

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
Facility Classification Type ¹⁵⁶⁰⁵ : <input type="radio"/> Ambulatory Surgical Center (ASC) <input type="radio"/> Office Based Lab (OBL)
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 : _____

PATHWAY

CV ASC Pathway ¹⁵⁶⁰⁶ : (Select one) <input type="checkbox"/> Diagnostic coronary angiography (Only) <input type="checkbox"/> PCI with or without coronary angiography <input type="checkbox"/> Implantable cardiac defibrillator <input type="checkbox"/> Permanent pacemaker
--

HISTORY AND RISK FACTORS

Height ⁶⁰⁰⁰ : _____ cm	Weight ⁶⁰⁰⁵ : _____ kg	Tobacco Use ⁴⁶²⁵ : <input type="radio"/> Never <input type="radio"/> Former <input type="radio"/> Current <input type="radio"/> Unknown
CONDITION HISTORY ¹²⁹⁰³	OCCURRENCE ¹⁵⁵¹⁰	
	NO	YES
Cerebrovascular disease	<input type="radio"/>	<input type="radio"/>
Chronic lung disease	<input type="radio"/>	<input type="radio"/>
Currently on dialysis	<input type="radio"/>	<input type="radio"/>
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>
Dyslipidemia	<input type="radio"/>	<input type="radio"/>
Family hx. of premature CAD	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>
Myocardial infarction	<input type="radio"/>	<input type="radio"/>
Peripheral arterial disease	<input type="radio"/>	<input type="radio"/>
PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁵⁵¹¹	
	NO	YES
Coronary artery bypass graft	<input type="radio"/>	<input type="radio"/>
Percutaneous coronary intervention	<input type="radio"/>	<input type="radio"/>

→ **If Yes, Most Recent MI DATE**⁴²⁹⁶ mm / dd / yyyy

→ **If Yes, Procedure DATE**¹⁵⁵¹² mm / dd / yyyy

(KNOWN OR DIAGNOSED PRIOR TO FIRST CATH LAB VISIT)

CSHA Clinical Frailty Scale ^{1 4561} : <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
--

¹Canadian 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)

PRE-PROCEDURE INFORMATION

Heart Failure⁴⁰⁰¹: No Yes → **If Yes, NYHA Class**⁴⁰¹¹: Class I Class II Class III Class IV
 → **If Yes, Newly Diagnosed**⁴⁰¹²: No Yes
 → **If Yes, HF Type**⁴⁰¹³: HF with reduced EF HF with preserved EF HF with mid-range EF Unknown⁴⁰¹⁴

(DIAGNOSTIC TEST)

Electrocardiac Assessment Method⁵⁰³⁷: ECG Telemetry monitor Holter monitor Other None
 → **If any methods, Results**⁵⁰³²: Normal Abnormal Uninterpretable
 → **If Abnormal, New Antiarrhythmic Therapy Initiated Prior to Cath Lab**⁵⁰³³: No Yes
 → **If Abnormal, Electrocardiac Abnormality Type**⁵⁰³⁴: (Select all that apply)
 Exercise induced VT New left bundle branch block New onset atrial fibrillation New onset atrial flutter
 Non sustained VT PVC – frequent PVC – infrequent ST deviation >=0.5mm
 Sustained VT Symptomatic bradyarrhythmia Ventricular fibrillation (VF) Other abnormality

Stress Test Performed⁵²⁰⁰: No Yes → **If Yes, Specify Test Performed:**

Test Type Performed ⁵²⁰¹	Most Recent Date ⁵²⁰⁴	Test Results ⁵²⁰²	→ If Positive, Risk/Extent of Ischemia ⁵²⁰³
<input type="radio"/> Exercise stress test (w/o imaging)	mm / dd / yyyy	<input type="radio"/> Negative	<input type="radio"/> Low
<input type="radio"/> Stress echocardiogram		<input type="radio"/> Positive	<input type="radio"/> Intermediate
<input type="radio"/> Stress imaging w/CMR		<input type="radio"/> Indeterminate	<input type="radio"/> High
<input type="radio"/> Stress nuclear		<input type="radio"/> Unavailable	<input type="radio"/> Unavailable

