<input type="checkbox"/> Unknown ¹⁵⁵¹³
Cardiac Arrest at Transferring Healthcare Facility ⁴⁶³⁵ :	<input type="radio"/> No	<input type="radio"/> Yes	
NEUROSTATUS (COMPLETE FOR CARDIAC ARREST OUT OF HEALTHCARE FACILITY ⁴⁶³⁰ 'YES' OR CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY ⁴⁶³⁵ 'YES')			
Unconscious ¹⁵⁵⁹⁵ :	<input type="radio"/> No	<input type="radio"/> Yes	

HISTORY AND RISK FACTORS

Height ¹²²⁴² :	_____ cm	Weight ¹²²⁴³ :	_____ kg
Cerebrovascular Disease ⁴⁵⁵¹ :	<input type="radio"/> No <input type="radio"/> Yes	Dialysis ¹²²⁴⁴ :	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Stroke ¹²²⁴⁸ :	<input type="radio"/> No <input type="radio"/> Yes	Heart Failure ¹²²⁵³ :	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, TIA ¹²²⁴⁹ :	<input type="radio"/> No <input type="radio"/> Yes	Hypertension ⁴⁶¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Diabetes Mellitus ¹²²⁴⁵ :	<input type="radio"/> No <input type="radio"/> Yes		
Tobacco Use ⁴⁶²⁵ :	<input type="radio"/> Never	<input type="radio"/> Former	<input type="radio"/> Current <input type="radio"/> Unknown
e-Cigarette Use ¹⁵⁴³⁸ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Unknown	
CONDITION HISTORY ¹²⁹⁰³	OCCURRENCE ¹⁵⁵¹⁰		
Atrial Fibrillation	<input type="radio"/> No <input type="radio"/> Yes		
Atrial Flutter	<input type="radio"/> No <input type="radio"/> Yes		
Cancer	<input type="radio"/> No <input type="radio"/> Yes	→ IF YES, TREATMENT ¹⁵⁴³⁷ : (Select all that apply)	
		<input type="checkbox"/> Chemotherapy <input type="checkbox"/> Hormone therapy <input type="checkbox"/> Immunotherapy <input type="checkbox"/> Radiation	
Dyslipidemia	<input type="radio"/> No <input type="radio"/> Yes		
Myocardial Infarction	<input type="radio"/> No <input type="radio"/> Yes		
Peripheral Arterial Disease	<input type="radio"/> No <input type="radio"/> Yes		
PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁵⁵¹¹	→ IF YES, DATE ¹⁵⁵¹²	
Coronary Artery Bypass Graft	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy	
Percutaneous Coronary Intervention	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy	

PATIENT ASSESSMENT ON ARRIVAL

Location of First Evaluation ¹²²¹⁸ :		<input type="radio"/> Emergency department (ED)	<input type="radio"/> Cath lab	<input type="radio"/> Observation unit	<input type="radio"/> Inpatient	<input type="radio"/> Other
Heart Rate ¹²²⁸¹ :		_____ bpm	Systolic BP ¹²²⁸² :			
			_____ mmHg			
Cardiogenic Shock ¹²²⁸⁰ :		<input type="radio"/> No <input type="radio"/> Yes	Heart Failure ¹²²⁷⁹			
			<input type="radio"/> No <input type="radio"/> Yes			
CSHA Clinical Frailty Scale * ¹⁵⁴⁵² :		<input type="radio"/> 1: Very fit	<input type="radio"/> 2: Well	<input type="radio"/> 3: Managing well		
		<input type="radio"/> 4: Vulnerable	<input type="radio"/> 5: Mildly frail	<input type="radio"/> 6: Moderately frail		
		<input type="radio"/> 7: Severely frail	<input type="radio"/> 8: Very severely frail	<input type="radio"/> 9: Terminally ill		
Chest Pain Symptoms ¹⁵⁴⁴⁰ :		<input type="radio"/> Prior to arrival	<input type="radio"/> After arrival	<input type="radio"/> No symptoms	<input type="radio"/> Unknown	
→ If Prior to arrival, Date/Time ^{12277,12276} :		mm / dd / yyyy / hh:mm	<input type="checkbox"/> Time Unknown ¹⁵⁴⁴¹			
→ If After arrival, Date/Time ^{15443,15505} :		mm / dd / yyyy / hh:mm	<input type="checkbox"/> Time Unknown ¹⁵⁴⁴²			

