

**DEMOGRAPHICS**

<b>Last Name</b> <sup>2000</sup> :	<b>First Name</b> <sup>2010</sup> :	<b>Middle Name</b> <sup>2020</sup> :
<b>Birth Date</b> <sup>2050</sup> : mm / dd / yyyy	<b>SSN</b> <sup>2030</sup> : - -	<input type="checkbox"/> <b>SSN N/A</b> <sup>2031</sup>
<b>Patient ID</b> <sup>2040</sup> : (auto)	<b>Other ID</b> <sup>2045</sup> :	
<b>Sex</b> <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female	<b>Patient Zip Code</b> <sup>2065</sup> :	<input type="checkbox"/> <b>Zip Code N/A</b> <sup>2066</sup>
<b>Race:</b> (Select all that apply) <input type="checkbox"/> <b>White</b> <sup>2070</sup>	<input type="checkbox"/> <b>Black/African American</b> <sup>2071</sup>	<input type="checkbox"/> <b>American Indian/Alaskan Native</b> <sup>2073</sup>
<input type="checkbox"/> <b>Asian</b> <sup>2072</sup>	<input type="checkbox"/> <b>Native Hawaiian/Pacific Islander</b> <sup>2074</sup>	<input type="checkbox"/> <b>Middle Eastern/North African</b> <sup>2075</sup>
<b>Hispanic or Latino Ethnicity</b> <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes		

**EPISODE OF CARE**

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

**DIAGNOSIS**

<b>Patient Type</b> <sup>12360</sup> : <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> Unstable angina <input type="radio"/> Low-risk chest pain
→ If STEMI, <b>Setting</b> <sup>12447</sup> : <input type="radio"/> Pre-Admit <input type="radio"/> In-Hospital
→ If In-Hospital, <b>Admitting Diagnosis</b> <sup>15478</sup> : <input type="radio"/> Medical: Cardiac <input type="radio"/> Medical: Non-cardiac <input type="radio"/> Surgical: Cardiovascular <input type="radio"/> Surgical: Non-cardiovascular
→ If STEMI Patient Type, <b>Non-Thrombotic Mechanisms Present</b> <sup>15599</sup> : (Select all that apply, if any)
<input type="checkbox"/> Coronary embolism <input type="checkbox"/> Coronary vasospasm <input type="checkbox"/> SCAD <input type="checkbox"/> Stress induced/ Takotsubo cardiomyopathy <input type="checkbox"/> Other

**INTERSYSTEM CARE DELIVERY**

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

<b>Means of Transport to First Facility</b> <sup>12188</sup> : <input type="radio"/> Self/Family <input type="radio"/> EMS - Ambulance <input type="radio"/> EMS - Air
→ If EMS, <b>Call to 911 Date/Time</b> <sup>15464</sup> : mm / dd / yyyy / hh:mm
→ If EMS, <b>Dispatch Date/Time</b> <sup>12198</sup> : mm / dd / yyyy / hh:mm
→ If EMS, <b>First Medical Contact Date/Time</b> <sup>12197</sup> : mm / dd / yyyy / hh:mm
→ If EMS, <b>Leaving Scene Date/Time</b> <sup>12199</sup> : mm / dd / yyyy / hh:mm <input type="checkbox"/> Patient centered reason for delay to EMS departure <sup>12419</sup>
→ If EMS, <b>STEMI Activation Alert</b> <sup>12200</sup> : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>STEMI Alert Date/Time</b> <sup>15465</sup> : mm / dd / yyyy / hh:mm
→ If EMS, <b>NPI Number</b> <sup>15593</sup> : _____
→ If EMS, <b>Run Number</b> <sup>12190</sup> : _____

<b>Transferred from Outside Facility</b> <sup>12421</sup> : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>Arrival at Outside Facility Date/Time</b> <sup>12426</sup> : mm / dd / yyyy / hh:mm
→ If Yes, <b>Transfer from Outside Facility Date/Time</b> <sup>12427</sup> : mm / dd / yyyy / hh:mm <input type="checkbox"/> Patient centered reason for delay to transfer <sup>15468</sup>
→ If Yes, <b>Name and ID of Transferring Facility</b> <sup>12402,12161</sup> : _____ <input type="checkbox"/> Same ID as parent facility <sup>15466</sup> <input type="checkbox"/> Unavailable <sup>12531</sup>

