



A. DEMOGRAPHICS

Form section A: Demographics. Fields include Last Name, First Name, Middle Name, SSN, Patient ID, Other ID, Birth Date, Sex, Patient Zip Code, Race, Hispanic or Latino Ethnicity, and Ethnicity Type.

B. EPISODE OF CARE

Form section B: Episode of Care. Fields include Arrival Date/Time, Admission Date/Time, ED Provider's Name, Admitting Provider's Name, Attending Provider's Name, Health Insurance, Payment Source, HIC #, MBI #, Research Study, and Patient Restriction.

C. HISTORY AND RISK FACTORS

Form section C: History and Risk Factors. Fields include Height, Weight, Atrial Fibrillation, Atrial Flutter, Hypertension, Dyslipidemia, Currently on Dialysis, Cancer, Prior MI, Diabetes Mellitus, Cerebrovascular Disease, Peripheral Arterial Disease, and Tobacco Use.

HOME FUNCTIONING

Form section D: Home Functioning. Fields include Walking, Cognition, and Basic ADLs.



HOME MEDICATIONS

CATEGORY	MEDICATION CODE ¹²²⁹⁷	MEDICATION PRESCRIBED ¹²³⁵⁹	
		No	YES
ACE INHIBITORS (ANGIOTENSIN CONVERTING ENZYME)	ACE (Any)	<input type="radio"/>	<input type="radio"/>
ARB (ANGIOTENSIN RECEPTORS BLOCKERS)	ARB (Any)	<input type="radio"/>	<input type="radio"/>
ABA (ALDOSTERONE BLOCKING ANTAGONIST)	ABA (Any)	<input type="radio"/>	<input type="radio"/>
ANTICOAGULANT	Warfarin	<input type="radio"/>	<input type="radio"/>
ANTIPLATELET	Aspirin (Any)	<input type="radio"/>	<input type="radio"/>
BETA-BLOCKER	Beta Blocker (Any)	<input type="radio"/>	<input type="radio"/>
NEPRILYSIN INHIBITOR AND ANGIOTENSIN II RECEPTOR BLOCKER	Sacubitril and Valsartan	<input type="radio"/>	<input type="radio"/>
NON-STATIN	Ezetimibe	<input type="radio"/>	<input type="radio"/>
	Fenofibrate	<input type="radio"/>	<input type="radio"/>
INSULIN	Insulin (Any)	<input type="radio"/>	<input type="radio"/>
NON-VITAMIN K DEPENDENT ORAL ANTICOAGULANT	Apixaban	<input type="radio"/>	<input type="radio"/>
	Dabigatran	<input type="radio"/>	<input type="radio"/>
	Edoxaban	<input type="radio"/>	<input type="radio"/>
	Rivaroxaban	<input type="radio"/>	<input type="radio"/>
ORAL ANTI-GLYCEMICS	DPP-4 Inhibitor	<input type="radio"/>	<input type="radio"/>
	GLP-1 Receptor Agonist	<input type="radio"/>	<input type="radio"/>
	Metformin	<input type="radio"/>	<input type="radio"/>
	Other Oral Hypoglycemic	<input type="radio"/>	<input type="radio"/>
	Pioglitazone	<input type="radio"/>	<input type="radio"/>
	SGLT2 Inhibitor	<input type="radio"/>	<input type="radio"/>
	Sulfonylurea	<input type="radio"/>	<input type="radio"/>
P2Y12 INHIBITORS	Clopidogrel	<input type="radio"/>	<input type="radio"/>
	Prasugrel	<input type="radio"/>	<input type="radio"/>
	Ticagrelor	<input type="radio"/>	<input type="radio"/>
PCSK9 INHIBITORS	Alirocumab	<input type="radio"/>	<input type="radio"/>
	Evolocumab	<input type="radio"/>	<input type="radio"/>
STATIN	Statin (Any)	<input type="radio"/>	<input type="radio"/>

D. CARDIAC STATUS

Patient Type¹²³⁶⁰: Low-Risk Chest Pain NSTEMI STEMI Unstable Angina

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

Means of Transport to First Facility¹²¹⁸⁸: Self/Family Ambulance Air

→ If Ambulance or Air, **EMS First Medical Contact Date and Time**¹²¹⁹⁷: mm / dd / yyyy / hh:mm **Non-System Reason for Delay**¹²⁴¹⁹



