

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"/> Asian ²⁰⁷²	<input type="checkbox"/> Black/African American ²⁰⁷¹ <input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴	<input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³
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> , <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> , <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 Type ¹²³⁶⁰ : <input type="radio"/> STEMI <input type="radio"/> NSTEMI <input type="radio"/> Unstable angina <input type="radio"/> Low-risk chest pain
→ If STEMI, Setting ¹²⁴⁴⁷ : <input type="radio"/> Pre-Admit <input type="radio"/> 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 : <input type="radio"/> Self/Family <input type="radio"/> EMS - Ambulance <input type="radio"/> 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 <input type="checkbox"/> Patient centered reason for delay to EMS departure ¹²⁴¹⁹
→ If EMS, STEMI Activation Alert ¹²²⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes
→ If Yes, STEMI Alert Date/Time ¹⁵⁴⁶⁵ : mm / dd / yyyy / hh:mm
→ If EMS, NPI Number ¹⁵⁵⁹³ : _____ → If EMS, Run Number ¹²¹⁹⁰ : _____

Gray shading (●) indicates optional data elements

CARDIAC ARREST

Cardiac Arrest Out of Healthcare Facility⁴⁶³⁰:	<input type="radio"/> No	<input type="radio"/> Yes	
→ If Yes, Arrest Witnessed⁴⁶³¹:	<input type="radio"/> No	<input type="radio"/> Yes	
→ If Yes, Bystander CPR¹²²⁸³:	<input type="radio"/> No	<input type="radio"/> Yes	
→ If Yes, Arrest After Arrival of EMS⁴⁶³²:	<input type="radio"/> No	<input type="radio"/> Yes	
→ If Yes, First Cardiac Arrest Rhythm⁴⁶³³:	<input type="radio"/> Shockable	<input type="radio"/> Not shockable	<input type="checkbox"/> Rhythm unknown ⁴⁶³⁴
→ If Yes, Resuscitation Date/Time¹²²⁸⁵:	mm / dd / yyyy / hh:mm		<input type="checkbox"/> Unknown ¹⁵⁵¹³
Cardiac Arrest at Transferring Healthcare Facility⁴⁶³⁵:	<input type="radio"/> No	<input type="radio"/> Yes	
NEUROSTATUS (COMPLETE FOR CARDIAC ARREST OUT OF HEALTHCARE FACILITY⁴⁶³⁰ 'YES' OR CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY⁴⁶³⁵ 'YES')			
Unconscious¹⁵⁵⁹⁵:	<input type="radio"/> No	<input type="radio"/> 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 Evaluation¹²²¹⁸:	<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 Symptoms¹⁵⁴⁴⁰:	<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/Time¹²²⁷⁸:	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm
ECG Read Date/Time¹⁵⁴⁴⁴:	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm
STEMI or STEMI Equivalent¹²³⁰⁰:	<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 Protocol¹⁵⁴⁵⁶:	<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 Counter¹²²⁵⁵:	1		2			
Troponin Collected Date/Time¹²⁴⁰⁵:	mm / dd / yyyy / hh:mm		mm / dd / yyyy / hh:mm			
→ If any value, Troponin Resulted Date/Time¹²⁴⁰⁶:	mm / dd / yyyy / hh:mm		mm / dd / yyyy / hh:mm			
Troponin Test¹²⁵⁴⁴:	<input type="radio"/> Lab <input type="radio"/> POC		<input type="radio"/> Lab <input type="radio"/> POC			
→ If Lab, Troponin Assay, URL¹²⁴⁰⁹:	<u>Lab Assay, URL</u>		<u>Lab Assay, URL</u>			
→ If POC, Troponin Assay, URL¹²⁵⁴³:	<u>POC Assay, URL</u>		<u>POC Assay, URL</u>			
Troponin Value¹⁵⁵⁵⁸:	_____ <input type="radio"/> ng/L <input type="radio"/> ng/mL		<input type="radio"/> µg/L <input type="radio"/> µg/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	

