NCDR AMERICAN COLLEGE of CARDIOLOGY

Data Collection Form V3.2

CHEST PAIN — MI REGISTRY™

DEMOGRAPHICS

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

Birth Date[2050]: mm / dd / yyyy | **SSN**[2030]: - - | ☐ SSN N/A[2031]

Patient ID[2040]: *(auto)* | **Other ID**[2045]:

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] ☐ Native Hawaiian/Pacific Islander[2074] ☐ Middle Eastern/North African[2075]

Hispanic or Latino Ethnicity[2076]: O No O 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]: O No O Yes

→ **If** Yes, **Payment Source**[3010]: (Select all that apply)
☐ Private health insurance ☐ State-specific plan (non-Medicaid)
☐ Medicare (Part A or B) ☐ Medicare Advantage (Part C) ☐ Medicaid
☐ Military health care ☐ Indian health service ☐ Non-US insurance

→ **If any** Medicare, **Medicare Beneficiary Identifier (MBI)**[12846]: _____

DIAGNOSIS AND INTERSYSTEM CARE DELIVERY

DIAGNOSIS

Patient Type[12360]: O STEMI O NSTEMI O Unstable angina O Low-risk chest pain

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

→ **If** In-Hospital, **Admitting Diagnosis**[15478]: O Medical: Cardiac O Medical: Non-cardiac O Surgical: Cardiovascular O Surgical: Non-cardiovascular

→ **If** STEMI Patient Type, **Non-Thrombotic Mechanisms Present**[15599]: (Select all that apply, if any)

☐ Coronary embolism ☐ Coronary vasospasm ☐ Spontaneous coronary artery dissection
☐ Takotsubo cardiomyopathy / Stress-induced cardiomyopathy ☐ Other

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

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]:	O Self/Family O EMS - Ambulance O 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	☐ Patient centered reason for delay to EMS departure[12419]
→ **If** EMS, **Pre-Arrival Communication**[16274]:	O No O Yes O Not documented	
→ **If** Yes, **EMS STEMI Alert**[12200]:	O No O Yes	
→ **If** Yes, **STEMI Alert Date/Time**[15465]:	mm / dd / yyyy / hh:mm	
→ **If** Yes, **Indication For Use**[16277]: (Select all that apply)	☐ Alert heart attack team ☐ Interfacility transfer ☐ ED notification ☐ To transmit ECG	
→ **If** Yes, **Mode of EMS Communication**[16275]: (Select all that apply)	☐ Digital app ☐ EHR interface ☐ Email ☐ Phone ☐ Radio	☐ Unknown[16278]
→ **If** App, **App Name**[16276]: (Select all that apply from dynamic list)		
→ **If** EMS, **NPI Number**[15593]: _____	→ **If** EMS, **Run Number**[12190]: _____	
Transferred from Outside Facility[12421]:	O No O 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	☐ Patient centered reason for delay to transfer[15468]
→ **If** Yes, **Name and ID of Transferring Facility**[12402,12161]:	_____ *Name, ID*	☐ Same ID as parent facility[15466] ☐ Unavailable[12531]

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CARDIAC ARREST

Cardiac Arrest Out of Healthcare Facility[4630]:	O No O Yes		
→ **If** Yes, **Arrest Witnessed**[4631]:	O No O Yes		
→ **If** Yes, **Bystander CPR**[12283]:	O No O Yes		
→ **If** Yes, **Arrest After Arrival of EMS**[4632]:	O No O Yes		
→ **If** Yes, **First Cardiac Arrest Rhythm**[4633]:	O Shockable	O Not shockable	☐ Rhythm unknown[4634]
→ **If** Yes, **Resuscitation Date/Time**[12285]:	mm / dd / yyyy / hh:mm		☐ Unknown[15513]

→ **If** Transferred from Outside Facility[12421]=Yes, **Cardiac Arrest at Transferring Healthcare Facility**[4635]: O No O Yes

NEUROSTATUS (COMPLETE FOR CARDIAC ARREST OUT OF HEALTHCARE FACILITY[4630] 'YES' *OR* CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY[4635] 'YES')