**CARDIAC ARREST**

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

**HISTORY AND RISK FACTORS**

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

Yellow highlight ( ● ) indicates STEMI referral facility (STRF) dataset  
 Gray shading ( ● ) indicates optional data elements

**PATIENT ASSESSMENT ON ARRIVAL**

<b>Location of First Evaluation</b> <sup>12218</sup> :	<input type="radio"/> Emergency department (ED)	<input type="radio"/> Cath lab	<input type="radio"/> Observation unit	<input type="radio"/> Inpatient	<input type="radio"/> Other
<b>Heart Rate</b> <sup>12281</sup> :	_____ bpm	<b>Systolic BP</b> <sup>12282</sup> :	_____ mmHg		
<b>Cardiogenic Shock</b> <sup>12280</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Heart Failure</b> <sup>12279</sup> :	<input type="radio"/> No <input type="radio"/> Yes		
<b>CSHA Clinical Frailty Scale</b> <sup>*15452</sup> :	<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		
<b>Chest Pain Symptoms</b> <sup>15440</sup> :	<input type="radio"/> Prior to arrival	<input type="radio"/> After arrival	<input type="radio"/> No symptoms	<input type="radio"/> Unknown	
→ If Prior to arrival, <b>Date/Time</b> <sup>12277,12276</sup> :	mm / dd / yyyy / hh:mm	<input type="checkbox"/> Time Unknown <sup>15441</sup>			
→ If After arrival, <b>Date/Time</b> <sup>15443,15505</sup> :	mm / dd / yyyy / hh:mm	<input type="checkbox"/> Time Unknown <sup>15442</sup>			

**ECG**

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

**CARDIAC TROPONIN**

<input type="checkbox"/> <b>Troponin Not Drawn</b> <sup>15446</sup>						
<b>Troponin Protocol</b> <sup>15456</sup> :	<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
<b>Troponin Counter</b> <sup>12255</sup> :	<b>1</b>	<b>2</b>				
<b>Troponin Collected Date/Time</b> <sup>12405</sup> :	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm				
→ If any value, <b>Troponin Resulted Date/Time</b> <sup>12406</sup> :	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm				
<b>Troponin Test</b> <sup>12544</sup> :	<input type="radio"/> Lab <input type="radio"/> POC	<input type="radio"/> Lab <input type="radio"/> POC				
→ If Lab, <b>Troponin Assay, URL</b> <sup>12409</sup> :	<u>Lab Assay, URL</u>	<u>Lab Assay, URL</u>				
→ If POC, <b>Troponin Assay, URL</b> <sup>12543</sup> :	<u>POC Assay, URL</u>	<u>POC Assay, URL</u>				
<b>Troponin Value</b> <sup>15558</sup> :	_____ <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**

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

Yellow highlight ( ● ) indicates STEMI referral facility (STRF) dataset  
 Gray shading ( ● ) indicates optional data elements

**PATIENT EVALUATION**

**RISK STRATIFICATION** (COMPLETE FOR PATIENT TYPE <sup>12360</sup> NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

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

**PRIOR TESTING** (COMPLETE FOR PATIENT TYPE <sup>12360</sup> NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

<b>Functional Test Results</b> <sup>15457</sup> :	<input type="radio"/> Negative	<input type="radio"/> Positive	<input type="radio"/> Indeterminate	<input type="radio"/> Unavailable	<input type="radio"/> Not performed
<b>Anatomical Imaging Results</b> <sup>15458</sup> :	<input type="radio"/> No CAD	<input type="radio"/> CAD	<input type="radio"/> Unavailable	<input type="radio"/> Not performed	
→ If CAD, <b>Type</b> <sup>15459</sup> :	<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 TYPE <sup>12360</sup> NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