ECG

Electrocardiogram Counter ¹²²⁸⁶ :	1	2
ECG Date/Time ¹²²⁷⁸ :	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm
ECG Read Date/Time ¹⁵⁴⁴⁴ :	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm
STEMI or STEMI Equivalent ¹²³⁰⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

CARDIAC TROPONIN

<input type="checkbox"/> Troponin Not Drawn ¹⁵⁴⁴⁶							
Troponin Protocol ¹⁵⁴⁵⁶ :		<input type="radio"/> STEMI	<input type="radio"/> 0-1 hour	<input type="radio"/> 0-2 hours	<input type="radio"/> 0-3 hours	<input type="radio"/> 0-6 hours <input type="radio"/> Not documented	
Troponin Counter ¹²²⁵⁵ :	1					2	
Troponin Collected Date/Time ¹²⁴⁰⁵ :	mm / dd / yyyy / hh:mm					mm / dd / yyyy / hh:mm	
→ If any value, Troponin Resulted Date/Time ¹²⁴⁰⁶ :		mm / dd / yyyy / hh:mm					mm / dd / yyyy / hh:mm
Troponin Test ¹²⁵⁴⁴ :	<input type="radio"/> Lab	<input type="radio"/> POC	<input type="radio"/> Lab <input type="radio"/> POC				
→ If Lab, Troponin Assay, URL ¹²⁴⁰⁹ :		<u>Lab Assay, URL</u>		<u>Lab Assay, URL</u>			
→ If POC, Troponin Assay, URL ¹²⁵⁴³ :		<u>POC Assay, URL</u>		<u>POC Assay, URL</u>			
Troponin Value ¹⁵⁵⁵⁸ :	_____	<input type="radio"/> ng/L <input type="radio"/> ng/mL	<input type="radio"/> µg/L	<input type="radio"/> µg/mL	<input type="radio"/> pg/mL	_____ <input type="radio"/> ng/L <input type="radio"/> ng/mL <input type="radio"/> µg/L <input type="radio"/> µg/mL <input type="radio"/> pg/mL	

CATH LAB ACTIVATION

Cath Lab Activated ¹²³³³ : (For presumed STEMI)		<input type="radio"/> No	<input type="radio"/> Yes
→ If Yes, Cath Lab Activation Date/Time ¹²³³⁴ :		mm / dd / yyyy / hh:mm	
→ If Yes, Activation Initiated by ¹⁵⁴⁴⁷ :		<input type="radio"/> Emergency medicine	<input type="radio"/> Cardiology <input type="radio"/> Other
→ If Yes, PCI Operator Arrival Date/Time ¹⁵⁴⁴⁸ :		mm / dd / yyyy / hh:mm	
→ If Yes, Cath Lab Staff Arrival Date/Time ¹⁵⁴⁴⁹ :		mm / dd / yyyy / hh:mm	
→ If Yes, Cath Lab Activation Cancelled ¹²⁴³¹ :		<input type="radio"/> No	<input type="radio"/> Yes
→ If Yes, Activation Cancelled by ¹⁵⁴⁵⁰ :		<input type="radio"/> Emergency medicine	<input type="radio"/> Cardiology <input type="radio"/> Other

* Canadian Study Of Health And Aging Clinical Frailty Scale Is Used With Permission For The American College Of Cardiology Foundation By Dr. Kenneth Rockwood (© Kenneth Rockwood, MD)

PATIENT EVALUATION

RISK STRATIFICATION (COMPLETE FOR PATIENT TYPE¹²³⁶⁰ NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

Risk Stratification ¹⁵⁴⁵³ :	<input type="radio"/> Low	<input type="radio"/> Intermediate	<input type="radio"/> High	<input type="checkbox"/> Risk Stratification Not Documented ¹⁵⁴⁵⁴
				<input type="checkbox"/> Performed at Transferring Facility ¹⁵⁴⁷⁹
→ If any Risk Stratification, Risk Assessment Tool ¹⁵⁴⁸⁰ :	_____ Select from Dynamic List			<input type="checkbox"/> Assessment Tool Not Documented ¹⁵⁵¹⁶

PRIOR TESTING (COMPLETE FOR PATIENT TYPE¹²³⁶⁰ NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

Functional Test Results ¹⁵⁴⁵⁷ :	<input type="radio"/> Negative	<input type="radio"/> Positive	<input type="radio"/> Indeterminate	<input type="radio"/> Unavailable	<input type="radio"/> Not performed
Anatomical Imaging Results ¹⁵⁴⁵⁸ :	<input type="radio"/> No CAD	<input type="radio"/> CAD	<input type="radio"/> Unavailable	<input type="radio"/> Not performed	
→ If CAD, Type ¹⁵⁴⁵⁹ :	<input type="radio"/> Non-Obstructive	<input type="radio"/> Moderate	<input type="radio"/> Obstructive	<input type="radio"/> Unknown	

