## A. Demographics

**Last Name**[2000]: | **First Name**[2010]: | **Middle Name**[2020]:

**SSN**[2030]: - - ☐ SSN N/A[2031] | **Patient ID**[2040]: (auto) | **Other ID**[2045]:

**Birth Date**[2050]: mm / dd / yyyy | **Sex**[2060]: O Male O Female | **Patient Zip Code**[2065]: ☐ Zip Code N/A[2066]

**Race:** (Select all that apply)
☐ White[2070] ☐ Black/African American[2071] ☐ American Indian/Alaskan Native[2073]
☐ Asian[2072] → **If** Yes, ☐ Asian Indian[2080] ☐ Chinese[2081] ☐ Filipino[2082] ☐ Japanese[2083] ☐ Korean[2084] ☐ Vietnamese[2085] ☐ Other[2086]
☐ Native Hawaiian/Pacific Islander[2074] → **If** Yes, ☐ Native Hawaiian[2090] ☐ Guamanian or Chamorro[2091] ☐ Samoan[2092] ☐ Other Island[2093]

**Hispanic or Latino Ethnicity**[2076]: O No O Yes → **If** Yes, **Ethnicity Type:** (Select all that apply)
☐ Mexican, Mexican-American, Chicano[2100] ☐ Puerto Rican[2101] ☐ Cuban[2102] ☐ Other Hispanic, Latino or Spanish Origin[2103]

## B. Episode of Care

**Arrival Date/Time**[3001]: mm / dd / yyyy / hh:mm:ss | **Admission Date/Time**[12217]: mm / dd / yyyy / hh:mm:ss

**ED Provider's Name, NPI**[12202,12201,12203,12204]: Last Name, First Name, Middle Name, NPI _____, Last Name, First Name, Middle Name, NPI _____

**Admitting Provider's Name, NPI**[3050,3051,3052,3053]: Last Name, First Name, Middle Name, NPI _____

**Attending Provider's Name, NPI**[3055,3056,3057,3058]: Last Name, First Name, Middle Name, NPI _____, Last Name, First Name, Middle Name, NPI _____

**Health Insurance**[3005]: O No O Yes

→ **If** Yes, **Payment Source**[3010]: (Select all that apply)
☐ Private Health Insurance ☐ Medicare ☐ Medicaid ☐ Military Health Care
☐ State-Specific Plan (non-Medicaid) ☐ Indian Health Service ☐ Non-US Insurance

**HIC #**[3015]: | **MBI #**[12846]:

**Research Study**[3020]: O No O Yes → **If** Yes, **Study Name**[3025], **Patient ID**[3030]: _____, _____ ☐ **Patient Restriction**[3036]

## C. History and Risk Factors

**Height**[12242]: _____ cm | **Weight**[12243]: _____ kg

| | | | | | |
|---|---|---|---|---|---|
| **Atrial Fibrillation**[12246]: | O No | O Yes | **Heart Failure**[12253]: | O No | O Yes |
| **Atrial Flutter**[12247]: | O No | O Yes | **Prior PCI**[4495]: | O No | O Yes |
| **Hypertension**[4615]: | O No | O Yes | → **If** Yes, **Most Recent PCI Date**[12228]: | mm / dd / yyyy | |
| **Dyslipidemia**[4620]: | O No | O Yes | **Prior CABG**[4515]: | O No | O Yes |
| **Currently on Dialysis**[12244]: | O No | O Yes | → **If** Yes, **Most Recent CABG Date**[4520]: | mm / dd / yyyy | |
| **Cancer**[12173]: | O No | O Yes | **Cerebrovascular Disease**[4551]: | O No | O Yes |
| **Prior MI**[12252]: | O No | O Yes | → **If** Yes, **Stroke**[12248]: | O No | O Yes |
| **Diabetes Mellitus**[12245]: | O No | O Yes | → **If** Yes, **TIA**[12249]: | O No | O Yes |
| | | | **Peripheral Arterial Disease**[4610]: | O No | O Yes |