<b>Shared Decision Making</b> <sup>15460</sup> :	<input type="radio"/> No	<input type="radio"/> Yes				
<b>Ischemia Evaluation Performed</b> <sup>15469</sup> :	<input type="radio"/> Yes	<input type="radio"/> No - No reason	<input type="radio"/> No - Medical reason	<input type="radio"/> No - Patient reason		
→ If Yes, <b>Ischemia Evaluation Method</b> <sup>15470</sup> :	Select from Dynamic List		→ If Yes, <b>Results</b> <sup>15472</sup> :	<input type="radio"/> Negative	<input type="radio"/> Positive	<input type="radio"/> Indeterminate
→ If Yes, <b>Ordered Date/Time</b> <sup>15579</sup> and <b>Performed Date/Time</b> <sup>15471</sup> :	mm / dd / yyyy / hh:mm					
<b>Cardiac CTA Performed</b> <sup>15581</sup> :	<input type="radio"/> Yes	<input type="radio"/> No - No reason	<input type="radio"/> No - Medical reason	<input type="radio"/> No - Patient reason		
→ If Yes, <b>Cardiac CTA Ordered Date/Time</b> <sup>15580</sup> :	mm / dd / yyyy / hh:mm					
→ If Yes, <b>Cardiac CTA Performed Date/Time</b> <sup>15582</sup> :	mm / dd / yyyy / hh:mm					
→ If Yes, <b>Cardiac CTA Results</b> <sup>15473</sup> :	<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 EVALUATION <sup>12218</sup> = EMERGENCY DEPARTMENT)

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

**MEDICATIONS** (COMPLETE FOR PATIENT TYPE <sup>12360</sup> STEMI OR NSTEMI)

HOME MEDICATION CODE <sup>12297</sup>	MEDICATION PRESCRIBED <sup>12359</sup>	HOME MEDICATION CODE <sup>12297</sup>	MEDICATION PRESCRIBED <sup>12359</sup>
ACE-Inhibitor	<input type="radio"/> No <input type="radio"/> Yes	Beta blocker	<input type="radio"/> No <input type="radio"/> Yes
ARB	<input type="radio"/> No <input type="radio"/> Yes	Prasugrel	<input type="radio"/> No <input type="radio"/> Yes
ARNI	<input type="radio"/> No <input type="radio"/> Yes		

<b>ARRIVAL MEDICATION CODE</b> <sup>12430</sup>	<b>MEDICATION ADMINISTERED</b> <sup>12355</sup>
Aspirin (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated

**LABS** (COMPLETE FOR PATIENT TYPE <sup>12360</sup> STEMI OR NSTEMI)

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

TREATMENT STRATEGY

CATH LAB VISIT (COMPLETE FOR PATIENT TYPE <sup>12360</sup> STEMI OR NSTEMI OR UNSTABLE ANGINA)

**Coronary Angiography**<sup>12309</sup>:  Yes  No – No reason  No – Medical reason  No – Patient reason  
 No – System reason  No – Performed at transferring facility

→ If Yes, **Diagnostic Cath Operator Name, NPI**<sup>7046,7047,7048,7049</sup>: \_\_\_\_\_ *Last Name, First Name, Middle Name, NPI*

→ If Yes **Cath Lab Arrival Date/Time**<sup>12311</sup>: mm / dd / yyyy / hh:mm

→ If Yes, **Angiography Start Date/Time**<sup>12312</sup>: mm / dd / yyyy / hh:mm

**NSTEMI Patient Centered Reason for Delay in Angiography**<sup>15500</sup>:

**Resuscitated pre-admit STEMI Patient Centered Reason for Delay in Angiography**<sup>15530</sup> :

→ If Yes or Performed at transferring facility, **Results**<sup>15497</sup>:  No CAD  CAD  Unavailable

→ If CAD, **Type**<sup>15498</sup>:  Non-obstructive  Moderate  Obstructive  Unknown

REPERFUSION (COMPLETE FOR PATIENT TYPE <sup>12360</sup> STEMI OR NSTEMI OR UNSTABLE ANGINA)

→ If STEMI, **Thrombolytic**<sup>12295</sup>:  Yes  No – No reason  No – Medical reason  No – Patient reason

→ If Yes, **Thrombolytic Therapy Date and Time**<sup>12296</sup>: mm / dd / yyyy / hh:mm