Cardiac CTA Performed⁵²²⁰: No Yes → **If Yes, Most Recent Cardiac CTA Date**⁵²²⁶: mm / dd / yyyy
 → **If Yes, Results**⁵²²⁷: (Select all that apply) Obstructive CAD Non-obstructive CAD Unclear severity
 Structural disease No CAD Unknown⁵²²⁸

Agatston Coronary Calcium Score Assessed⁵²⁵⁶: No Yes → **If Yes, Agatston Coronary Calcium Score**⁵²⁵⁵: _____
 → **If any value, Most Recent Calcium Score Date**⁵²⁵⁷: mm / dd / yyyy

Prior Dx Coronary Angiography Procedure⁵²⁶³: No Yes → **If Yes, Most Recent Procedure Date**⁵²⁶⁴: mm / dd / yyyy
 → **If Yes, Results**⁵²⁶⁵: (Select all that apply) Obstructive CAD Non-obstructive CAD Unclear severity
 Structural disease No CAD Unknown⁵²⁶⁶

PRE-PROCEDURE MEDICATIONS

MEDICATION ⁶⁹⁸⁶	ADMINISTERED ⁶⁹⁹¹	MEDICATION ⁶⁹⁸⁶	ADMINISTERED ⁶⁹⁹¹
Aspirin	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated	Long acting nitrates (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Beta blockers (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated	Ranolazine	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Calcium channel blockers (Any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated		

PRE-PROCEDURE LABS

Creatinine⁶⁰⁵⁰: _____mg/dL Not Drawn⁶⁰⁵¹ **Hemoglobin**⁶⁰³⁰: _____g/dL Not Drawn⁶⁰³¹
Total Cholesterol⁶¹⁰⁰: _____mg/dL Not Drawn⁶¹⁰¹ **HDL**⁶¹⁰⁵: _____mg/dL Not Drawn⁶¹⁰⁶

PROCEDURE INFORMATION

Procedure Room Entry Date/Time¹⁵⁶⁹⁴: _____ **Procedure Start Date/Time**⁷⁰⁰⁰: _____ mm/dd/yyyy / hh:mm

Procedure End Date/Time⁷⁰⁰⁵: _____ mm/dd/yyyy / hh:mm **Procedure Room Exit Date/Time**¹⁵⁶⁹⁵: _____ mm/dd/yyyy / hh:mm

Procedure Type¹⁵⁶⁰⁷: (Select all that apply) Diagnostic Coronary Angiography

→ If Dx Cath, **Diagnostic Catheterization Operator Name, NPI**^{7046,7047,7048,7049}: _____

→ If Dx Cath, **FIT Operator Name, NPI, Fellowship Training Program**^{15433,15434,15435, 15436, 15431}: _____, _____

Diagnostic Left Heart Cath⁷⁰⁶⁰: No Yes → If Yes, **LVEF**⁷⁰⁶¹: _____ % LVEF Not Assessed¹³³⁰⁶

Concomitant Procedures Performed⁷⁰⁶⁵: No Yes → If Yes, **Procedure Type(s)**⁷⁰⁶⁶: (Select all that apply) _____, _____

Arterial Access Site⁷³²⁰: Femoral Brachial Radial Other

Arterial Cross Over⁷³²⁵: No Yes

Systolic BP⁶⁰¹⁶: _____ mmHg

Closure Method(s) ^{7330,7331}	1	<input type="checkbox"/> Method Not Documented ⁷³³²
	2	

RADIATION EXPOSURE AND CONTRAST

CODE ALL AVAILABLE MEASUREMENTS → **Fluoro Time**⁷²¹⁴: _____ minutes **Contrast Volume**⁷²¹⁵: _____ mL

→ **Cumulative Air Kerma**⁷²¹⁰: _____ O mGy O Gy

Dose Area Product¹⁴²⁷⁸: _____ O Gy•cm² O dGy•cm² O cGy•cm² O mGy•cm² O μGy• M²

CATH LAB VISIT

Indication(s) for Cath Lab Visit⁷⁴⁰⁰: (Select all that apply)

Cardiac arrhythmia Cardiomyopathy Evaluation for exercise clearance LV dysfunction

New onset angina <= 2 months Pericardial disease Post cardiac transplant Pre-operative evaluation