**Tobacco Use**[4625]: O Never O Former O Current - Every Day
O Current - Some Days O Current - Frequency Unknown O Unknown if ever smoked

→ **If** any Current, **Tobacco Type**[4626]: (Select all that apply) ☐ Cigarettes ☐ Cigars ☐ Pipe ☐ Smokeless

→ **If** Current - Every Day and Cigarettes, **Amount**[4627]: O Light tobacco use (<10/day) O Heavy tobacco use (>=10/day)

## Home Functioning

| | | | | | |
|---|---|---|---|---|---|
| **Walking**[12196]: | O Unassisted | O Assisted | O Wheelchair/Non-ambulatory | | ☐ Unknown[12210] |
| **Cognition**[12208]: | O Normal | O Mildly impaired | O Moderately Impaired | O Severely Impaired | ☐ Unknown[12209] |
| **Basic ADLs**[12250]: *(includes bathing, eating, dressing and toileting)* | O Independent of all ADLs | O Full assist >=1 ADL | O Partial assist >=1 ADL | | ☐ Unknown[12251] |

## HOME MEDICATIONS

| CATEGORY | MEDICATION CODE[12297] | MEDICATION PRESCRIBED[12359] | |
|---|---|---|---|
| | | NO | YES |
| ACE INHIBITORS (ANGIOTENSIN CONVERTING ENZYME) | ACE (*Any*) | O | O |
| ARB (ANGIOTENSIN RECEPTORS BLOCKERS) | ARB (*Any*) | O | O |
| ABA (ALDOSTERONE BLOCKING ANTAGONIST) | ABA (*Any*) | O | O |
| ANTICOAGULANT | Warfarin | O | O |
| ANTIPLATELET | Aspirin (*Any*) | O | O |
| BETA-BLOCKER | Beta Blocker (*Any*) | O | O |
| NEPRILYSIN INHIBITOR AND ANGIOTENSIN II RECEPTOR BLOCKER | Sacubitril and Valsartan | O | O |
| NON-STATIN | Ezetimibe | O | O |
| | Fenofibrate | O | O |
| INSULIN | Insulin (*Any*) | O | O |
| NON-VITAMIN K DEPENDENT ORAL ANTICOAGULANT | Apixaban | O | O |
| | Dabigatran | O | O |
| | Edoxaban | O | O |
| | Rivaroxaban | O | O |
| ORAL ANTI-GLYCEMICS | DPP-4 Inhibitor | O | O |
| | GLP-1 Receptor Agonist | O | O |
| | Metformin | O | O |
| | Other Oral Hypoglycemic | O | O |
| | Pioglitazone | O | O |
| | SGLT2 Inhibitor | O | O |
| | Sulfonylurea | O | O |
| P2Y12 INHIBITORS | Clopidogrel | O | O |
| | Prasugrel | O | O |
| | Ticagrelor | O | O |
| PCSK9 INHIBITORS | Alirocumab | O | O |
| | Evolocumab | O | O |
| STATIN | Statin (*Any*) | O | O |

## D. CARDIAC STATUS ON PRESENTATION

**Patient Type**[12360]**:** O Low-Risk Chest Pain O NSTEMI O STEMI O Unstable Angina

→ **If** STEMI, **STEMI Setting**[12447]**:** O Pre-Arrival O In-Hospital

**Means of Transport to First Facility**[12188]**:** O Self/Family O Ambulance O Air

→ If Ambulance or Air, **EMS First Medical Contact Date and Time**[12197]**:** mm / dd / yyyy / hh:mm:ss ☐ **Non-System Reason for Delay**[12419]