NON-INVASIVE TESTING –DURING THIS EPISODE (COMPLETE FOR PATIENT TYPE¹²³⁶⁰ NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

Shared Decision Making Tool ¹⁵⁴⁶⁰ :	(For future use)	<input type="radio"/> No	<input type="radio"/> Yes	
Ischemia Evaluation Performed ¹⁵⁴⁶⁹ :	<input type="radio"/> Yes	<input type="radio"/> No - No reason	<input type="radio"/> No - Medical reason	<input type="radio"/> No - Patient reason
→ If Yes, Ischemia Evaluation Method ¹⁵⁴⁷⁰ :	_____ Select from Dynamic List			
→ If Yes, Ordered Date/Time ¹⁵⁵⁷⁹ :	mm / dd / yyyy / hh:mm			
→ If Yes, Performed Date/Time ¹⁵⁴⁷¹ :	mm / dd / yyyy / hh:mm			
→ If Yes, Results ¹⁵⁴⁷² :	<input type="radio"/> Negative	<input type="radio"/> Positive	<input type="radio"/> Indeterminate	
Cardiac CTA Performed ¹⁵⁵⁸¹ :	<input type="radio"/> Yes	<input type="radio"/> No - No reason	<input type="radio"/> No - Medical reason	<input type="radio"/> No - Patient reason
→ If Yes, Cardiac CTA Ordered Date/Time ¹⁵⁵⁸⁰ :	mm / dd / yyyy / hh:mm			
→ If Yes, Cardiac CTA Performed Date/Time ¹⁵⁵⁸² :	mm / dd / yyyy / hh:mm			
→ If Yes, Cardiac CTA Results ¹⁵⁴⁷³ :	<input type="radio"/> No CAD	<input type="radio"/> Non-obstructive CAD	<input type="radio"/> Moderate CAD	<input type="radio"/> Obstructive CAD

EMERGENCY DEPARTMENT DISPOSITION (COMPLETE WHEN LOCATION OF FIRST EVALUATION¹²²¹⁸ = EMERGENCY DEPARTMENT)

Emergency Department Disposition ¹²³⁶² :	<input type="radio"/> Observation	<input type="radio"/> Inpatient	<input type="radio"/> Discharged
→ If Inpatient, Transfer Out Date/Time ¹²³⁶¹ :	mm / dd / yyyy / hh:mm		
→ If Observation, Observation Order Date/Time ¹²⁴¹⁷ :	mm / dd / yyyy / hh:mm		

MEDICATIONS (COMPLETE FOR PATIENT TYPE¹²³⁶⁰ STEMI OR NSTEMI)

HOME MEDICATION CODE ¹²²⁹⁷	MEDICATION PRESCRIBED ¹²³⁵⁹
Prasugrel	<input type="radio"/> No <input type="radio"/> Yes
ARRIVAL MEDICATION CODE ¹²⁴³⁰	MEDICATION ADMINISTERED ¹²³⁵⁵
Aspirin (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated

LABS (COMPLETE FOR PATIENT TYPE¹²³⁶⁰ STEMI OR NSTEMI)

Initial Creatinine Value ¹²²⁵⁶ :	_____ mg/dL	<input type="checkbox"/> Not Drawn ¹⁵⁵³¹
Peak Creatinine Value ¹²²⁵⁹ :	_____ mg/dL	<input type="checkbox"/> Not Drawn ¹⁵⁵³⁴ → If any value, Date/Time ¹²²⁶⁰ : mm / dd / yyyy / hh:mm
Initial Hemoglobin Value ¹²³⁹⁷ :	_____ g/dL	<input type="checkbox"/> Not Drawn ¹⁵⁵³⁵
Lowest Hemoglobin Value ¹²⁴⁰⁴ :	_____ g/dL	<input type="checkbox"/> Not Drawn ¹⁵⁵³⁶ → If any value, Date/Time ¹²⁴⁰⁰ : mm / dd / yyyy / hh:mm
Initial Hemoglobin A1c Value ¹⁵⁵⁴⁴ :	_____ %	<input type="checkbox"/> Not Drawn ¹⁵⁵³⁷
Initial INR Value ¹²²⁶⁵ :	_____	<input type="checkbox"/> Not Drawn ¹⁵⁵³⁸
Total Cholesterol ¹²²⁶⁸ :	_____ mg/dL	<input type="checkbox"/> Not Drawn ¹⁵⁵³⁹
HDL ¹²²⁷⁰ :	_____ mg/dL	<input type="checkbox"/> Not Drawn ¹⁵⁵⁴⁰
LDL ¹²²⁷³ :	_____ mg/dL	<input type="checkbox"/> Not Drawn ¹³⁰¹⁰
Triglycerides ¹²²⁷¹ :	_____ mg/dL	<input type="checkbox"/> Not Drawn ¹⁵⁵⁴¹

