



A. DEMOGRAPHICS

Form section A: Demographics. Fields include Last Name, First Name, Middle Name, SSN, Patient ID, Other ID, Birth Date, Sex, Patient Zip Code, Race, and Hispanic or Latino Ethnicity.

B. EPISODE OF CARE

Form section B: Episode of Care. Fields include Arrival Date/Time, Admission Date/Time, ED Provider's Name, Admitting Provider's Name, Attending Provider's Name, Health Insurance, Payment Source, HIC #, MBI #, Research Study, and Patient Restriction.

C. HISTORY AND RISK FACTORS

Form section C: History and Risk Factors. Fields include Height, Weight, Atrial Fibrillation, Heart Failure, Atrial Flutter, Prior PCI, Hypertension, Most Recent PCI Date, Dyslipidemia, Prior CABG, Currently on Dialysis, Most Recent CABG Date, Cancer, Cerebrovascular Disease, Prior MI, Stroke, Diabetes Mellitus, TIA, Peripheral Arterial Disease, Tobacco Use, and Tobacco Type.

HOME FUNCTIONING

Form section D: Home Functioning. Fields include Walking, Cognition, and Basic ADLs.



HOME MEDICATIONS

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

D. CARDIAC STATUS

Patient Type¹²³⁶⁰: Low-Risk Chest Pain NSTEMI STEMI Unstable Angina

→ If STEMI, **STEMI Setting**¹²⁴⁴⁷: Pre-Admit In-Hospital

Means of Transport to First Facility¹²¹⁸⁸: Self/Family Ambulance Air

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



D. CARDIAC STATUS

Heart Failure¹²²⁷⁹: No Yes **Cardiogenic Shock**¹²²⁸⁰: No Yes

Heart Rate¹²²⁸¹: _____ bpm **Systolic BP**¹²²⁸²: _____ mmHg

Cardiac Arrest Out of Healthcare Facility⁴⁶³⁰: No Yes
→ If Yes, **Arrest Witnessed**⁴⁶³¹: No Yes
→ If Yes, **Arrest after Arrival of EMS**⁴⁶³²: No Yes
→ If Yes, **Bystander CPR**¹²²⁸³: No Yes
→ If Yes, **First Cardiac Arrest Rhythm**⁴⁶³³: Shockable Not Shockable Unknown⁴⁶³⁴
→ If Yes, **Resuscitation Date/Time**¹²²⁸⁵: _____ mm / dd / yyyy / hh:mm

Cardiac Arrest at Transferring Healthcare Facility⁴⁶³⁵: No Yes
Location of First Evaluation¹²²¹⁸: ED Cath Lab Observation Direct Admit Other
→ If ED, **Transfer Out Date/Time**¹²³⁶¹: _____ mm / dd / yyyy / hh:mm
→ If ED, **ED Disposition**¹²³⁶²: Observation Inpatient
→ If Observation, **Observation Order Date/Time**¹²⁴¹⁷: _____ mm / dd / yyyy / hh:mm

Acute Coronary Syndrome Symptom Date/Time^{12277,12276}: _____ mm / dd / yyyy / hh:mm

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

Risk Score Documented¹²³⁰²: No 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: _____

Chest X-ray Performed¹²³⁰⁵: No Yes

Non-Invasive Test Performed¹²⁴⁴⁴: Yes No – No Reason No – Medical Reason No – Pt. Reason

→ If Yes, Non-Invasive Test Performed Type ¹²⁴⁴⁵ :	→ If Echocardiogram, Nuclear, OR Imaging w/CMR, Test Method ¹²⁴⁴⁶ :	
<input type="checkbox"/> Exercise Stress Test (w/o imaging)		
<input type="checkbox"/> Echocardiogram	<input type="radio"/> Rest	<input type="radio"/> Stress
<input type="checkbox"/> Nuclear with SPECT	<input type="radio"/> Rest	<input type="radio"/> Stress
<input type="checkbox"/> Imaging w/ CMR	<input type="radio"/> Rest	<input type="radio"/> Stress
<input type="checkbox"/> Cardiac CTA		

→ If Yes, **Ischemic Symptoms Resolved Before Testing**¹²⁴²⁹: No Yes

→ If No – No Reason, **Planned for After Discharge**¹²⁴⁵²: No 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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
BETA-BLOCKER	Beta Blocker (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
P2Y12 INHIBITORS	Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____mg	mm / dd / yyyy / hh:mm
	Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____mg	mm / dd / yyyy / hh:mm
	Ticagrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____mg	mm / dd / yyyy / hh:mm