## D. CARDIAC STATUS ON PRESENTATION

**Heart Failure**[12279]: O No O Yes | **Cardiogenic Shock**[12280]: O No O Yes

**Heart Rate**[12281]: _____ bpm | **Systolic BP**[12282]: _____ mmHg

**Cardiac Arrest Out of Hospital**[4630]: O No O Yes

→ **If** Yes, **Arrest Witnessed**[4631]: O No O Yes

→ **If** Yes, **Arrest after Arrival of EMS**[4632]: O No O Yes

→ **If** Yes, **Bystander CPR**[12283]: O No O Yes

→ **If** Yes, **First Cardiac Arrest Rhythm**[4633]: O Shockable O Not Shockable ☐ Unknown[4634]

→ **If** Yes, **Resuscitation Date/Time**[12285]: mm / dd / yyyy / hh:mm:ss

**Cardiac Arrest at Transferring Facility**[4635]: O No O Yes

**Location of First Evaluation**[12218]: O ED O Cath Lab O Observation O Direct Admit O Other

→ **If** ED, **Transfer Out Date/Time**[12361]: mm / dd / yyyy / hh:mm:ss

→ **If** ED, **ED Disposition**[12362]: O Observation O Inpatient

→ **If** Observation, **Observation Order Date/Time**[12417]: mm / dd / yyyy / hh:mm:ss

**Acute Coronary Syndrome Symptom Date/Time**[12277,12276]: mm / dd / yyyy / hh:mm:ss

| **Electrocardiogram Counter**[12286]: | **1** | **2** |
|---|---|---|
| **ECG Date/Time**[12278]: | mm / dd / yyyy / hh:mm:ss | mm / dd / yyyy / hh:mm:ss |
| **STEMI or STEMI Equivalent**[12300]: | O No O Yes | O No O Yes |
| → **If** Yes, **ECG Findings**[12383]: | O ST elevation<br>O Isolated posterior MI<br>O Left bundle branch block | O ST elevation<br>O Isolated posterior MI<br>O Left bundle branch block |
| → **If** No, **Other ECG Findings**[12384]: | O ST depression (New or Presumed New)<br>O T-Wave inversion (New or Presumed New)<br>O Transient ST elevation (Lasting < 20 minutes)<br>O Old LBBB<br>O None | O ST depression (New or Presumed New)<br>O T-Wave inversion (New or Presumed New)<br>O Transient ST elevation (Lasting < 20 minutes)<br>O Old LBBB<br>O None |

**Risk Score Documented**[12302]: O No O Yes

→ **If** Yes, **Name of Risk Score Performed**[12303]: ☐ TIMI ☐ GRACE ☐ HEART ☐ SYNTAX Score ☐ EDACS ☐ Other

→ **If** TIMI Performed, **TIMI Score**[12532]: _____ → **If** GRACE Performed, **GRACE Score**[12533]: _____

**Ischemic Symptoms Resolved Before Testing**[12429]: O No O Yes

**Chest X-ray Performed**[12305]: O No O Yes

**Non-Invasive Test Performed**[12444]: O Yes O No – No Reason O No – Medical Reason O No – Pt. Reason

| → **If** Yes, **Non-Invasive Test Performed Type**[12445]: | → **If** Echocardiogram, Nuclear, ***OR*** Imaging w/CMR, **Test Method**[12446]: |
|---|---|
| ☐ Exercise Stress Test (w/o imaging) | |
| ☐ Echocardiogram | O Rest O Stress |
| ☐ Nuclear with SPECT | O Rest O Stress |
| ☐ Imaging w/ CMR | O Rest O Stress |
| ☐ Cardiac CTA | |