EPISODE EVENTS (COMPLETE FOR PATIENT TYPE¹²³⁶⁰ STEMI OR NSTEMI OR UNSTABLE ANGINA)

EVENT(S) ¹²³⁴²	EVENT(S) OCCURRED ¹²³⁴⁴	→ IF YES, EVENT DATE/TIME(S) ¹²³⁴³
Atrial fibrillation	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Bleeding – Access site	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Bleeding – Gastrointestinal	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Bleeding – Genitourinary	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Bleeding – Hematoma at access site	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Bleeding – Other	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Bleeding – Retroperitoneal	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Bleeding – Surgical procedure or intervention required	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Cardiac arrest	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Cardiogenic shock	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Heart failure	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Myocardial infarction	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
New requirement for dialysis	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Respiratory support – Bi-PAP	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Respiratory support – High-flow oxygen	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Respiratory support – Intubation	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Stroke – Hemorrhagic	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Stroke – Ischemic	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Stroke – Undetermined	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Transient ischemic attack (TIA)	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Ventricular fibrillation	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm
Sustained ventricular tachycardia	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm

RBC Transfusion¹²³⁴⁵: No Yes → If Yes, **Transfusion Date**¹²³⁵⁴: mm / dd / yyyy

→ If Yes, **CABG Related Transfusion**¹²³⁵³: No Yes

NSAID Administered¹²³⁰⁴: No Yes → If Yes, **Medical Reason for Administering NSAID**¹⁴²¹²: No Yes

TARGETED TEMPERATURE MANAGEMENT (COMPLETE FOR **CARDIAC ARREST OUT OF HEALTHCARE FACILITY**⁴⁶³⁰ 'YES' OR **CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY**⁴⁶³⁵ 'YES' OR **EVENTS**¹²³⁴² 'CARDIAC ARREST' 'YES')

Temperature Management Initiated¹²³³⁹: Yes No – No Reason No – Medical Reason

→ If Yes, **TTM Initiated Date/Time**¹²³⁴⁰: mm / dd / yyyy / hh:mm

→ If Yes, **Patient Location**¹⁵⁵¹⁷: EMS Emergency Department Cath Lab ICU/CCU Other