E. ARRIVAL INFORMATION (COMPLETE IF PATIENT TYPE¹²³⁶⁰ IS 'STEMI' AND STEMI SETTING¹²⁴⁴⁷ IS 'PRE-ADMIT')

Thrombolytic¹²²⁹⁵: Yes No – No Reason No – Medical Reason No – Pt. Reason

→ If Yes, Thrombolytic Therapy Date and Time¹²²⁹⁶: _____ mm / dd / yyyy / hh:mm

→ If Yes, Medical Reason for Delay in Thrombolytic¹⁴²⁰⁷: No Yes

→ If Yes, Patient Reason for Delay in Thrombolytic¹⁴²⁰⁸: No Yes

COMPLETE IF MEANS OF TRANSPORT TO FIRST FACILITY¹²¹⁸⁸ IS 'AMBULANCE' OR 'AIR'

EMS Dispatch Date/Time¹²¹⁹⁸: _____ mm / dd / yyyy / hh:mm

EMS Leaving Scene Date/Time¹²¹⁹⁹: _____ mm / dd / yyyy / hh:mm

EMS Agency Number¹²¹⁸⁹: _____

EMS Run Number¹²¹⁹⁰: _____

12-Lead ECG Performed¹²⁴²⁰: No Yes

→ If Yes, EMS STEMI Activation Alert¹²²⁰⁰: No Yes

TRANSFERS COMPLETE IF (PATIENT TYPE¹²³⁶⁰ IS 'STEMI' AND STEMI SETTING¹²⁴⁴⁷ IS 'PRE-ADMIT') OR IF (PATIENT TYPE¹²³⁶⁰ IS 'NSTEMI', 'LOW RISK CHEST PAIN', 'UNSTABLE ANGINA')

Transferred from Outside Facility¹²⁴²¹: No Yes

→ If Yes, Means of Transfer¹²⁴²²: Ambulance Air Wheelchair Stretcher

→ If Yes, Arrival at Outside Facility Date/Time¹²⁴²⁶: _____ mm / dd / yyyy / hh:mm

→ If Yes, Transfer from Outside Facility Date/Time¹²⁴²⁷: _____ mm / dd / yyyy / hh:mm

→ If Yes, Name and ID of Transferring Facility^{12402,12161}: _____ Name, ID Unavailable¹²⁵³¹



F. LABS

CARDIAC MARKERS

Troponin Counter ¹²²⁵⁵ :	1	2
Troponin Collected Date/Time ¹²⁴⁰⁵ :	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm
→ If any value, Troponin Result Date/Time ¹²⁴⁰⁶ :	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm
Troponin Test Location ¹²⁵⁴⁴ :	O Lab O POC	O Lab O 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 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	<input type="checkbox"/> Not Drawn ¹²²⁵⁷
Peak Creatinine Value ¹²²⁵⁹ :	_____ mg/dL	<input type="checkbox"/> Not Drawn ¹²²⁶¹ → If any Value, Date/Time ¹²²⁶⁰ : mm / dd / yyyy / hh:mm
Initial Hemoglobin Value ¹²³⁹⁷ :	_____ g/dL	<input type="checkbox"/> Not Drawn ¹²³⁹⁸
Lowest Hemoglobin Value ¹²⁴⁰⁴ :	_____ g/dL	<input type="checkbox"/> Not Drawn ¹²³⁹⁹ → If any Value, Date/Time ¹²⁴⁰⁰ : mm / dd / yyyy / hh:mm
Initial Hemoglobin A1c Value ¹²²⁶⁴ :	_____ %	<input type="checkbox"/> Not Drawn ¹²²⁶²
Initial INR Value ¹²²⁶⁵ :	_____	<input type="checkbox"/> Not Drawn ¹²⁴⁰³ → If any Value, Date/Time ¹²²⁶⁷ : mm / dd / yyyy / hh:mm

LIPIDS

Total Cholesterol ¹²²⁶⁸ :	_____ mg/dL	<input type="checkbox"/> Not Drawn ¹²²⁶⁹
HDL ¹²²⁷⁰ :	_____ mg/dL	<input type="checkbox"/> Not Drawn ¹²⁵¹⁶
LDL ¹²²⁷³ :	_____ mg/dL	<input type="checkbox"/> Not Drawn ¹²²⁷⁴
Triglycerides ¹²²⁷¹ :	_____ mg/dL	<input type="checkbox"/> 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
→ If Yes, Diagnostic Cath Operator's Name, NPI ^{7046,7047,7048,7049} :	_____	<u>Last Name, First Name, Middle Name, NPI</u>
→ If Yes, Angiography Date/Time ¹²³¹² :	_____	mm / dd / yyyy / hh:mm
→ 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 <input type="checkbox"/> Unknown ⁷⁵³⁰
_____	Graft Stenosis ⁷⁵²⁸ : _____ % Graft Vessel ⁷⁵²⁹ : O LIMA O RIMA O SVG O Radial <input type="checkbox"/> Unknown ⁷⁵³⁰