D. CARDIAC STATUS

Heart Failure 12279: O No O Yes Cardiogenic Shock 12280: O No O Yes

Heart Rate 12281: _____ bpm Systolic BP 12282: _____ mmHg

Cardiac Arrest Out of Healthcare Facility 4630: O No O Yes
-> If Yes, Arrest Witnessed 4631: O No O Yes
-> If Yes, Arrest after Arrival of EMS 4632: O No O Yes
-> If Yes, Bystander CPR 12283: O No O Yes
-> If Yes, First Cardiac Arrest Rhythm 4633: O Shockable O Not Shockable O Unknown 4634
-> If Yes, Resuscitation Date/Time 12285: mm / dd / yyyy / hh:mm

Cardiac Arrest at Transferring Healthcare Facility 4635: O No O Yes
Location of First Evaluation 12218: O ED O Cath Lab O Observation O Direct Admit O Other
-> If ED, Transfer Out Date/Time 12361: mm / dd / yyyy / hh:mm
-> If ED, ED Disposition 12362: O Observation O Inpatient
-> If Observation, Observation Order Date/Time 12417: mm / dd / yyyy / hh:mm

Acute Coronary Syndrome Symptom Date/Time 12277,12276: mm / dd / yyyy / hh:mm

Table with 3 columns: Electrocardiogram Counter 12286, ECG Date/Time 12278, STEMI or STEMI Equivalent 12300. Includes sub-questions for ECG findings and other ECG findings.

Risk Score Documented 12302: O No O Yes
-> If Yes, Name of Risk Score Performed 12303: O TIMI O GRACE O HEART O SYNTAX Score O EDACS O Other
-> If TIMI Performed, TIMI Score 12532: _____ -> If GRACE Performed, GRACE Score 12533: _____

Chest X-ray Performed 12305: O No O Yes

Non-Invasive Test Performed 12444: O Yes O No – No Reason O No – Medical Reason O No – Pt. Reason

Table with 2 columns: Non-Invasive Test Performed Type 12445, Echocardiogram, Nuclear, OR Imaging w/CMR, Test Method 12446. Includes options for Exercise Stress Test, Echocardiogram, Nuclear with SPECT, Imaging w/ CMR, and Cardiac CTA.

-> If Yes, Ischemic Symptoms Resolved Before Testing 12429: O No O Yes

-> If No – No Reason, Planned for After Discharge 12452: O No O Yes



ARRIVAL MEDICATIONS

CATEGORY	MEDICATION CODE ¹²⁴³⁰	MEDICATION ADMINISTERED ¹²³⁵⁵			→ If Yes, DOSE ¹²³⁵⁷	→ If Yes, START DATE/TIME ¹²⁴⁴⁸
		No	YES	CONTRAINDICATED		
ANTIPLATELET	Aspirin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
BETA-BLOCKER	Beta Blocker (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
P2Y12 INHIBITORS	Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____mg	mm / dd / yyyy / hh:mm
	Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____mg	mm / dd / yyyy / hh:mm
	Ticagrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____mg	mm / dd / yyyy / hh:mm

E. ARRIVAL INFORMATION (COMPLETE IF PATIENT TYPE¹²³⁶⁰ IS 'STEMI' AND STEMI SETTING¹²⁴⁴⁷ IS 'PRE-ADMIT')

Thrombolytic¹²²⁹⁵: Yes No – No Reason No – Medical Reason No – Pt. 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

COMPLETE IF MEANS OF TRANSPORT TO FIRST FACILITY¹²¹⁸⁸ IS 'AMBULANCE' OR 'AIR'

EMS Dispatch Date/Time¹²¹⁹⁸: _____ mm / dd / yyyy / hh:mm

EMS Leaving Scene Date/Time¹²¹⁹⁹: _____ mm / dd / yyyy / hh:mm

EMS Agency Number¹²¹⁸⁹: _____

EMS Run Number¹²¹⁹⁰: _____

12-Lead ECG Performed¹²⁴²⁰: No Yes

→ If Yes, EMS STEMI Activation Alert¹²²⁰⁰: No Yes

TRANSFERS COMPLETE IF (PATIENT TYPE¹²³⁶⁰ IS 'STEMI' AND STEMI SETTING¹²⁴⁴⁷ IS 'PRE-ADMIT') OR IF (PATIENT TYPE¹²³⁶⁰ IS 'NSTEMI', 'LOW RISK CHEST PAIN', 'UNSTABLE ANGINA')