→ If Yes, **Medical Reason for Delay in Thrombolytic**<sup>14207</sup>:  No  Yes

→ If Yes, **Patient Reason for Delay in Thrombolytic**<sup>14208</sup>:  No  Yes

**PCI**<sup>15502</sup>:  Yes  No – No reason  No – Medical reason  No – Patient reason

**CABG**<sup>15501</sup>:  Yes  No – No reason  No – Medical reason  No – Patient reason

→ If Yes, **Date/Time**<sup>10011</sup>: mm / dd / yyyy / hh:mm

PCI PROCEDURE (COMPLETE FOR PCI<sup>15502</sup> YES)

**PCI Start Date/Time**<sup>15499</sup>: mm / dd / yyyy / hh:mm

**PCI Operator Name, NPI**<sup>7051,7052,7053,7054</sup>:

**Cardiology Fellow, NPI, Fellowship Training Program Name**<sup>15433, 15434, 15435, 15436, 15431</sup>: \_\_\_\_\_ *Last, First, Middle, NPI, Fellowship Program Name*

**PCI Indication**<sup>12326</sup>:  STEMI – Immediate PCI for acute STEMI  STEMI – Other  NSTEMI  Unstable angina  Other

**Mechanical Ventricular Support**<sup>7422</sup>:  No  Yes

→ If Yes, **Device**<sup>7423</sup>: \_\_\_\_\_ *Select from Dynamic List*

**Arterial Access Site**<sup>7320</sup>:  Femoral  Radial  Other

**Stent Placed**<sup>12327</sup>:  No  Yes

→ If Yes, **Stent Type**<sup>12328</sup>:  Bare Metal Stent  Drug-Eluting Stent  Unknown<sup>12449</sup>

PCI FOR ACUTE STEMI (COMPLETE FOR PCI INDICATION <sup>12326</sup> IMMEDIATE PCI FOR ACUTE STEMI)

**STEMI (or Equivalent) Noted on First ECG**<sup>15445</sup>:  No  Yes

**First Device Activation Date/Time**<sup>7845</sup>: mm / dd / yyyy / hh:mm

**Patient Centered Reason for Delay in PCI**<sup>7850</sup>:  No  Yes

→ If Yes, **Reason**<sup>7851</sup>:  
 Patient delays in providing consent for PCI  Difficult vascular access  
 Emergent placement of left ventricular support device  Cardiac arrest and/or need for intubation  
 Difficulty crossing the culprit lesion  Other

Yellow highlight ( ● ) indicates STEMI referral facility (STRF) dataset  
 Gray shading ( ● ) indicates optional data elements

**EPISODE EVENTS** (COMPLETE FOR PATIENT TYPE <sup>12360</sup> STEMI OR NSTEMI OR UNSTABLE ANGINA)

EVENT(S) <sup>12342</sup>	EVENT(S) OCCURRED <sup>12344</sup>	→ IF YES, EVENT DATE/TIME(S) <sup>12343</sup>
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 Transfusion** <sup>12345</sup>:  No  Yes → **If Yes, Transfusion Date** <sup>12354</sup>: mm / dd / yyyy

→ **If Yes, CABG Related Transfusion** <sup>12353</sup>:  No  Yes

**NSAID Administered** <sup>12304</sup>:  No  Yes → **If Yes, Medical Reason for Administering NSAID** <sup>14212</sup>:  No  Yes

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

<b>Temperature Management Initiated</b> <sup>12339</sup> :	<input type="radio"/> Yes	<input type="radio"/> No – No Reason	<input type="radio"/> No – Medical Reason
→ <b>If Yes, TTM Initiated Date/Time</b> <sup>12340</sup> :	mm / dd / yyyy / hh:mm		
→ <b>If Yes, Patient Location</b> <sup>15517</sup> :	<input type="radio"/> EMS	<input type="radio"/> Emergency Department	<input type="radio"/> Cath Lab <input type="radio"/> ICU/CCU <input type="radio"/> Other
→ <b>If Yes, Initial Target Temperature Goal</b> <sup>15487</sup> :	_____ ° Celsius		
→ <b>If Yes, Target Temperature Achieved Date/Time</b> <sup>15488</sup> :	mm / dd / yyyy / hh:mm		
→ <b>If Yes, Rewarming Phase Initiated Date/Time</b> <sup>15489</sup> :	mm / dd / yyyy / hh:mm		

Yellow highlight ( ● ) indicates STEMI referral facility (STRF) dataset  
Gray shading ( ● ) indicates optional data elements