CABG ¹³¹⁰⁷ : O No O Yes	→ If Yes, Date/Time ¹⁰⁰¹¹ : mm / dd / yyyy / hh:mm
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H. PCI PROCEDURE

PCI¹²³²⁵: No Yes

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

→ If Yes, **Stent Placed¹²³²⁷:** No Yes

→ If Yes, **Stent Type¹²³²⁸:** BMS DES Bioabsorbable Unknown¹²⁴⁴⁹

→ If Yes, **Arterial Access Site⁷³²⁰:** Femoral Brachial Radial Other

→ If Yes, **PCI Indication¹²³²⁶:**

<input type="radio"/> STEMI – Primary PCI for Acute STEMI	<input type="radio"/> STEMI (after successful lytics)
<input type="radio"/> STEMI – Stable (≤ 12 hrs from Sx)	<input type="radio"/> STEMI – Rescue (after unsuccessful lytics)
<input type="radio"/> STEMI – Stable (> 12 hrs from Sx)	<input type="radio"/> New Onset Angina ≤ 2 months
<input type="radio"/> STEMI – Unstable (>12 hrs from Sx)	<input type="radio"/> NSTEMI – ACS

→ If No, **AND Patient Type¹²³⁶⁰ is 'STEMI', Reason Primary PCI Not Performed¹²³³⁸:** No – No Reason No – Medical Reason
 No – Pt. Reason

Mechanical Ventricular Support⁷⁴²²: No Yes → If Yes, **Device⁷⁴²³:** _____

COMPLETE IF **PCI INDICATION¹²³²⁶** IS 'STEMI – PRIMARY PCI FOR ACUTE STEMI'

Cath Lab Activated¹²³³³: No Yes → If Yes, **Cath Lab Activation Date/Time¹²³³⁴:** mm / dd / yyyy / hh:mm

→ If Yes, **Cath Lab Activation Canceled¹²⁴³¹:** No Yes

First Device Activation Date/Time⁷⁸⁴⁵: mm / dd / yyyy / hh:mm

Patient Centered Reason for Delay in PCI⁷⁸⁵⁰: No Yes

→ If Yes, **Reason⁷⁸⁵¹:**

<input type="radio"/> Difficult Vascular Access	<input type="radio"/> Patient delays in providing consent for PCI
<input type="radio"/> Difficulty crossing the culprit lesion	<input type="radio"/> Emergent placement of LV support device before PCI
<input type="radio"/> Cardiac arrest and/or need for intubation before PCI	<input type="radio"/> Other

PCI PROCEDURE MEDICATIONS (COMPLETE IF PCI¹²³²⁵ IS 'YES')

CATEGORY	MEDICATION CODE ⁷⁹⁹⁰	MEDICATION ADMINISTERED ⁷⁹⁹⁵	
		NO	YES
ANTICOAGULANT	Bivalirudin	<input type="radio"/>	<input type="radio"/>
	Fondaparinux	<input type="radio"/>	<input type="radio"/>
	Heparin Derivative	<input type="radio"/>	<input type="radio"/>
	Low Molecular Wt Heparin	<input type="radio"/>	<input type="radio"/>
	Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>
	Warfarin	<input type="radio"/>	<input type="radio"/>
ANTIPLATELET	Vorapaxar	<input type="radio"/>	<input type="radio"/>
GLYCOPROTEIN (GP) IIb/IIIa INHIBITORS	GP IIb/IIIa Inhibitors (Any)	<input type="radio"/>	<input type="radio"/>
NON-VITAMIN K DEPENDENT ORAL ANTICOAGULANT	Apixaban	<input type="radio"/>	<input type="radio"/>
	Dabigatran	<input type="radio"/>	<input type="radio"/>
	Edoxaban	<input type="radio"/>	<input type="radio"/>
	Rivaroxaban	<input type="radio"/>	<input type="radio"/>
P2Y12 INHIBITORS	Cangrelor	<input type="radio"/>	<input type="radio"/>
	Clopidogrel	<input type="radio"/>	<input type="radio"/>
	Prasugrel	<input type="radio"/>	<input type="radio"/>
	Ticagrelor	<input type="radio"/>	<input type="radio"/>



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	<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 – 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
Intubation	<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
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
Ventricular Tachycardia	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm

OTHER EVENTS

RBC Transfusion¹²³⁴⁵: No Yes
 → If Yes, Transfusion Date¹²³⁵⁴: mm / dd / yyyy
 → If Yes, CABG Related Transfusion¹²³⁵³: No Yes

NSAID Administered¹²³⁰⁴: No Yes
 → If Yes, Medical Reason for Administering NSAID¹⁴²¹²: No Yes

COMPLETE IF CARDIAC ARREST OUT OF HOSPITAL⁴⁶³⁰ IS 'YES' OR CARDIAC ARREST AT TRANSFERRING FACILITY⁴⁶³⁵ IS YES' OR (EVENT(S)¹²³⁴² IS 'CARDIAC ARREST' AND EVENT(S) OCCURRED¹²³⁴⁴ IS 'YES')

