



A. DEMOGRAPHICS

Last Name, First Name, Middle Name, SSN, Patient ID, Other ID, Birth Date, Sex, Patient Zip Code, Race, Hispanic or Latino Ethnicity

B. ADMISSION

Means of Transport to First Facility, Cath Lab Activation Date/Time, Transferred from Outside Facility

Your Facility: Arrival Date/Time, Admission Date, Insurance Payors, Provider Name, Provider NPI, HIC #

C. CARDIAC STATUS ON FIRST MEDICAL CONTACT

Symptom Onset Date/Time, First ECG Obtained, STEMI or STEMI Equivalent, Heart Failure, Cardiac Arrest, Cardiogenic Shock



D. HISTORY AND RISK FACTORS

Weight ⁵⁰¹⁰ : (kg)		Diabetes Mellitus ⁵⁰⁷⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Current/Recent Smoker (< 1 year) ⁵⁰²⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Cerebrovascular Disease ⁵¹³⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Hypertension ⁵⁰³⁰ :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Prior Stroke ⁵¹³¹ :	<input type="radio"/> No <input type="radio"/> Yes
Currently on Dialysis ⁵⁰⁵⁰ :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Prior TIA ⁵¹³² :	<input type="radio"/> No <input type="radio"/> Yes
		Peripheral Arterial Disease ⁵¹⁴⁰ :	<input type="radio"/> No <input type="radio"/> Yes

J. DISCHARGE

Discharge Date ¹¹⁰⁰⁰ :	Provider Name ¹¹⁰⁰³⁻¹¹⁰⁰⁵ :	Provider NPI ¹¹⁰⁰⁶ :
Comfort Measures Only ¹¹⁰¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes	
Enrolled in Clinical Trial During Hospitalization ¹¹⁰²⁰ :	<input type="radio"/> No <input type="radio"/> Yes	
Discharge Status ¹¹¹⁰⁰ :	<input type="radio"/> Alive <input type="radio"/> Deceased	
→ If Alive, Smoking Counseling ¹¹¹⁰¹ :	<input type="radio"/> No <input type="radio"/> Yes	
→ If Alive, Cardiac Rehabilitation Referral ¹¹¹⁰⁴ :	<input type="radio"/> No-No Referral <input type="radio"/> No-Medical Reason <input type="radio"/> No-Pt Reason/Preference <input type="radio"/> No-Health Care System Reason <input type="radio"/> Yes	
→ If Alive, Discharge Location ¹¹¹⁰⁵ :	<input type="radio"/> Home <input type="radio"/> Extended care/transitional care unit/Rehab <input type="radio"/> Other acute care hospital <input type="radio"/> Skilled nursing facility <input type="radio"/> Other <input type="radio"/> Left against medical advice (AMA)	
→ If Other Acute Care Hospital, Transfer Time ¹¹¹⁰⁶ :	_____	
→ If Other Acute Care Hospital, Transfer for PCI ¹¹¹⁰⁷ :	<input type="radio"/> No <input type="radio"/> Yes	
→ If Alive, Hospice Care ¹¹¹¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes	

E. MEDICATIONS

<i>Oral Medications</i>		
MEDICATION	MEDICATIONS ADMINISTERED IN FIRST 24 HOURS (UP TO 24 HOURS AFTER FIRST MEDICAL CONTACT*)	MEDICATIONS PRESCRIBED AT HOSPITAL DISCHARGE <small>(DISCHARGE MEDICATIONS ARE NOT REQUIRED FOR PATIENTS WHO EXPIRED OR WERE DISCHARGED TO 'OTHER ACUTE CARE HOSPITAL', 'AMA' OR ARE RECEIVING HOSPICE CARE)</small>
Aspirin ^{6010, 6020}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Clopidogrel ^{6060- 6070}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated → If Yes, Start Date/Time: _____ → If Yes, Dose: _____mg	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Ticlopidine ⁶¹²⁰		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Prasugrel ⁶¹⁶⁰⁻⁶¹⁷⁰	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated → If Yes, Start Date/Time: _____	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Ticagrelor ⁶¹⁸⁵⁻⁶¹⁹⁰	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated → If Yes, Start Date/Time: _____	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Warfarin ⁶²²⁰		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Dabigatran ⁶²²⁶		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Rivaroxaban ⁶²³¹		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Apixaban ⁶²⁴¹		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Beta Blocker ^{6260,6270}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
ACE Inhibitor ⁶³²⁰		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Angiotensin Receptor Blocker ⁶³⁷⁰		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Aldosterone Blocking Agent ⁶⁴²⁰		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated
Statin ⁶⁴⁷⁰		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated



E. MEDICATIONS (CONT)

Intravenous and Subcutaneous Medications

CATEGORY	MEDICATIONS ADMINISTERED
GP IIb/IIIa Inhibitor ⁶⁸⁰⁰ (any time during this hospitalization)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated → If Yes, Medication Type ⁶⁸⁰¹ : <input type="radio"/> Eptifibatide <input type="radio"/> Tirofiban <input type="radio"/> Abciximab → If Yes, Start Date/Time ^{6802, 6803} : _____
Anticoagulant ⁶⁸⁵⁰	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated → If Yes, Medication Type(s): <input type="checkbox"/> IV Unfractionated Heparin ⁶⁸⁵¹ <input type="checkbox"/> Enoxaparin (LMWH) ⁶⁸⁶⁰ <input type="checkbox"/> Bivalirudin ⁶⁸⁷⁵ <input type="checkbox"/> Other parenteral anticoagulants given ⁶⁸⁹⁵

F. PROCEDURES AND TESTS

LVEF⁷⁰¹⁰: _____ % LVEF Not Assessed⁷⁰¹¹ → If Not Assessed, Planned for after discharge⁷⁰¹²: No Yes

Diagnostic Coronary Angiography⁷⁰²⁰: No Yes → If Yes, Provider Name⁷⁰⁴⁰⁻⁷⁰⁵⁰: _____ Provider NPI⁷⁰⁵⁵: _____

PCI⁷¹⁰⁰: No Yes → If Yes, Provider Name⁷¹¹³⁻⁷¹¹⁵: _____ Provider NPI⁷¹¹⁶: _____

→ If Yes, Cath Lab Arrival Date/Time^{7101, 7102}: _____

→ If Yes, Arterial Access Site⁷¹¹²: Femoral Brachial Radial Other

→ If Yes, First Device Activation Date/Time^{7103, 7104}: _____

→ If Yes, Stent(s) Placed⁷¹⁰⁵: No Yes → If Yes, Stent Type(s): Bare metal stent⁷¹⁰⁶ Drug eluting stent⁷¹⁰⁷ Other⁷¹⁰⁸

→ If Yes, PCI Indication⁷¹⁰⁹: Primary PCI for STEMI Rescue PCI for STEMI (after failed full-dose lytic) PCI for NSTEMI
 PCI for STEMI (stable after successful full-dose lytic) PCI for STEMI (unstable, >12 hr from sx onset)
 PCI for STEMI (stable, >12 hr from sx onset) Other

→ If Primary PCI for STEMI, Non-System Reason for Delay in PCI⁷¹¹⁰:
 Difficult vascular access Cardiac arrest and/or need for intubation before PCI
 Patient delays in providing consent for the procedure Difficulty crossing the culprit lesion during the PCI procedure
 Other None

CABG⁷²⁰⁰: No Yes

G. REPERFUSION STRATEGY (IMMEDIATE REPERFUSION) → IF STEMI OR STEMI EQUIVALENT⁴⁰³⁰ = 'YES'

Was Patient a Reperfusion Candidate⁸⁰⁰⁰: No Yes

→ If No, Primary Reason⁸⁰¹¹: No ST elevation/LBBB MI diagnosis unclear Chest pain resolved
 ST elevation resolved MI symptoms onset >12 hours No chest pain Other

→ If Yes, Primary PCI⁸⁰¹⁵: No Yes

→ If Yes, Thrombolytics⁸⁰²⁰: No Yes

→ If Yes, Dose Start Date/Time^{8023, 8024}: _____

→ If Yes, Non-System Reason for Delay⁸⁰²⁵: No Yes

→ If No, Lytic ineligible and requiring prolonged transfer time for primary PCI⁸⁰²⁶: No Yes