→ **If** No – No Reason, **Planned for After Discharge**[12452]: O No O Yes

## ARRIVAL MEDICATIONS

| CATEGORY | MEDICATION CODE[12430] | MEDICATION ADMINISTERED[12355] | | | → If Yes, DOSE[12357] | → If Yes, START DATE/TIME[12448] |
|---|---|---|---|---|---|---|
| | | NO | YES | CONTRAINDICATED | | |
| ANTIPLATELET | Aspirin (Any) | O | O | O | | |
| BETA-BLOCKER | Beta Blocker (Any) | O | O | O | | |
| P2Y12 INHIBITORS | Clopidogrel | O | O | O | _____mg | mm / dd / yyyy / hh:mm:ss |
| | Prasugrel | O | O | O | _____mg | mm / dd / yyyy / hh:mm:ss |
| | Ticagrelor | O | O | O | _____mg | mm / dd / yyyy / hh:mm:ss |

## E. ARRIVAL INFORMATION (COMPLETE IF PATIENT TYPE[12360] IS 'STEMI' *AND* STEMI SETTING[12447] IS 'PRE-ARRIVAL')

**Thrombolytic**[12295]: O Yes O No – No Reason O No – Medical Reason O No – Pt. Reason

→ If Yes, **Thrombolytic Therapy Date and Time**[12296]: mm / dd / yyyy / hh:mm:ss

COMPLETE IF MEANS OF TRANSPORT TO FIRST FACILITY[12188] IS 'AMBULANCE' *OR* 'AIR'

**EMS First Medical Contact Date and Time**[12197]: mm / dd / yyyy / hh:mm:ss ☐ **Non-System Reason for Delay**[12419]

**EMS Dispatch Date/Time**[12198]: mm / dd / yyyy / hh:mm:ss

**EMS Leaving Scene Date/Time**[12199]: mm / dd / yyyy / hh:mm:ss

**EMS Agency Number**[12189]: _____

**EMS Run Number**[12190]: _____

**12-Lead ECG Performed**[12420]: O No O Yes

→ If Yes, **EMS STEMI Activation Alert**[12200]: O No O Yes

## TRANSFERS

**Transferred from Outside Facility**[12421]: O No O Yes

→ If Yes, **Means of Transfer**[12422]: O Ambulance O Air O Wheelchair O Stretcher

→ If Yes, **Arrival at Outside Facility Date/Time**[12426]: mm / dd / yyyy / hh:mm:ss

→ If Yes, **Transfer from Outside Facility Date/Time**[12427]: mm / dd / yyyy / hh:mm:ss

→ If Yes, **Name and ID of Transferring Facility**[12402,12161]: _____ *Name, ID* ☐ Unavailable[12531]

## F. LABS

### CARDIAC MARKERS

| | | 1 | 2 |
|---|---|---|---|
| **Troponin Counter**[12255]: | | | |
| **Troponin Collected Date/Time**[12405]: | | mm / dd / yyyy / hh:mm:ss | mm / dd / yyyy / hh:mm:ss |
| → **If any value,Troponin Result Date/Time**[12406]: | | mm / dd / yyyy / hh:mm:ss | mm / dd / yyyy / hh:mm:ss |
| **Troponin Test Location**[12544]: | | O Lab O POC | O Lab O POC |
| → **If** Lab**, Troponin Assay, URL**[12409]: | | *Lab Assay, URL* _____ | *Lab Assay, URL* _____ |
| → **If** POC**, Troponin Assay, URL**[12543]: | | *POC Assay, URL* _____ | *POC Assay, URL* _____ |
| **Troponin Value**[12408]: | | _____ O ng/mL O ng/L O µg/L | _____ O ng/mL O ng/L O µg/L |

**Initial Creatinine Value**[12256]: _____ mg/dL ☐ Not Drawn[12257]

**Peak Creatinine Value**[12259]: _____ mg/dL ☐ Not Drawn[12261] → **If any Value, Date/Time**[12260]: mm / dd / yyyy / hh:mm:ss

**Initial Hemoglobin Value**[12397]: _____ g/dL ☐ Not Drawn[12398]

**Lowest Hemoglobin Value**[12404]: _____ g/dL ☐ Not Drawn[12399] → **If any Value, Date/Time**[12400]: mm / dd / yyyy / hh:mm:ss