Hypothermia Induced¹²³³⁹: Yes No – No Reason No – Medical Reason
 → If Yes, Hypothermia Induced Date/Time¹²³⁴⁰: mm / dd / yyyy / hh:mm
 → If Yes, Location of Hypothermia Induction¹²⁴¹⁰: ED Cath Lab ICU/CCU
Level of Consciousness¹²³⁴¹: (A) Alert (V) Verbal (P) Pain (U) Unresponsive Unable to assess



J. DISCHARGE

Discharge Date/Time¹⁰¹⁰¹: mm / dd / yyyy / hh:mm

Discharge Provider Name, NPI^{10070,10071,10072,10073}: Last Name, First Name, Middle Name, NPI

Comfort Measures Only¹⁰⁰⁷⁵: O No O Yes → If Yes, Date/Time¹²⁴¹³: mm / dd / yyyy / hh:mm

Enrolled in Clinical Trial During Hospitalization¹²⁴¹²: 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 Status¹⁰¹⁰⁵: O Alive O Deceased

→ If Alive, Cardiac Rehabilitation Referral¹⁰¹¹⁶: 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 Location¹⁰¹¹⁰: O Home O Skilled nursing facility
O Extended care/transitional care unit/Rehab O Other
O Other acute care hospital O Left against medical advice (AMA)

→ If Other acute care hospital, Transfer Date/Time¹²⁴¹⁴: mm / dd / yyyy / hh:mm

→ If Other acute care hospital, Transfer for Primary PCI¹²⁴¹⁵: O No O Yes

→ If Other acute care hospital, Transfer for CABG¹²⁴¹⁶: O No O Yes

→ If Alive, Hospice Care¹⁰¹¹⁵: O No O Yes → If Yes, Date/Time¹²⁴¹¹: mm / dd / yyyy / hh:mm

→ If Deceased, Cause of Death¹⁰¹²⁵:

- Acute myocardial infarction
- Sudden cardiac death
- Heart failure
- Stroke
- Cardiovascular procedure
- Cardiovascular hemorrhage
- Other cardiovascular reason
- Pulmonary
- Renal
- Gastrointestinal
- Hepatobiliary
- Pancreatic
- Infection
- Inflammatory/Immunologic
- Hemorrhage
- Non-cardiovascular procedure or surgery
- Trauma
- Suicide
- Neurological
- Malignancy
- 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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
ACE INHIBITORS (ANGIOTENSIN CONVERTING ENZYME)	ACE (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
ANTICOAGULANT	Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
ANTIPLATELET	Aspirin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
ARB (ANGIOTENSIN RECEPTORS BLOCKERS)	ARB (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
BETA-BLOCKER	Beta Blocker (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
NEPRILYSIN INHIBITOR AND ANGIOTENSIN II RECEPTOR BLOCKER	Sacubitril/Valsartan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
NON-STATIN	Non-Statin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
NON-VITAMIN K DEPENDENT ORAL ANTICOAGULANT	Apixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Rivaroxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
P2Y12 INHIBITORS	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"/>			
STATIN	Statin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

→ If Yes to Low or Moderate Statin, Medical Reason for Not Prescribing High-Dose Statin¹⁴¹⁸⁷: No Yes



K. FOLLOW-UP

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

Assessment Date¹¹⁰⁰⁰: mm / dd / yyyy

Reference Admission Date/Time¹²⁵³⁷: mm / dd / yyyy / hh:mm

Reference Discharge Date/Time¹¹⁰¹⁵: mm / dd / yyyy / hh:mm

Method(s) to Determine Status¹¹⁰⁰³: (Select all that apply)
Office Visit, Medical Records, Letter from Medical Provider, Phone Call, Social Security Death Master File, Hospitalized, Other

Follow-up Status¹¹⁰⁰⁴: O Alive O Deceased O Lost to Follow-up

→ If Alive, Enrolled in Cardiac Rehabilitation Program¹²⁴²⁴: O No O Yes

→ If Yes, Attended Cardiac Rehabilitation Program Date¹²⁴²⁵: mm / dd / yyyy

→ If Deceased, Date of Death¹¹⁰⁰⁶: mm / dd / yyyy

→ If Deceased, Cause of Death¹¹⁰⁰⁷:

- 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

Table with 3 columns: EVENT(S)¹¹⁰¹¹, EVENT(S) OCCURRED¹¹⁰¹², and → IF YES, EVENT DATE¹¹⁰¹⁴. Rows include CABG (Planned/Unplanned), Heart failure, Myocardial Infarction (NSTEMI/STEMI), PCI (Planned/Unplanned), Readmission, Renal failure, Stroke (Hemorrhagic/Ischemic/Undetermined).