Unconscious[15595]: O No O Yes

HISTORY AND RISK FACTORS

Height[12242]:	_____ cm	**Weight**[12243]:	_____ kg
Cerebrovascular Disease[4551]:	O No O Yes	**Dialysis**[12244]:	O No O Yes
→ **If** Yes, **Stroke**[12248]:	O No O Yes	**Heart Failure**[12253]:	O No O Yes
→ **If** Yes, **TIA**[12249]:	O No O Yes	**Hypertension**[4615]:	O No O Yes
Diabetes Mellitus[12245]:	O No O Yes		
Tobacco Use[4625]:	O Never O Former O Current O Unknown		
e-Cigarette Use[15438]:	O No O Yes O Unknown		

CONDITION HISTORY[12903]	**OCCURRENCE**[15510]
Atrial Fibrillation	O No O Yes
Atrial Flutter	O No O Yes
Cancer	O No O Yes
Dyslipidemia	O No O Yes
Myocardial Infarction	O No O Yes
Peripheral Arterial Disease	O No O Yes

PROCEDURE HISTORY[12905]	**OCCURRENCE**[15511]	→ **IF YES, DATE**[15512]
Coronary Artery Bypass Graft	O No O Yes	mm / dd / yyyy
Percutaneous Coronary Intervention	O No O Yes	mm / dd / yyyy

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PATIENT ASSESSMENT ON ARRIVAL

Location of First Evaluation[12218]:	O Emergency department (ED)	O Cath lab	O Observation unit	O Inpatient	O Other
Heart Rate[12281]: _____ bpm		**Systolic BP**[12282]: _____ mmHg			
Cardiogenic Shock[12280]: O No O Yes		**Heart Failure**[12279] O No O Yes			
Hemodynamic Instability[16332]: O No O Yes					
Chest Pain Symptoms[15440]:	(Or anginal equivalents)	O Prior to arrival	O After arrival	O No symptoms	O Unknown
→ **If** Prior to arrival, **Date/Time**[12277,12276]:	mm / dd / yyyy / hh:mm	☐ Time Unknown[15441]			
→ **If** After arrival, **Date/Time**[15443,15505]:	mm / dd / yyyy / hh:mm	☐ Time Unknown[15442]			

EMERGENCY DEPARTMENT DISPOSITION (COMPLETE WHEN LOCATION OF FIRST EVALUATION[12218] = EMERGENCY DEPARTMENT)

Emergency Department Disposition[12362]:	O Observation	O Inpatient	O Discharged	O AMA/Eloped
→ **If** Inpatient, **Transfer Out Date/Time**[12361]:	mm / dd / yyyy / hh:mm			
→ **If** Observation, **Observation Order Date/Time**[12417]:	mm / dd / yyyy / hh:mm			

ECG

	1	2
Electrocardiogram Counter[12286]:		
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] :	O No O Yes	O No O Yes

CARDIAC TROPONIN

☐ **Troponin Not Drawn**[15446]

Troponin Protocol[15456]:	O STEMI	O 0-1 hour	O 0-2 hours	O 0-3 hours	O 0-6 hours	O Not documented

	1	2
Troponin Counter[12255]:		
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]:	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[15558]:	_____ O ng/L O ng/mL O µg/L O µg/mL O pg/mL	_____ O ng/L O ng/mL O µg/L O µg/mL O pg/mL

CATH LAB ACTIVATION

Cath Lab Activated[12333]: (For presumed STEMI)	O No O Yes		
→ **If** Yes, **Cath Lab Activation Date/Time**[12334]:	mm / dd / yyyy / hh:mm		
→ **If** Yes, **Activation Initiated by**[15447]:	O Emergency medicine	O Cardiology	O 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]:	O No O Yes		
→ **If** Yes, **Activation Cancelled by**[15450]:	O Emergency medicine	O Cardiology	O Other

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PATIENT EVALUATION

RISK STRATIFICATION (COMPLETE FOR PATIENT TYPE[12360] NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

Risk Stratification[15453]:	O Low O Intermediate O High	☐ Risk Stratification Not Documented[15454]
		☐ Performed at Transferring Facility[15479]
→ **If** any Risk Stratification, **Risk Assessment Tool**[15480]:	Select from Dynamic List	☐ Assessment Tool Not Documented[15516]

PRIOR TESTING (COMPLETE FOR PATIENT TYPE [12360] NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

Functional Test Results[15457]:	O Negative	O Positive	O Indeterminate	O Unavailable	O Not performed
Anatomical Imaging Results[15458]:	O No CAD	O CAD	O Unavailable	O Not performed	
→ **If** CAD, **Type**[15459]:	O Non-Obstructive	O Moderate	O Obstructive	O Unknown	