Transferred from Outside Facility¹²⁴²¹: No Yes

→ If Yes, Means of Transfer¹²⁴²²: Ambulance Air Wheelchair Stretcher

→ If Yes, Arrival at Outside Facility Date/Time¹²⁴²⁶: _____ mm / dd / yyyy / hh:mm

→ If Yes, Transfer from Outside Facility Date/Time¹²⁴²⁷: _____ mm / dd / yyyy / hh:mm

→ If Yes, Name and ID of Transferring Facility^{12402,12161}: _____ Name, ID Unavailable¹²⁵³¹



F. LABS		
CARDIAC MARKERS		
Troponin Counter ¹²²⁵⁵ :	1	2
Troponin Collected Date/Time ¹²⁴⁰⁵ :	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm
→ If any value, Troponin Result Date/Time ¹²⁴⁰⁶ :	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm
Troponin Test Location ¹²⁵⁴⁴ :	O Lab O POC	O Lab O 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 ¹²⁴⁰⁸ :	_____ O ng/mL O ng/L O µg/L	_____ O ng/mL O ng/L O µg/L
Initial Creatinine Value ¹²²⁵⁶ :	_____ mg/dL <input type="checkbox"/> Not Drawn ¹²²⁵⁷	
Peak Creatinine Value ¹²²⁵⁹ :	_____ mg/dL <input type="checkbox"/> Not Drawn ¹²²⁶¹	→ If any Value, Date/Time ¹²²⁶⁰ : mm / dd / yyyy / hh:mm
Initial Hemoglobin Value ¹²³⁹⁷ :	_____ g/dL <input type="checkbox"/> Not Drawn ¹²³⁹⁸	
Lowest Hemoglobin Value ¹²⁴⁰⁴ :	_____ g/dL <input type="checkbox"/> Not Drawn ¹²³⁹⁹	→ If any Value, Date/Time ¹²⁴⁰⁰ : mm / dd / yyyy / hh:mm
Initial Hemoglobin A1c Value ¹²²⁶⁴ :	_____ % <input type="checkbox"/> Not Drawn ¹²²⁶²	
Initial INR Value ¹²²⁶⁵ :	_____ <input type="checkbox"/> Not Drawn ¹²⁴⁰³	→ If any Value, Date/Time ¹²²⁶⁷ : mm / dd / yyyy / hh:mm
LIPIDS		
Total Cholesterol ¹²²⁶⁸ :	_____ mg/dL <input type="checkbox"/> Not Drawn ¹²²⁶⁹	
HDL ¹²²⁷⁰ :	_____ mg/dL <input type="checkbox"/> Not Drawn ¹²⁵¹⁶	
LDL ¹²²⁷³ :	_____ mg/dL <input type="checkbox"/> Not Drawn ¹²²⁷⁴	
Triglycerides ¹²²⁷¹ :	_____ mg/dL <input type="checkbox"/> Not Drawn ¹²²⁷²	
G. PROCEDURE INFORMATION		
LVEF Assessed ¹²³⁰⁶ : O No O Yes	→ If Yes, LVEF Measurement ¹²³⁰⁷ : _____ %	
	→ If No, Planned for after discharge ¹²³⁰⁸ : O No O Yes	
Coronary Angiography ¹²³⁰⁹ : O Yes O No – No Reason O No – Medical Reason O No – Pt. Reason O No – System Reason		
→ If Yes, Cath Lab Arrival Date/Time ¹²³¹¹ :	mm / dd / yyyy / hh:mm	
→ If Yes, Diagnostic Cath Operator's Name, NPI ^{7046, 7047, 7048, 7049} :	<u>Last Name, First Name, Middle Name, NPI</u>	
→ If Yes, Angiography Date/Time ¹²³¹² :	mm / dd / yyyy / hh:mm	
→ If Yes, Native Vessel with Stenosis >= 50% ⁷⁵⁰⁵ : O No O Yes	→ If Yes, Specify Segment(s) :	
NATIVE VESSEL		
SEGMENT ⁷⁵⁰⁷	MEASUREMENT (FOR EACH SELECTED)	
_____	Native Stenosis ⁷⁵⁰⁸ : _____ %	
_____	Native Stenosis ⁷⁵⁰⁸ : _____ %	
→ If Yes, AND Prior CABG ⁴⁵¹⁵ is 'Yes', Graft Vessel with Stenosis >= 50% ⁷⁵²⁵ : O No O Yes → If Yes, Specify Segment(s) :		
GRAFT VESSEL		
SEGMENT ⁷⁵²⁷	MEASUREMENT (FOR EACH SELECTED)	
_____	Graft Stenosis ⁷⁵²⁸ : _____ % Graft Vessel ⁷⁵²⁹ : O LIMA O RIMA O SVG O Radial <input type="checkbox"/> Unknown ⁷⁵³⁰	
_____	Graft Stenosis ⁷⁵²⁸ : _____ % Graft Vessel ⁷⁵²⁹ : O LIMA O RIMA O SVG O Radial <input type="checkbox"/> Unknown ⁷⁵³⁰	
CABG ¹³¹⁰⁷ : O No O Yes	→ If Yes, Date/Time ¹⁰⁰¹¹ : mm / dd / yyyy / hh:mm	