**Initial Hemoglobin A1c Value**[12264]: _____ % ☐ Not Drawn[12262]

**Initial INR Value**[12265]: _____ ☐ Not Drawn[12403] → **If any Value, Date/Time**[12267]: mm / dd / yyyy / hh:mm:ss

### LIPIDS

**Total Cholesterol**[12268]: _____ mg/dL ☐ Not Drawn[12269]

**HDL**[12270]: _____ mg/dL ☐ Not Drawn[12516]

**LDL**[12273]: _____ mg/dL ☐ Not Drawn[12274]

**Triglycerides**[12271]: _____ mg/dL ☐ Not Drawn[12272]

## G. PROCEDURE INFORMATION

**LVEF Assessed**[12306]: O No O Yes → **If** Yes**, LVEF Measurement**[12307]: _____ %

→ **If** No**, Planned for after discharge**[12308]: O No O Yes

**Coronary Angiography**[12309]: O Yes O No – No Reason O No – Medical Reason O No – Pt. Reason O No – System Reason

→ **If** Yes**, Cath Lab Arrival Date/Time**[12311]: mm / dd / yyyy / hh:mm:ss

→ **If** Yes, **Diagnostic Cath Operator's Name, NPI**[7046,7047,7048,7049]: *Last Name, First Name, Middle Name, NPI* _____

→ **If** Yes**, Angiography Date/Time**[12312]: mm / dd / yyyy / hh:mm:ss

→ **If** Yes**, Native Vessel with Stenosis >= 50%**[7505]: O No O Yes → **If** Yes**, Specify Segment(s):**

### NATIVE VESSEL

| SEGMENT[7507] | MEASUREMENT (FOR EACH SELECTED) |
|---|---|
| _____ | **Native Stenosis**[7508]: _____ % |
| _____ | **Native Stenosis**[7508]: _____ % |

→ **If** Yes**, AND Prior CABG**[4515] IS 'Yes', **Graft Vessel with Stenosis >= 50%**[7525]: O No O Yes → **If** Yes**, Specify Segment(s):**

### GRAFT VESSEL

| SEGMENT[7527] | MEASUREMENT (FOR EACH SELECTED) | | |
|---|---|---|---|
| _____ | **Graft Stenosis**[7528]: _____ % | **Graft Vessel**[7529]: O LIMA O RIMA O SVG O Radial | ☐ Unknown[7530] |
| _____ | **Graft Stenosis**[7528]: _____ % | **Graft Vessel**[7529]: O LIMA O RIMA O SVG O Radial | ☐ Unknown[7530] |

**CABG**[10005]: O No O Yes → **If** Yes, **Date/Time**[10011]: mm / dd / yyyy / hh:mm:ss

## H. PCI Procedure

**PCI**[12325]**:** O No O Yes

→ **If** Yes, **PCI Operator's Name, NPI**[7051,7052,7053,7054]**:** *Last Name, First Name, Middle Name, NPI* _____

→ **If** Yes, **Stent Placed**[12327]**:** O No O Yes

→ **If** Yes, **Stent Type**[12328]**:** O BMS O DES O Bioabsorbable ☐ Unknown[12449]

→ **If** Yes, **Arterial Access Site**[7320]**:** O Femoral O Brachial O Radial O Other

→ **If** Yes, **PCI Indication**[12326]**:**
O STEMI – Primary PCI for Acute STEMI
O STEMI – Rescue (after unsuccessful lytics)
O STEMI – Stable ( <= 12 hrs from Sx)
O New Onset Angina <= 2 months
O STEMI – Stable ( > 12 hrs from Sx)
O NSTE – ACS
O STEMI – Unstable ( >12 hrs from Sx)
O STEMI (after successful lytics)

→ **If** No, ***AND*** **Patient Type**[12360] is 'STEMI', **Reason Primary PCI Not Performed**[12338]**:** O No – No Reason O No – Medical Reason