NON-INVASIVE TESTING –DURING THIS EPISODE (COMPLETE FOR PATIENT TYPE[12360] NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

Shared Decision Making[15460]:	O No	O Yes		
Ischemia Evaluation Performed[15469]:	O Yes	O No - No reason	O No - Medical reason	O No - Patient reason
→ **If** Yes, **Ischemia Evaluation Method**[15470]:	Select from Dynamic List			
→ **If** Yes, **Results**[15472]:	O Negative	O Positive	O Indeterminate	O Not documented
→ **If** Yes, **Ordered Date/Time**[15579]:	mm / dd / yyyy / hh:mm			
→ **If** Yes, **Performed Date/Time**[15471]:	mm / dd / yyyy / hh:mm			
Cardiac CTA Performed[15581]:	O Yes	O No - No reason	O No - Medical reason	O 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]:	O No CAD	O Non-obstructive CAD	O Moderate CAD	O Obstructive CAD	O Indeterminate

MEDICATIONS (COMPLETE FOR PATIENT TYPE[12360] STEMI OR NSTEMI)

HOME MEDICATION CODE[12297]	MEDICATION PRESCRIBED[12359]	HOME MEDICATION CODE[12297]	MEDICATION PRESCRIBED[12359]
ACE inhibitor	O No O Yes	Clopidogrel	O No O Yes
ARB	O No O Yes	Prasugrel	O No O Yes
Beta blocker	O No O Yes	Ticagrelor	O No O Yes
Direct oral anticoagulant (DOAC)	O No O Yes	Warfarin	O No O Yes

ARRIVAL MEDICATION CODE[12430]	MEDICATION ADMINISTERED[12355]		
Aspirin	O No	O Yes	O Contraindicated
Beta blocker	O No	O Yes	O Contraindicated
Clopidogrel	O No	O Yes	O Contraindicated
Prasugrel	O No	O Yes	O Contraindicated
Ticagrelor	O No	O Yes	O Contraindicated

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LABS (COMPLETE FOR PATIENT TYPE[12360] STEMI OR NSTEMI)

Initial Creatinine Value[12256]:	_____ mg/dL	☐ Not Drawn[15531]	
→ **If** any value, **Peak Creatinine Value**[12259]:	_____ mg/dL	☐ Not Drawn[15534]	→ **If** any value, **Date/Time**[12260]: mm / dd / yyyy / hh:mm
Initial Hemoglobin Value[12397]:	_____ g/dL	☐ Not Drawn[15535]	
→ **If** any value, **Lowest Hemoglobin Value**[12404]:	_____ g/dL	☐ Not Drawn[15536]	→ **If** any value, **Date/Time**[12400]: mm / dd / yyyy / hh:mm
Initial Hemoglobin A1c Value[15544]:	_____ %	☐ Not Drawn[15537]	
Total Cholesterol[12268]:	_____ mg/dL	☐ Not Drawn[15539]	
HDL[12270]:	_____ mg/dL	☐ Not Drawn[15540]	
LDL[12273]:	_____ mg/dL	☐ Not Drawn[13010]	
Triglycerides[12271]:	_____ mg/dL	☐ Not Drawn[15541]	
Initial Lactate[16279]:	_____ mmol/L	☐ Not Drawn[16281]	→ **If** any value, **Date/Time**[16283]: mm / dd / yyyy / hh:mm
→ **If** any value, **Peak Lactate**[16280]:	_____ mmol/L	☐ Not Drawn[16282]	

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TREATMENT STRATEGY

CATH LAB VISIT (COMPLETE FOR PATIENT TYPE [12360] STEMI OR NSTEMI OR UNSTABLE ANGINA)

Coronary Angiography[12309]: O Yes O No – No reason O No – Medical reason O No – Patient reason O No – System reason O No – Performed at transferring facility

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

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

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

□ **NSTEMI Patient Centered Reason for Delay in Angiography**[15500]

□ **Resuscitated pre-admit STEMI Patient Centered Reason for Delay in Angiography**[15530]

→ **If** Yes or Performed at transferring facility, **Results**[15497]: O No CAD O CAD O Unavailable

→ **If** CAD, **Type**[15498]: O Non-obstructive O Moderate O Obstructive O Unknown

Intracoronary Imaging For Procedural Guidance[16273]: O No O Yes

REPERFUSION (COMPLETE FOR PATIENT TYPE[12360] STEMI OR NSTEMI OR UNSTABLE ANGINA)