H. PCI PROCEDURE

PCI¹²³²⁵: No Yes

→ If Yes, **PCI Operator's Name, NPI^{7051,7052,7053,7054}:** _____ *Last Name, First Name, Middle Name, NPI*

→ If Yes, **Stent Placed¹²³²⁷:** No Yes

→ If Yes, **Stent Type¹²³²⁸:** BMS DES Bioabsorbable Unknown¹²⁴⁴⁹

→ If Yes, **Arterial Access Site⁷³²⁰:** Femoral Brachial Radial Other

→ If Yes, **PCI Indication¹²³²⁶:**

<input type="radio"/> STEMI – Primary PCI for Acute STEMI	<input type="radio"/> STEMI (after successful lytics)
<input type="radio"/> STEMI – Stable (≤ 12 hrs from Sx)	<input type="radio"/> STEMI – Rescue (after unsuccessful lytics)
<input type="radio"/> STEMI – Stable (> 12 hrs from Sx)	<input type="radio"/> New Onset Angina ≤ 2 months
<input type="radio"/> STEMI – Unstable (>12 hrs from Sx)	<input type="radio"/> NSTEMI – ACS

→ If No, **AND Patient Type¹²³⁶⁰ is 'STEMI', Reason Primary PCI Not Performed¹²³³⁸:** No – No Reason No – Medical Reason
 No – Pt. Reason

Mechanical Ventricular Support⁷⁴²²: No Yes → If Yes, **Device⁷⁴²³:** _____

COMPLETE IF PCI INDICATION¹²³²⁶ IS 'STEMI – PRIMARY PCI FOR ACUTE STEMI'

Cath Lab Activated¹²³³³: No Yes → If Yes, **Cath Lab Activation Date/Time¹²³³⁴:** mm / dd / yyyy / hh:mm
→ If Yes, **Cath Lab Activation Canceled¹²⁴³¹:** No Yes

First Device Activation Date/Time⁷⁸⁴⁵: mm / dd / yyyy / hh:mm

Patient Centered Reason for Delay in PCI⁷⁸⁵⁰: No Yes

→ If Yes, **Reason⁷⁸⁵¹:** Difficult Vascular Access Patient delays in providing consent for PCI
 Difficulty crossing the culprit lesion Emergent placement of LV support device before PCI
 Cardiac arrest and/or need for intubation before PCI Other

PCI PROCEDURE MEDICATIONS (COMPLETE IF PCI¹²³²⁵ IS 'YES')

