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* , _____

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

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 ☐ Unknown[16278] ☐ Phone ☐ Radio

→ **If** App, **App Name**[16276]: (Select all that apply from dynamic list)

→ **If** EMS, **NPI Number**[15593]: _____

→ **If** EMS, **Run Number**[12190]: _____

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]

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

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

PATIENT ASSESSMENT ON ARRIVAL

Location of First Evaluation[12218]: O Emergency department (ED) O Cath lab O Observation unit O Inpatient O Other

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

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)

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)

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

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

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

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

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

DISCHARGE

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

Discharge Status[10105]: O Alive O Deceased

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