→ **If** STEMI, **Thrombolytic**[12295]: O Yes O No – No reason O No – Medical reason O No – Patient reason

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

→ **If** Yes, **Medical Reason for Delay in Thrombolytic**[14207]: O No O Yes

→ **If** Yes, **Patient Reason for Delay in Thrombolytic**[14208]: O No O Yes

PCI[15502]: O Yes O No – No reason O No – Medical reason O No – Patient reason

CABG[15501]: O Yes O No – No reason O No – Medical reason O No – Patient reason

→ **If** Yes, **Date/Time**[10011]: mm / dd / yyyy / hh:mm

PCI PROCEDURE (COMPLETE FOR PCI[15502]=YES)

PCI Start Date/Time[15499]: mm / dd / yyyy / hh:mm

PCI Operator Name, NPI[7051,7052,7053,7054]:

Cardiology Fellow, NPI, Fellowship Training Program Name[15433, 15434, 15435, 15436, 15431]: *Last, First, Middle, NPI, Fellowship Program Name*

PCI Indication[12326]: O STEMI – Immediate PCI for acute STEMI O STEMI – Other O NSTEMI O Unstable angina O Other

Mechanical Ventricular Support[7422]: O No O Yes

→ **If** Yes, **Device**[7423]: Select from Dynamic List

Arterial Access Site[7320]: O Femoral O Radial O Other

Stent Placed[12327]: O No O Yes

PCI FOR ACUTE STEMI (COMPLETE FOR PCI INDICATION[12326]=IMMEDIATE PCI FOR ACUTE STEMI)

STEMI (or Equivalent) Noted on First ECG[15445]: O No O Yes

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

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

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

System Reason for Delay in PCI[16284]: O No O Yes → **If** Yes, **Reason**[16285]: Select all that apply from dynamic list

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EPISODE EVENTS (COMPLETE FOR PATIENT TYPE[12360] STEMI OR NSTEMI OR UNSTABLE ANGINA)

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
Bleeding – Access site	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Gastrointestinal	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Genitourinary	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Hematoma at access site	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Other	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Retroperitoneal	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Surgical procedure or intervention required	O No O Yes	mm / dd / yyyy / hh:mm
Cardiac arrest	O No O Yes	mm / dd / yyyy / hh:mm
Cardiogenic shock	O No O Yes	mm / dd / yyyy / hh:mm
Heart failure	O No O Yes	mm / dd / yyyy / hh:mm
Limb ischemia	O No O Yes	mm / dd / yyyy / hh:mm
Myocardial infarction	O No O Yes	mm / dd / yyyy / hh:mm
New requirement for dialysis	O No O Yes	mm / dd / yyyy / hh:mm
Respiratory support – Intubation	O No O Yes	mm / dd / yyyy / hh:mm
Stroke – Hemorrhagic	O No O Yes	mm / dd / yyyy / hh:mm
Stroke – Ischemic	O No O Yes	mm / dd / yyyy / hh:mm
Stroke – Undetermined	O No O Yes	mm / dd / yyyy / hh:mm
Transient ischemic attack (TIA)	O No O Yes	mm / dd / yyyy / hh:mm
Ventricular fibrillation	O No O Yes	mm / dd / yyyy / hh:mm
Sustained ventricular tachycardia	O No O Yes	mm / dd / yyyy / hh:mm

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

→ **If** Yes, **Post Transfusion Hemoglobin**[16286]**:** _____ g/dL

NSAID Administered[12304]**:** O No O Yes → **If** Yes, **Medical Reason for Administering NSAID**[14212]**:** O No O 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 Initiated[12339]**:** O Yes O No – No Reason O No – Medical Reason

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

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

→ **If** Yes, **Initial Target Temperature Goal**[15487]**:** _____ º 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

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CARDIOGENIC SHOCK (COMPLETE IF PURSUING ACCREDITATION, OPTIONAL TO COMPLETE FOR PARTICIPANTS NOT PURSUING ACCREDITATION)
INCLUSION CRITERIA: CARDIOGENIC SHOCK[12280]=YES OR EPISODE EVENT[12342/12344] = CARDIOGENIC SHOCK OR HEMODYNAMIC INSTABILITY[16332]=YES)