CATEGORY	MEDICATION CODE ⁷⁹⁹⁰	MEDICATION ADMINISTERED ⁷⁹⁹⁵	
		NO	YES
ANTICOAGULANT	Argatroban	<input type="radio"/>	<input type="radio"/>
	Bivalirudin	<input type="radio"/>	<input type="radio"/>
	Fondaparinux	<input type="radio"/>	<input type="radio"/>
	Heparin Derivative	<input type="radio"/>	<input type="radio"/>
	Low Molecular Wt Heparin	<input type="radio"/>	<input type="radio"/>
	Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>
	Warfarin	<input type="radio"/>	<input type="radio"/>
ANTIPLATELET	Vorapaxar	<input type="radio"/>	<input type="radio"/>
GLYCOPROTEIN (GP) IIb/IIIa INHIBITORS	Glycoprotein IIb IIIa Inhibitors (Any)	<input type="radio"/>	<input type="radio"/>
NON-VITAMIN K DEPENDENT ORAL ANTICOAGULANT	Apixaban	<input type="radio"/>	<input type="radio"/>
	Dabigatran	<input type="radio"/>	<input type="radio"/>
	Edoxaban	<input type="radio"/>	<input type="radio"/>
	Rivaroxaban	<input type="radio"/>	<input type="radio"/>
P2Y12 INHIBITORS	Cangrelor	<input type="radio"/>	<input type="radio"/>
	Clopidogrel	<input type="radio"/>	<input type="radio"/>
	Prasugrel	<input type="radio"/>	<input type="radio"/>
	Ticagrelor	<input type="radio"/>	<input type="radio"/>



I. EPISODE EVENTS (ALL PATIENT TYPES)

(NOTE 1: RECORD EACH EVENT SEPARATELY INDICATING THE DATE AND TIME)

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 – 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
Intubation	<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
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
Ventricular Tachycardia	<input type="radio"/> No <input type="radio"/> Yes	mm / dd / yyyy / hh:mm

OTHER EVENTS

RBC Transfusion¹²³⁴⁵: No Yes
 → If Yes, Transfusion Date¹²³⁵⁴: mm / dd / yyyy
 → If Yes, CABG Related Transfusion¹²³⁵³: No Yes

NSAID Administered¹²³⁰⁴: No Yes
 → If Yes, Medical Reason for Administering NSAID¹⁴²¹²: No Yes

COMPLETE IF CARDIAC ARREST OUT OF HOSPITAL⁴⁶³⁰ IS 'YES' OR CARDIAC ARREST AT TRANSFERRING FACILITY⁴⁶³⁵ IS YES' OR (EVENT(S)¹²³⁴² IS 'CARDIAC ARREST' AND EVENT(S) OCCURRED¹²³⁴⁴ IS 'YES')

Hypothermia Induced¹²³³⁹: Yes No – No Reason No – Medical Reason
 → If Yes, Hypothermia Induced Date/Time¹²³⁴⁰: mm / dd / yyyy / hh:mm
 → If Yes, Location of Hypothermia Induction¹²⁴¹⁰: ED Cath Lab ICU/CCU

Level of Consciousness¹²³⁴¹: (A) Alert (V) Verbal (P) Pain (U) Unresponsive Unable to assess



J. DISCHARGE

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

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

Comfort Measures Only¹⁰⁰⁷⁵: No Yes → **If Yes, Date/Time**¹²⁴¹³: mm / dd / yyyy / hh:mm

Enrolled in Clinical Trial During Hospitalization¹²⁴¹²: No Yes

→ **If Yes, Type of Clinical Trial(s)**¹²⁴⁵⁶: (Select all that apply)

<input type="checkbox"/> Precluding the use of aspirin in protocol	<input type="checkbox"/> Related to lipid lowering therapy
<input type="checkbox"/> Related to reperfusion therapy	<input type="checkbox"/> Related to AMI
<input type="checkbox"/> Involving new antiplatelet therapies	<input type="checkbox"/> Related to STEMI
<input type="checkbox"/> Involving renin-angiotensin-aldosterone system inhibitor	

Discharge Status¹⁰¹⁰⁵: Alive Deceased

→ **If Alive, Cardiac Rehabilitation Referral**¹⁰¹¹⁶: No – Reason Not Documented No – Health Care System Reason Documented
 No – Medical Reason Documented No – Patient – Oriented Reason Yes

→ **If Alive, 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, Transfer for Primary PCI**¹²⁴¹⁵: No Yes

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

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

→ **If Deceased, Cause of Death**¹⁰¹²⁵:

<input type="radio"/> Acute myocardial infarction	<input type="radio"/> Pulmonary	<input type="radio"/> Hemorrhage
<input type="radio"/> Sudden cardiac death	<input type="radio"/> Renal	<input type="radio"/> Non-cardiovascular procedure or surgery
<input type="radio"/> Heart failure	<input type="radio"/> Gastrointestinal	<input type="radio"/> Trauma
<input type="radio"/> Stroke	<input type="radio"/> Hepatobiliary	<input type="radio"/> Suicide
<input type="radio"/> Cardiovascular procedure	<input type="radio"/> Pancreatic	<input type="radio"/> Neurological
<input type="radio"/> Cardiovascular hemorrhage	<input type="radio"/> Infection	<input type="radio"/> Malignancy
<input type="radio"/> Other cardiovascular reason	<input type="radio"/> Inflammatory/Immunologic	<input type="radio"/> Other non-cardiovascular reason



DISCHARGE MEDICATIONS

Medications prescribed at discharge are not required for patients who expired, discharged to "Other acute care Hospital", "AMA", or are receiving Hospice Care.

CATEGORY	MEDICATION CODE ¹⁰²⁰⁰	PRESCRIBED AT DISCHARGE ¹⁰²⁰⁵				→ If Yes, DOSE ¹⁰²⁰⁷		
		YES	No – NO REASON	No – MEDICAL REASON	No – PT. REASON	LOW	MODERATE	HIGH
ABA (ALDOSTERONE BLOCKING ANTAGONIST)	ABA (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
ACE INHIBITORS (ANGIOTENSIN CONVERTING ENZYME)	ACE (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
ANTICOAGULANT	Warfarin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
ANTIPLATELET	Aspirin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
ARB (ANGIOTENSIN RECEPTORS BLOCKERS)	ARB (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
BETA-BLOCKER	Beta Blocker (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
NEPRILYSIN INHIBITOR AND ANGIOTENSIN II RECEPTOR BLOCKER	Sacubitril/Valsartan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
NON-STATIN	Non-Statin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
NON-VITAMIN K DEPENDENT ORAL ANTICOAGULANT	Apixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Rivaroxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
P2Y12 INHIBITORS	Clopidogrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Prasugrel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	Ticagrelor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
STATIN	Statin (Any)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
→ If Yes to Low or Moderate Statin, Medical Reason for Not Prescribing High-Dose Statin¹⁴¹⁸⁷:						<input type="radio"/> No	<input type="radio"/> Yes	



K. FOLLOW-UP

FOLLOW-UP TO OCCUR AT 30 DAYS (+14/- 7 DAYS) AND 1 YEAR (+/- 60 DAYS) AFTER THE ADMISSION DATE

Assessment Date¹¹⁰⁰⁰: mm / dd / yyyy

Reference Admission Date/Time¹²⁵³⁷: mm / dd / yyyy / hh:mm

Reference Discharge Date/Time¹¹⁰¹⁵: mm / dd / yyyy / hh:mm

Method(s) to Determine Status¹¹⁰⁰³: (Select all that apply)
Office Visit, Medical Records, Letter from Medical Provider, Phone Call, Social Security Death Master File, Hospitalized, Other

Follow-up Status¹¹⁰⁰⁴: O Alive O Deceased O Lost to Follow-up

→ If Alive, Enrolled in Cardiac Rehabilitation Program¹²⁴²⁴: O No O Yes

→ If Yes, Attended Cardiac Rehabilitation Program Date¹²⁴²⁵: mm / dd / yyyy

→ If Deceased, Date of Death¹¹⁰⁰⁶: mm / dd / yyyy

→ If Deceased, Cause of Death¹¹⁰⁰⁷:

- O Acute myocardial infarction O Pulmonary O Hemorrhage
O Sudden cardiac death O Renal O Non-cardiovascular procedure or surgery
O Heart failure O Gastrointestinal O Trauma
O Stroke O Hepatobiliary O Suicide
O Cardiovascular procedure O Pancreatic O Neurological
O Cardiovascular hemorrhage O Infection O Malignancy
O Other cardiovascular reason O Inflammatory/Immunologic O Other non-cardiovascular reason

FOLLOW-UP EVENTS

Table with 3 columns: EVENT(S)¹¹⁰¹¹, EVENT(S) OCCURRED¹¹⁰¹², → IF YES, EVENT DATE¹¹⁰¹⁴. Rows include CABG (Planned/Unplanned), Heart failure, Myocardial Infarction (NSTEMI/STEMI), PCI (Planned/Unplanned), Readmission, Renal failure, Stroke (Hemorrhagic/Ischemic/Undetermined).