

DEMOGRAPHICS

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

EPISODE OF CARE

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

DIAGNOSIS

Patient Type¹²³⁶⁰: STEMI NSTEMI Unstable angina Low-risk chest pain

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

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 Facility¹²¹⁸⁸: Self/Family EMS - Ambulance 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 departure¹²⁴¹⁹

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

→ If Yes, **STEMI Alert Date/Time**¹⁵⁴⁶⁵: mm / dd / yyyy / hh:mm

→ If EMS, **NPI Number**¹⁵⁵⁹³: _____

→ If EMS, **Run Number**¹²¹⁹⁰: _____

CARDIAC ARREST

Cardiac Arrest Out of Healthcare Facility⁴⁶³⁰: No Yes

→ If Yes, **Arrest Witnessed**⁴⁶³¹: No Yes

→ If Yes, **Bystander CPR**¹²²⁸³: No Yes

→ If Yes, **Arrest After Arrival of EMS**⁴⁶³²: No Yes

→ If Yes, **First Cardiac Arrest Rhythm**⁴⁶³³: Shockable Not shockable Rhythm unknown⁴⁶³⁴

→ If Yes, **Resuscitation Date/Time**¹²²⁸⁵: mm / dd / yyyy / hh:mm Unknown¹⁵⁵¹³

Cardiac Arrest at Transferring Healthcare Facility⁴⁶³⁵: No Yes

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

Unconscious¹⁵⁵⁹⁵: No Yes

HISTORY AND RISK FACTORS

PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁵⁵¹¹	→ IF YES, DATE ¹⁵⁵¹²
Coronary Artery Bypass Graft	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy
Percutaneous Coronary Intervention	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy

PATIENT ASSESSMENT ON ARRIVAL

Location of First Evaluation ¹²²¹⁸ :	<input type="radio"/> Emergency department (ED)	<input type="radio"/> Cath lab	<input type="radio"/> Observation unit	<input type="radio"/> Inpatient	<input type="radio"/> Other
Chest Pain Symptoms ¹⁵⁴⁴⁰ :	<input type="radio"/> Prior to arrival	<input type="radio"/> After arrival	<input type="radio"/> No symptoms	<input type="radio"/> Unknown	
→ If Prior to arrival, Date/Time ^{12277,12276} :	mm / dd / yyyy / hh:mm	<input type="checkbox"/> Time Unknown ¹⁵⁴⁴¹			
→ If After arrival, Date/Time ^{15443,15505} :	mm / dd / yyyy / hh:mm	<input type="checkbox"/> Time Unknown ¹⁵⁴⁴²			

ECG

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

CARDIAC TROPONIN

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

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

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

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

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

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	<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

TARGETED TEMPERATURE MANAGEMENT (COMPLETE FOR CARDIAC ARREST OUT OF HEALTHCARE FACILITY⁴⁶³⁰ 'YES' OR CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY⁴⁶³⁹ 'YES' OR EVENTS¹²³⁴² 'CARDIAC ARREST' 'YES')

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

→ If Yes, **TTM Initiated Date/Time¹²³⁴⁰:** mm / dd / yyyy / hh:mm

→ If Yes, **Patient Location¹⁵⁵¹⁷:** EMS Emergency Department Cath Lab ICU/CCU Other

→ If Yes, **Initial Target Temperature Goal¹⁵⁴⁸⁷:** _____ ° Celsius

→ If Yes, **Target Temperature Achieved Date/Time¹⁵⁴⁸⁸:** mm / dd / yyyy / hh:mm

→ If Yes, **Rewarming Phase Initiated Date/Time¹⁵⁴⁸⁹:** mm / dd / yyyy / hh:mm

DISCHARGE

Discharge Date/Time ¹⁰¹⁰¹ :	mm / dd / yyyy / hh:mm		
Discharge Status ¹⁰¹⁰⁵ :	<input type="radio"/> Alive	<input type="radio"/> Deceased	
Cerebral Performance Category (CPC) Score ¹⁵⁴⁹⁰ :	<input type="radio"/> 1- Good cerebral performance	<input type="radio"/> 2 – Moderate cerebral disability	
	<input type="radio"/> 3 – Severe cerebral disability	<input type="radio"/> 4- Coma or vegetative state	<input type="radio"/> 5 – Brain death

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

Enrolled in Clinical Trial During Hospitalization ¹²⁴¹² :	<input type="radio"/> No <input type="radio"/> Yes		
→ If Yes, Type of Clinical Trial(s) ¹²⁴⁵⁶ :	(Select all that apply from Dynamic List)		
Comfort Measures Only ¹⁰⁰⁷⁵ :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Date/Time ¹²⁴¹³ :	mm / dd / yyyy / hh:mm
Hospice Care ¹⁰¹¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Date/Time ¹²⁴¹¹ :	mm / dd / yyyy / hh:mm
Cardiac Rehabilitation Referral ¹⁰¹¹⁶ :	<input type="radio"/> Yes	<input type="radio"/> No – Reason not documented	<input type="radio"/> No – Medical reason documented
	<input type="radio"/> No – Health care system reason documented	<input type="radio"/> No – Patient-oriented reason	
Discharge Location ¹⁰¹¹⁰ :	<input type="radio"/> Home	<input type="radio"/> Skilled nursing facility	<input type="radio"/> Extended care/transitional care unit/Rehab
	<input type="radio"/> Other	<input type="radio"/> Other acute care hospital	<input type="radio"/> Left against medical advice (AMA)
→ If Other acute care hospital, Transfer Date/Time ¹²⁴¹⁴ :	mm / dd / yyyy / hh:mm		
→ If Other acute care hospital and STEMI, Patient Centered Reason for Delay to Transfer Out ¹⁵⁴⁹² :	<input type="radio"/> No <input type="radio"/> Yes		
→ If Other acute care hospital, Transfer for Cardiac Evaluation ¹⁵⁴⁹³ :	<input type="radio"/> No <input type="radio"/> Yes		
→ If Other acute care hospital, Transfer for Primary PCI ¹²⁴¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes		
→ If Other acute care hospital, Transfer for CABG ¹²⁴¹⁶ :	<input type="radio"/> No <input type="radio"/> Yes		