**Mechanical Ventricular Support**[7422]**:** O No O Yes → **If** Yes, **Device**[7423]**:** _____

### Complete **If PCI Indication**[12326] is 'STEMI – Primary PCI for Acute STEMI'

**Cath Lab Activated**[12333]**:** O No O Yes → **If** Yes, **Cath Lab Activation Date/Time**[12334]**:** mm / dd / yyyy / hh:mm:ss

→ **If** Yes, **Cath Lab Activation Canceled**[12431]**:** O No O Yes

**First Device Activation Date/Time**[7845]**:** mm / dd / yyyy / hh:mm:ss

**Patient Centered Reason for Delay in PCI**[7850]**:** O No O Yes

→ **If** Yes, **Reason**[7851]**:**
O Difficult Vascular Access
O Patient delays in providing consent for PCI
O Difficulty crossing the culprit lesion
O Emergent placement of LV support device before PCI
O Cardiac arrest and/or need for intubation before PCI
O Other

### PCI Procedure Medications (Complete **If PCI**[12325] is 'Yes')

| Category | Medication Code[7990] | Medication Administered[7995] | |
|---|---|---|---|
| | | No | Yes |
| Anticoagulant | Bivalirudin | O | O |
| | Fondaparinux | O | O |
| | Heparin Derivative | O | O |
| | Low Molecular Wt Heparin | O | O |
| | Unfractionated Heparin | O | O |
| | Warfarin | O | O |
| Antiplatelet | Vorapaxar | O | O |
| Glycoprotein (GP) IIb/IIIa Inhibitors | GP IIb/IIIa Inhibitors (Any) | O | O |
| Non-Vitamin K Dependent Oral Anticoagulant | Apixaban | O | O |
| | Dabigatran | O | O |
| | Edoxaban | O | O |
| | Rivaroxaban | O | O |
| P2Y12 Inhibitors | Cangrelor | O | O |
| | Clopidogrel | O | O |
| | Prasugrel | O | O |
| | Ticagrelor | O | O |

| I. Episode Events (All Patient Types) | (Note 1: Record each event separately indicating the date and time) | |
|---|---|---|
| **Event(s)**[12342] | **Event(s) Occurred**[12344] | → If Yes, **Event Date/Time(s)**[12343] |
| Atrial Fibrillation | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Bleeding – Access Site | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Bleeding – Gastrointestinal | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Bleeding – Genitourinary | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Bleeding – Other | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Bleeding – Retroperitoneal | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Bleeding – Surgical Procedure or Intervention Required | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Cardiac Arrest | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Cardiogenic Shock | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Heart Failure | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Intubation | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Myocardial Infarction | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| New Requirement for Dialysis | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Stroke – Hemorrhagic | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Stroke – Ischemic | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Stroke – Undetermined | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Transient Ischemic Attack (TIA) | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Ventricular Fibrillation | O No O Yes | mm / dd / yyyy / hh:mm:ss |
| Ventricular Tachycardia | O No O Yes | mm / dd / yyyy / hh:mm:ss |

**Other Events**

**RBC Transfusion**[12345]: O No O Yes

→ **If** Yes, **Transfusion Date**[12354]: mm / dd / yyyy

→ **If** Yes, **CABG Related Transfusion**[12353]: O No O Yes

**NSAID Administered**[12304]: O No O Yes

Complete **If Cardiac Arrest Out of Hospital**[4630] is 'Yes' ***OR*** **Cardiac Arrest at Transferring Facility**[4635] is Yes' **OR** (**Event(s)**[12342] is **'Cardiac Arrest' *AND* Event(s) Occurred**[12344] is 'Yes')

**Hypothermia Induced**[12339]: O Yes O No – No Reason O No – Medical Reason

→ **If** Yes, **Hypothermia Induced Date/Time**[12340]: mm / dd / yyyy / hh:mm:ss