→ If Yes, **Initial Target Temperature Goal**¹⁵⁴⁸⁷: _____ ° Celsius

→ If Yes, **Target Temperature Achieved Date/Time**¹⁵⁴⁸⁸: mm / dd / yyyy / hh:mm

→ If Yes, **Rewarming Phase Initiated Date/Time**¹⁵⁴⁸⁹: mm / dd / yyyy / hh:mm

DISCHARGE

Discharge Date/Time ¹⁰¹⁰¹ : mm / dd / yyyy / hh:mm			
Discharge Status ¹⁰¹⁰⁵ : <input type="radio"/> Alive <input type="radio"/> Deceased			
→ If Deceased, Cause of Death ¹⁰¹²⁵ : <input type="radio"/> Cardiac <input type="radio"/> Non-Cardiac <input type="radio"/> Undetermined			
Discharge Professional Name, NPI ^{10070,10071,10072,10073} : <i>Last Name, First Name, Middle Name, NPI</i>			
NCDR Research Study ³⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Study Name ³⁰²⁵ , Patient ID ³⁰³⁰ : _____, _____	
LVEF Assessed ¹⁵⁵²¹ : <input type="radio"/> Yes <input type="radio"/> No – No reason <input type="radio"/> No – Medical reason <input type="radio"/> No – Patient reason			
→ If Yes, LVEF Measurement ¹²³⁰⁷ : _____ %			
→ If any No, LVEF Planned for After Discharge ¹²³⁰⁸ : <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Not Indicated ¹⁵⁴⁹¹			
CPC SCORE (COMPLETE FOR CARDIAC ARREST OUT OF HEALTHCARE FACILITY ⁴⁶³⁰ 'YES' OR CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY ⁴⁶³⁵ 'YES' OR EVENTS ¹²³⁴² 'CARDIAC ARREST' 'YES')			
Cerebral Performance Category (CPC) Score ¹⁵⁴⁹⁰ :		<input type="radio"/> 1- Good cerebral performance <input type="radio"/> 2 – Moderate cerebral disability	
<input type="radio"/> 3 – Severe cerebral disability <input type="radio"/> 4- Coma or vegetative state		<input type="radio"/> 5 – Brain death	
DISCHARGE (COMPLETE FOR STEMI/NSTEMI PATIENTS ALIVE AT DISCHARGE)			
Enrolled in Clinical Trial During Hospitalization ¹²⁴¹² : <input type="radio"/> No <input type="radio"/> Yes			
→ If Yes, Type of Clinical Trial(s) ¹²⁴⁵⁶ : (Select all that apply from Dynamic List)			
Comfort Measures Only ¹⁰⁰⁷⁵ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Date/Time ¹²⁴¹³ : mm / dd / yyyy / hh:mm	
Hospice Care ¹⁰¹¹⁵ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Date/Time ¹²⁴¹¹ : mm / dd / yyyy / hh:mm	
Cardiac Rehabilitation Referral ¹⁰¹¹⁶ : <input type="radio"/> Yes <input type="radio"/> No – Reason not documented <input type="radio"/> No – Medical reason documented			
<input type="radio"/> No – Health care system reason documented <input type="radio"/> No – Patient-oriented reason			
Discharge Location ¹⁰¹¹⁰ : <input type="radio"/> Home <input type="radio"/> Skilled nursing facility <input type="radio"/> Extended care/transitional care unit/Rehab			
<input type="radio"/> Other <input type="radio"/> Other acute care hospital <input type="radio"/> Left against medical advice (AMA)			
→ If Other acute care hospital, Transfer Date/Time ¹²⁴¹⁴ : mm / dd / yyyy / hh:mm			
→ If Other acute care hospital and STEMI, Patient Centered Reason for Delay to Transfer Out ¹⁵⁴⁹² : <input type="radio"/> No <input type="radio"/> Yes			
→ If Other acute care hospital, Transfer for Cardiac Evaluation ¹⁵⁴⁹³ : <input type="radio"/> No <input type="radio"/> Yes			
→ If Other acute care hospital, Transfer for Primary PCI ¹²⁴¹⁵ : <input type="radio"/> No <input type="radio"/> Yes			
→ If Other acute care hospital, Transfer for CABG ¹²⁴¹⁶ : <input type="radio"/> No <input type="radio"/> Yes			
CSHA Clinical Frailty Scale ^{*15545} : <input type="radio"/> 1: Very fit <input type="radio"/> 2: Well <input type="radio"/> 3: Managing well			
(for future use) <input type="radio"/> 4: Vulnerable <input type="radio"/> 5: Mildly frail <input type="radio"/> 6: Moderately frail			
<input type="radio"/> 7: Severely frail <input type="radio"/> 8: Very severely frail <input type="radio"/> 9: Terminally ill			

Gray shading (●) indicates optional data elements

DISCHARGE MEDICATIONS (COMPLETE FOR STEMI/NSTEMI PATIENTS ALIVE AT DISCHARGE)

Discharge Medications are not required for 'Deceased', Discharged to 'Other acute care hospital', 'AMA', 'Hospice' or 'Comfort Measures'

PRESCRIBED AT DISCHARGE¹⁰²⁰⁵

MEDICATION CODE ¹⁰²⁰⁰	YES	NO – NO REASON	NO – MEDICAL REASON	NO – PATIENT REASON	DOSE ¹⁰²⁰⁷
Aspirin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ticagrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Beta blocker (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Angiotensin converting enzyme inhibitor (ACE-I) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Angiotensin receptor blocker (ARB) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Angiotensin II receptor blocker neprilysin inhibitor (ARNI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Aldosterone receptor antagonist (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Direct oral anticoagulants (DOAC) (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Statin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
→ If Yes 'Aspirin (Any)', Aspirin Prescribed Dose > 100 mg ¹⁵⁵²⁰ : <input type="radio"/> No <input type="radio"/> Yes					
→ If Low or Moderate 'Statin (Any)', Patient or Medical Reason for Not Prescribing High-Dose Statin ¹⁵⁵⁴⁶ : <input type="radio"/> No <input type="radio"/> Yes					