Stable known CAD Suspected CAD Syncope Valvular disease

Worsening angina Other

Chest Pain Symptom Assessment⁷⁴⁰⁵: Typical angina Atypical angina Non-anginal chest pain Asymptomatic

→ IF INDICATION(S) FOR CATH LAB VISIT⁷⁴⁰⁰ = 'VALVULAR DISEASE' (COMPLETE FOR EACH TYPE)

VALVULAR DISEASE STENOSIS TYPE ⁷⁴⁵⁰		STENOSIS SEVERITY ⁷⁴⁵¹			
1	<input type="radio"/> Aortic stenosis <input type="radio"/> Mitral stenosis <input type="radio"/> Pulmonic stenosis <input type="radio"/> Tricuspid stenosis	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
2	<input type="radio"/> Aortic stenosis <input type="radio"/> Mitral stenosis <input type="radio"/> Pulmonic stenosis <input type="radio"/> Tricuspid stenosis	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	
VALVULAR DISEASE REGURGITATION TYPE ⁷⁴⁵⁵		REGURGITATION SEVERITY ⁷⁴⁵⁶			
1	<input type="radio"/> Aortic regurgitation <input type="radio"/> Mitral regurgitation <input type="radio"/> Pulmonic regurgitation <input type="radio"/> Tricuspid regurgitation	<input type="radio"/> Mild (1+)	<input type="radio"/> Moderate (2+)	<input type="radio"/> Moderately severe (3+)	<input type="radio"/> Severe (4+)
2	<input type="radio"/> Aortic regurgitation <input type="radio"/> Mitral regurgitation <input type="radio"/> Pulmonic regurgitation <input type="radio"/> Tricuspid regurgitation	<input type="radio"/> Mild (1+)	<input type="radio"/> Moderate (2+)	<input type="radio"/> Moderately severe (3+)	<input type="radio"/> Severe (4+)

→ IF INDICATION(S) FOR CATH LAB VISIT⁷⁴⁰⁰ = 'PRE-OPERATIVE EVALUATION'

Evaluation for Surgery Type⁷⁴⁶⁵: Cardiac surgery Non-cardiac surgery

Functional Capacity⁷⁴⁶⁶: < 4 METS >= 4 METS without symptoms >= 4 METS with symptoms Unknown⁷⁴⁶⁷

Surgical Risk⁷⁴⁶⁸: Low Intermediate High risk: Vascular High risk: Non-vascular

Solid Organ Transplant Surgery⁷⁴⁶⁹: No Yes

→ If Yes, **Donor**⁷⁴⁷⁰: No Yes

→ If Yes, **Organ**⁷⁴⁷¹: (Select all that apply) Heart Kidney Liver Lung Pancreas Other organ

DISCHARGE

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

Discharge Status¹⁰¹⁰⁵: Alive Deceased

→ **If Alive, Discharge Location**¹⁰¹¹⁰: Home Skilled nursing facility Extended care/transitional care unit/rehab
 Other Acute care hospital Left against medical advice (AMA)

→ **If Acute care hospital, Emergent Transfer**¹⁵⁶⁰⁸: No Yes

→ **If Acute care hospital, Suspected Conditions**¹⁵⁷⁰²: (Select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Bleeding – Gastrointestinal | <input type="checkbox"/> Bleeding – Other | <input type="checkbox"/> Bleeding – Retroperitoneal |
| <input type="checkbox"/> NSTEMI | <input type="checkbox"/> Other vascular complications | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Transient ischemic attack (TIA) | <input type="checkbox"/> Other | <input type="checkbox"/> None documented |

DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE) *Not required for patients who expired or were discharged to "Acute care hospital" or "Left AMA".*

DISCHARGE MEDICATION ¹⁰²⁰⁰	PRESCRIBED ¹⁰²⁰⁵				→ IF YES, DOSE ¹⁰²⁰⁷			→ IF DOSE LOW OR MED, PATIENT OR MEDICAL REASON ¹⁵⁵⁴⁶
	YES	NO - NO REASON	NO - MEDICAL REASON	NO - PT. REASON	LOW	MODERATE	HIGH	
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"/>				
ASPRIN	<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"/>				
STATIN (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				