PATIENT EVALUATION

RISK STRATIFICATION (COMPLETE FOR PATIENT TYPE ¹²³⁶⁰ 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
				<input type="checkbox"/> Performed at Transferring Facility ¹⁵⁴⁷⁹
→ If any Risk Stratification, Risk Assessment Tool ¹⁵⁴⁸⁰ :	_____ Select from Dynamic List			<input type="checkbox"/> 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 :	<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	

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

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

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

MEDICATIONS (COMPLETE FOR PATIENT TYPE ¹²³⁶⁰ STEMI OR NSTEMI)

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

TREATMENT STRATEGY

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

Coronary Angiography ¹²³⁰⁹ :	<input type="radio"/> Yes	<input type="radio"/> No – No reason	<input type="radio"/> No – Medical reason	<input type="radio"/> No – Patient reason
	<input type="radio"/> No – System reason		<input type="radio"/> 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			
<input type="checkbox"/> NSTEMI Patient Centered Reason for Delay in Angiography ¹⁵⁵⁰⁰ :				
<input type="checkbox"/> Resuscitated pre-admit STEMI Patient Centered Reason for Delay in Angiography ¹⁵⁵³⁰ :				
→ If Yes or Performed at transferring facility, Results ¹⁵⁴⁹⁷ :	<input type="radio"/> No CAD	<input type="radio"/> CAD	<input type="radio"/> Unavailable	
→ If CAD, Type ¹⁵⁴⁹⁸ :	<input type="radio"/> Non-obstructive	<input type="radio"/> Moderate	<input type="radio"/> Obstructive	<input type="radio"/> Unknown

Gray shading (●) indicates optional data elements

REPERFUSION (COMPLETE FOR PATIENT TYPE¹²³⁶⁰ STEMI OR NSTEMI OR UNSTABLE ANGINA)

→ If STEMI, Thrombolytic¹²²⁹⁵: No – No reason No – Medical reason No – Patient reason

→ If Yes, Thrombolytic Therapy Date and Time¹²²⁹⁶: mm / dd / yyyy / hh:mm

→ If Yes, Medical Reason for Delay in Thrombolytic¹⁴²⁰⁷: No Yes

→ If Yes, Patient Reason for Delay in Thrombolytic¹⁴²⁰⁸: No Yes

EPISODE EVENTS (COMPLETE FOR PATIENT TYPE¹²³⁶⁰ 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	

TARGETED TEMPERATURE MANAGEMENT (COMPLETE FOR CARDIAC ARREST OUT OF HEALTHCARE FACILITY⁴⁶³⁰ 'YES' OR CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY⁴⁶³⁵ '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:} Alive Deceased

Discharge Professional Name, NPI^{10070,10071,10072,10073:} *Last Name, First Name, Middle Name, NPI*

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:} 1- Good cerebral performance 2 – Moderate cerebral disability
 3 – Severe cerebral disability 4- Coma or vegetative state 5 – Brain death

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

Enrolled in Clinical Trial During Hospitalization^{12412:} No Yes

→ **If Yes, Type of Clinical Trial(s)**^{12456:} (Select all that apply from Dynamic List)

Comfort Measures Only^{10075:} No Yes → **If Yes, Date/Time**^{12413:} **mm / dd / yyyy / hh:mm**

Hospice Care^{10115:} No Yes → **If Yes, Date/Time**^{12411:} **mm / dd / yyyy / hh:mm**

Cardiac Rehabilitation Referral^{10116:} Yes No – Reason not documented No – Medical reason documented
 No – Health care system reason documented No – Patient-oriented reason

Discharge Location^{10110:} Home Skilled nursing facility Extended care/transitional care unit/Rehab
 Other Other acute care hospital 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:} No Yes

→ **If Other acute care hospital, Transfer for Cardiac Evaluation**^{15493:} No Yes

→ **If Other acute care hospital, Transfer for Primary PCI**^{12415:} No Yes

→ **If Other acute care hospital, Transfer for CABG**^{12416:} No Yes

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