Shock Team Activation/Protocol Date/Time[16311]: mm / dd / yyyy / hh:mm

PRESENTING PHYSIOLOGY[16312]: O LV failure O RV failure O BiV failure O Primary other cardiac O Not documented

TRANSFERRED PATIENTS
COMPLETE IF Transferred from Outside Facility[12421]=Yes

Presence of Pulmonary Artery Catheter[16313]: O No O Yes

Renal Replacement Therapy[16314]: O No O Yes

Vasoactive Medications At Transfer[16326]: O No O Yes

Mechanical Circulatory Support[16315]: O No O Yes

Mechanical Ventilation[16316]: O No O Yes

Cardiogenic Shock Assessment (Note: Do not complete for timepoints performed at a transferring facility)

Assessment Counter[16317]	**1**		**2**	
Shock Assessment Time Interval[16318]:	O Onset O 6 hrs O 12 hrs O 24 hrs O >24 hrs		O Onset O 6 hrs O 12 hrs O 24 hrs O >24 hrs	
Assessment Date/Time[16319]:	mm / dd / yyyy / hh:mm		mm / dd / yyyy / hh:mm	
Shock Stage[16320]:	O A O B O C O D O E O Undetermined		O A O B O C O D O E O Undetermined	
Vasoactive Medications[16330]:	O No O Yes		O No O Yes	
→ **If Yes** (Add for each additional vasopressor or inotrope)				
Vasoactive Medication Name[16331]/ **Dose Change**[16333]	Select from dynamic list	O Initiated O Increased O Decreased O Stable O Stable – max dose	Select from dynamic list	O Initiated O Increased O Decreased O Stable O Stable – max dose
Vasoactive Medication Name[16331]/ **Dose Change**[16333]	Select from dynamic list	O Initiated O Increased O Decreased O Stable O Stable – max dose	Select from dynamic list	O Initiated O Increased O Decreased O Stable O Stable – max dose
Lactate[16327]	_____ mmol/L	☐ Not Drawn[16328]	_____ mmol/L	☐ Not Drawn[16328]
Mechanical Circulatory Support[16321]: (Code 'Yes' if the patient is receiving mechanical circulatory support at the time of assessment)	O No O Yes		O No O Yes	
→ **If Yes, Device**[16339]:(Update this field only if the MCS device changes or is escalated)	_____		_____	

Leave blank if mechanical circulatory support was not provided (Mechanical Circulatory Support[16321]=No)

→ **If** Mechanical Circulatory Support[16321]=Yes, **Mechanical Circulatory Support Initiated Date/Time**[16334]: **mm / dd / yyyy / hh:mm**

→ **If** Mechanical Circulatory Support[16321]=Yes, **Hemolysis**[16329]: O No O Yes

CARDIOGENIC SHOCK SPECIFIC LABS

If Peak Lactate[16280] = Any value, **Date/Time**[16306]: mm / dd / yyyy / hh:mm

ALT (Peak)[16307]:	_____ U/L	☐ Not Drawn[6066]	→ **If** any value, **Date/Time**[16308]:	mm / dd / yyyy / hh:mm
AST (Peak)[16309]:	_____ U/L	☐ Not Drawn[6061]	→ **If** any value, **Date/Time**[16310]:	mm / dd / yyyy / hh:mm
BNP[12759]	_____ pg/mL	☐ Not Drawn[14608]		
ntProBNP[12761]	_____ pg/mL	☐ Not Drawn[14612]		