**DISCHARGE**

<b>Discharge Date/Time</b> <sup>10101</sup> :	mm / dd / yyyy / hh:mm		
<b>Discharge Status</b> <sup>10105</sup> :	<input type="radio"/> Alive	<input type="radio"/> Deceased	
<b>→ If Deceased, Cause of Death</b> <sup>10125</sup> :	<input type="radio"/> Cardiac	<input type="radio"/> Non-Cardiac	<input type="radio"/> Undetermined
<b>Discharge Professional Name, NPI</b> <sup>10070,10071,10072,10073</sup> :	<i>Last Name, First Name, Middle Name, NPI</i>		
<b>NCDR Research Study</b> <sup>3020</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>→ If Yes, Study Name</b> <sup>3025</sup> , <b>Patient ID</b> <sup>3030</sup> : _____, _____	
<b>LVEF Assessed</b> <sup>15521</sup> :	<input type="radio"/> Yes <input type="radio"/> No – No reason	<input type="radio"/> No – Medical reason	<input type="radio"/> No – Patient reason
<b>→ If Yes, LVEF Measurement</b> <sup>12307</sup> :	_____ %		
<b>→ If any No, LVEF Planned for After Discharge</b> <sup>12308</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="checkbox"/> <b>Not Indicated</b> <sup>15491</sup>	
<b>CPC SCORE</b> (COMPLETE FOR <b>CARDIAC ARREST OUT OF HEALTHCARE FACILITY</b> <sup>4630</sup> 'YES' OR <b>CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY</b> <sup>4635</sup> 'YES' OR <b>EVENTS</b> <sup>12342</sup> 'CARDIAC ARREST' 'YES')			
<b>Cerebral Performance Category (CPC) Score</b> <sup>15490</sup> :	<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
<b>Enrolled in Clinical Trial During Hospitalization</b> <sup>12412</sup> :	<input type="radio"/> No <input type="radio"/> Yes		
<b>→ If Yes, Type of Clinical Trial(s)</b> <sup>12456</sup> :	(Select all that apply from Dynamic List)		
<b>Comfort Measures Only</b> <sup>10075</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>→ If Yes, Date/Time</b> <sup>12413</sup> :	mm / dd / yyyy / hh:mm
<b>Hospice Care</b> <sup>10115</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>→ If Yes, Date/Time</b> <sup>12411</sup> :	mm / dd / yyyy / hh:mm
<b>If Alive, Cardiac Rehabilitation Referral</b> <sup>10116</sup> :	<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	
<b>If Alive, Discharge Location</b> <sup>10110</sup> :	<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)
<b>→ If Other acute care hospital, Transfer Date/Time</b> <sup>12414</sup> :	mm / dd / yyyy / hh:mm		
<b>→ If Other acute care hospital and STEMI, Patient Centered Reason for Delay to Transfer Out</b> <sup>15492</sup> :	<input type="radio"/> No <input type="radio"/> Yes		
<b>→ If Other acute care hospital, Transfer for Cardiac Evaluation</b> <sup>15493</sup> :	<input type="radio"/> No <input type="radio"/> Yes		
<b>→ If Other acute care hospital, Transfer for Primary PCI</b> <sup>12415</sup> :	<input type="radio"/> No <input type="radio"/> Yes		
<b>→ If Other acute care hospital, Transfer for CABG</b> <sup>12416</sup> :	<input type="radio"/> No <input type="radio"/> Yes		

Yellow highlight ( ● ) indicates STEMI referral facility (STRF) dataset  
 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'

MEDICATION CODE <sup>10200</sup>	PRESCRIBED AT DISCHARGE <sup>10205</sup>				DOSE <sup>10207</sup>
	YES	NO – NO REASON	NO – MEDICAL REASON	NO – PATIENT REASON	
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 <sup>15520</sup> : <input type="radio"/> No <input type="radio"/> Yes					
→ If Low or Moderate 'Statin (Any)', Patient or Medical Reason for Not Prescribing High-Dose Statin <sup>15546</sup> : <input type="radio"/> No <input type="radio"/> Yes					

Yellow highlight ( ● ) indicates STEMI referral facility (STRF) dataset  
 Gray shading ( ● ) indicates optional data elements