→ If Reperfusion Candidate is 'Yes' and Primary PCI is 'No', Reason Primary PCI Not Performed⁸⁰³⁰

Non-compressible vascular puncture(s) Spontaneous reperfusion (documented by cath only) Other
 Active bleeding on arrival or within 24 hours Patient/family refusal Not performed (not a PCI center)
 Quality of life decision DNR at time of treatment decision No reason documented
 Anatomy not suitable to primary PCI Prior allergic reaction to IV contrast Thrombolytic Administered

→ If Reperfusion Candidate is 'Yes' and Thrombolytics is 'No', Reason Thrombolytics Not Administered⁸⁰³⁵

Known bleeding diathesis Ischemic stroke w/in 3 months except acute ischemic stroke within 3 hours
 Recent bleeding within 4 weeks Any prior intracranial hemorrhage
 Recent surgery/trauma Pregnancy
 Intracranial neoplasm, AV malformation, or aneurysm Prior allergic reaction to thrombolytics
 Severe uncontrolled hypertension DNR at time of treatment decision
 Suspected aortic dissection Other
 Significant close head or facial trauma within previous 3 months Expected DTB < 90 minutes
 Active peptic ulcer No reason documented
 Traumatic CPR that precludes thrombolytics



H. IN-HOSPITAL CLINICAL EVENTS

Reinfarction 9000: O No O Yes
Cardiogenic Shock 9010: O No O Yes
Heart Failure 9020: O No O Yes
Cardiac Arrest 9035: O No O Yes -> If Yes, Date 9037: _____
CVA/Stroke 9030: O No O Yes -> If Yes, Hemorrhagic 9032: O No O Yes
Suspected Bleeding Event 9040: O No O Yes
RBC/Whole Blood Transfusion 9050: O No O Yes

I. LABORATORY RESULTS

Positive Cardiac Markers Within First 24 Hours 10000: O No O Yes
TROPONIN: Collected 10010: O No O Yes - I O Yes - T
Initial -> If Yes, Value 10013: _____ (ng/mL) -> URL 10014: _____
CREATININE: Collected 10100: O No O Yes
Initial -> If Yes, Value 10103: _____ (mg/dL)
HEMOGLOBIN: Collected 10150: O No O Yes
Initial -> If Yes, Value 10153: _____ (g/dL)
LIPIDS (MG/DL): Panel Performed 10350: O No O Yes [] Value Out of Range 10360
-> If Yes, LDL 10355: _____

K. OPTIONAL ELEMENTS (FOR AMI CORE MEASURE REPORTING ONLY)

Point of Origin 12000: O Non-health care facility O Court/law enforcement
O Clinic O Information not available
O Transfer from a hospital (different facility) O D: Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the Payor
O Transfer from a skilled nursing facility (SNF) or intermediate care facility (ICF) O E: Transfer from ambulatory surgery center
O Transfer from another health care facility O F: Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program
O Emergency room
Transfer from Another ED 12010: O No O Yes
CMS Comfort Measures Timing 12020: O Day 0 or 1 O Day 2 or after O Timing unclear O Not documented/UTD
Principal Diagnosis Code 12090: Principal Procedure Code 12100: Date 12101:
Other Diagnosis Code(s) 12110-12:
Other Procedure Code(s) 12120-21: Date(s) 12122-23:
Physician 1 12130: Physician 2 12131:
CMS Discharge Status 12140: O D/C - Home or self care O D/C - Federal health care facility
O D/C - Short term general hospital O Hospice - Home
O D/C - To a skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care O Hospice - Medical facility
O D/C - Intermediate care facility O D/C - Hospital-based Medicare-approved swing bed
O D/C - Institution not defined elsewhere in this code list O D/C - Inpatient rehabilitation facility (IRF) including rehabilitation-distinct part units of a hospital
O D/C - Home under care of organized home health service organization in anticipation of covered skilled care O D/C - Medicare-certified long term care hospital (LTCH)
O Left against medical advice or discontinued care O D/C - Nursing facility certified under Medicaid but not certified under Medicare
O Expired O D/C - To a psychiatric hospital or a psychiatric-distinct part unit of a hospital
O Expired in a medical facility (e.g. hospital, SNF, ICF, or freestanding hospice) O D/C - Critical access hospital (CAH)