DISCHARGE

Discharge Date/Time[10101]:	mm / dd / yyyy / hh:mm
Discharge Status[10105]:	O Alive O Deceased
→ **If** Deceased, **Cause of Death**[10125]:	O Cardiac O Non-Cardiac O Undetermined
Discharge Professional Name, NPI[10070,10071,10072,10073]:	*Last Name, First Name, Middle Name, NPI*
NCDR Research Study[3020]: O No O Yes	→ **If** Yes, **Study Name**[3025], **Patient ID**[3030]: _____, _____
LVEF Assessed[15521]:	O Yes O No – No reason O No – Medical reason O No – Patient reason
→ **If** Yes, **LVEF Measurement**[12307]:	_____ %
→ **If** any No, **LVEF Planned for After Discharge**[12308]:	O No O Yes ☐ **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]:	O 1- Good cerebral performance O 2 – Moderate cerebral disability O 3 – Severe cerebral disability O 4- Coma or vegetative state O 5 – Brain death
Enrolled in Clinical Trial During Hospitalization[12412]:	O No O Yes
→ **If** Yes, **Type of Clinical Trial(s)**[12456]:	(Select all that apply from Dynamic List)
Comfort Measures Only[10075]: O No O Yes	→ **If** Yes, **Date/Time**[12413]: mm / dd / yyyy / hh:mm
Hospice Care[10115]: O No O Yes	→ **If** Yes, **Date/Time**[12411]: mm / dd / yyyy / hh:mm
→**If** Alive, **Cardiac Rehabilitation Referral**[10116]:	O Yes O No – Reason not documented O No – Medical reason documented O No – Health care system reason documented
→**If** Alive, **Discharge Location**[10110]:	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/Time**[12414]:	mm / dd / yyyy / hh:mm
→ **If** Other acute care hospital, **Transfer for Cardiac Evaluation**[15493]:	O No O Yes
→ **If** Other acute care hospital and STEMI, **Transfer for Primary PCI**[12415]:	O No O Yes
→ **If** Yes, **Patient Centered Reason for Delay to Transfer Out**[15492]:	O No O Yes
→ **If** Other acute care hospital, **Transfer for CABG**[12416]:	O No O Yes

CARDIOGENIC SHOCK OUTCOMES (REQUIRED TO COMPLETE FOR ACCREDITATION PARTICIPANTS, OPTIONAL FOR ALL OTHER PARTICIPANTS.)
COMPLETE IF CARDIOGENIC SHOCK[12280]=YES OR EPISODE EVENTS[12342/12344] = CARDIOGENIC SHOCK OR HEMODYNAMIC INSTABILITY[16332] = YES
COMPLETE IF DISCHARGE STATUS[10105]=ALIVE AND COMFORT MEASURES ONLY[10075]=NO AND HOSPICE CARE[10115]=NO

Cardiogenic Shock Outcome[16323]:	O Resolved O LVAD in place O Transplant O Other

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'

	PRESCRIBED AT DISCHARGE[10205]				
MEDICATION CODE[10200]	YES	NO – NO REASON	NO – MEDICAL REASON	NO – PATIENT REASON	DOSE[10207]
Aspirin	O	O	O	O	
Clopidogrel	O	O	O	O	
Prasugrel	O	O	O	O	
Ticagrelor	O	O	O	O	
Beta blocker	O	O	O	O	
Angiotensin converting enzyme inhibitor (ACE-I)	O	O	O	O	
Angiotensin receptor blocker (ARB)	O	O	O	O	
Angiotensin II receptor blocker neprilysin inhibitor (ARNI)	O	O	O	O	
Aldosterone receptor antagonist	O	O	O	O	
Direct oral anticoagulant (DOAC)	O	O	O	O	
Warfarin	O	O	O	O	
Statin	O	O	O	O	O Low O Moderate O High
Bempedoic acid	O	O	O	O	
Ezetimibe	O	O	O	O	
PCSK9 inhibitor	O	O	O	O	
Colchicine	O	O	O	O	
Proton pump inhibitor	O	O	O	O	
GLP-1 agonist/GIP	O	O	O	O	
SGLT2 inhibitor	O	O	O	O	

→ **If** Yes 'Aspirin', **Aspirin Prescribed Dose > 100 mg**[15520]**:** O No O Yes

→ **If** Low or Moderate 'Statin', **Patient or Medical Reason for Not Prescribing High-Dose Statin**[15546]**:** O No O Yes

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

OPTIONAL SECTION: FOR PARTICIPANTS COLLECTING FOLLOW-UP DATA

FOLLOW-UP (COMPLETE FOR PATIENT TYPE[12360] STEMI PRE-ADMIT) 30 DAY (23–75 DAYS); 1 YEAR (305–425 DAYS) AFTER ADMISSION

OPTIONAL TO COMPLETE FOR ACCREDITATION PARTICIPANTS

Assessment Date[11000]: mm / dd / yyyy

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

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

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 ☐ Hospitalization ☐ Other

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

→ **If** Alive, **Enrolled in Cardiac Rehabilitation Program**[15514]: O No O Yes

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

→ **If** Deceased, **Cause of Death**[11007]: O Cardiac O Non-Cardiac O Undetermined

→ **If** Alive, **FOLLOW-UP EVENTS**

EVENT(S)[11011]	EVENT(S) OCCURRED[11012]	→ IF YES, EVENT DATE(S)[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
New requirement for dialysis	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