→ **If** Yes, **Location of Hypothermia Induction**[12410]: O ED O Cath Lab O ICU/CCU

**Level of Consciousness**[12341]: O (A) Alert O (V) Verbal O (P) Pain O (U) Unresponsive O Unable to assess

## J. DISCHARGE

**Discharge Date/Time**[10101]: mm / dd / yyyy / hh:mm:ss

**Discharge Provider Name, NPI**[10070,10071,10072,10073]: *Last Name, First Name, Middle Name, NPI* _____

**Comfort Measures Only**[10075]: O No O Yes → **If** Yes, **Date/Time**[12413]: mm / dd / yyyy / hh:mm:ss

**Enrolled in Clinical Trial During Hospitalization**[12412]: O No O Yes

→ **If** Yes, **Type of Clinical Trial(s)**[12456]: (Select all that apply)

- ☐ Precluding the use of aspirin in protocol
- ☐ Related to reperfusion therapy
- ☐ Involving new antiplatelet therapies
- ☐ Involving renin-angiotensin-aldosterone system inhibitor
- ☐ Related to lipid lowering therapy
- ☐ Related to AMI
- ☐ Related to STEMI

**Discharge Status**[10105]: O Alive O Deceased

→ **If** Alive, **Cardiac Rehabilitation Referral**[10116]: O No – Reason Not Documented O No – Health Care System Reason Documented O No – Medical Reason Documented O No – Patient – Oriented Reason O Yes

→ **If** Alive, **Discharge Location**[10110]:

- O Home
- O Extended care/transitional care unit/Rehab
- O Other acute care hospital
- O Skilled nursing facility
- O Other
- O Left against medical advice (AMA)

→ **If** Other acute care hospital, **Transfer Date/Time**[12414]: mm / dd / yyyy / hh:mm:ss

→ **If** Other acute care hospital, **Transfer for Primary PCI**[12415]: O No O Yes

→ **If** Other acute care hospital, **Transfer for CABG**[12416]: O No O Yes

→ **If** Alive, **Hospice Care**[10115]: O No O Yes → **If** Yes, **Date/Time**[12411]: mm / dd / yyyy / hh:mm:ss

→ **If** Deceased, **Cause of Death**[10125]:

- O Acute myocardial infarction
- O Sudden cardiac death
- O Heart failure
- O Stroke
- O Cardiovascular procedure
- O Cardiovascular hemorrhage
- O Other cardiovascular reason
- O Pulmonary
- O Renal
- O Gastrointestinal
- O Hepatobiliary
- O Pancreatic
- O Infection
- O Inflammatory/Immunologic
- O Hemorrhage
- O Non-cardiovascular procedure or surgery
- O Trauma
- O Suicide
- O Neurological
- O Malignancy
- O Other non-cardiovascular reason

## DISCHARGE MEDICATIONS

*Medications prescribed at discharge are not required for patients who expired, discharged to "Other acute care Hospital", "AMA", or are receiving Hospice Care.*

| CATEGORY | MEDICATION CODE[10200] | PRESCRIBED AT DISCHARGE[10205] | | | | → If Yes, DOSE[10207] | | |
|---|---|---|---|---|---|---|---|---|
| | | YES | NO – NO REASON | NO – MEDICAL REASON | NO – PT. REASON | LOW | MODERATE | HIGH |
| ABA (ALDOSTERONE BLOCKING ANTAGONIST) | ABA (*Any*) | O | O | O | O | | | |
| ACE INHIBITORS (ANGIOTENSIN CONVERTING ENZYME) | ACE (*Any*) | O | O | O | O | | | |
| ANTICOAGULANT | Warfarin | O | O | O | O | | | |
| ANTIPLATELET | Aspirin (*Any*) | O | O | O | O | O | | O |
| ARB (ANGIOTENSIN RECEPTORS BLOCKERS) | ARB (*Any*) | O | O | O | O | | | |
| BETA-BLOCKER | Beta Blocker (*Any*) | O | O | O | O | | | |
| NEPRILYSIN INHIBITOR AND ANGIOTENSIN II RECEPTOR BLOCKER | Sacubitril/Valsartan | O | O | O | O | | | |
| NON-STATIN | Non-Statin (*Any*) | O | O | O | O | | | |
| NON-VITAMIN K DEPENDENT ORAL ANTICOAGULANT | Apixaban | O | O | O | O | | | |
| | Dabigatran | O | O | O | O | | | |
| | Edoxaban | O | O | O | O | | | |
| | Rivaroxaban | O | O | O | O | | | |
| P2Y12 INHIBITORS | Clopidogrel | O | O | O | O | | | |
| | Prasugrel | O | O | O | O | | | |
| | Ticagrelor | O | O | O | O | | | |
| STATIN | Statin (*Any*) | O | O | O | O | O | O | O |

## K. FOLLOW-UP

FOLLOW-UP TO OCCUR AT 30 DAYS (+14/- 7 DAYS) AND 1 YEAR (+/- 60 DAYS) AFTER THE ADMISSION DATE

**Assessment Date**[11000]**:** mm / dd / yyyy

**Reference Admission Date/Time**[12537]**:** mm / dd / yyyy / hh:mm:ss

**Reference Discharge Date/Time**[11015]**:** mm / dd / yyyy / hh:mm:ss

**Method(s) to Determine Status**[11003]**:** (Select all that apply)
☐ Office Visit ☐ Medical Records ☐ Letter from Medical Provider
☐ Phone Call ☐ Social Security Death Master File ☐ Hospitalized ☐ Other

**Follow-up Status**[11004]**:** O Alive O Deceased O Lost to Follow-up

→ **If** Alive, **Enrolled in Cardiac Rehabilitation Program**[12424]**:** O No O Yes

→ **If** Yes, **Attended Cardiac Rehabilitation Program Date**[12425]**:** mm / dd / yyyy

→ **If** Deceased, **Date of Death**[11006]**:** mm / dd / yyyy

→ **If** Deceased, **Cause of Death**[11007]**:**

| | | |
|---|---|---|
| O Acute myocardial infarction | O Pulmonary | O Hemorrhage |
| O Sudden cardiac death | O Renal | O Non-cardiovascular procedure or surgery |
| O Heart failure | O Gastrointestinal | O Trauma |
| O Stroke | O Hepatobiliary | O Suicide |
| O Cardiovascular procedure | O Pancreatic | O Neurological |
| O Cardiovascular hemorrhage | O Infection | O Malignancy |
| O Other cardiovascular reason | O Inflammatory/Immunologic | O Other non-cardiovascular reason |

### FOLLOW-UP EVENTS

| EVENT(S)[11011] | EVENT(S) OCCURRED[11012] | → IF YES, EVENT DATE[11014] |
|---|---|---|
| CABG: Planned | O No O Yes | mm / dd / yyyy |
| CABG: Unplanned | O No O Yes | mm / dd / yyyy |
| Heart failure | O No O Yes | mm / dd / yyyy |
| Myocardial Infarction: NSTEMI | O No O Yes | mm / dd / yyyy |
| Myocardial Infarction: STEMI | O No O Yes | mm / dd / yyyy |
| PCI Planned | O No O Yes | mm / dd / yyyy |
| PCI Unplanned | O No O Yes | mm / dd / yyyy |
| Readmission | O No O Yes | mm / dd / yyyy |
| Renal failure | O No O Yes | mm / dd / yyyy |
| Stroke: Hemorrhagic | O No O Yes | mm / dd / yyyy |
| Stroke: Ischemic | O No O Yes | mm / dd / yyyy |
| Stroke: Undetermined | O No O Yes | mm / dd / yyyy |