

IV. Acute MI Information (Complete this section for ALL patients with an MI less than 24 hours prior to PCI.)

Onset of Ischemic Symptoms: Date / / Time :

Arrival at Transferring Hospital: / / :

Arrival at PCI Hospital: / / :

New ST Elevation
 New ST↓ or T↓
 New LBBB
 TIMI ≤ II
 Ongoing Ischemia at time of proc

V. Pre-intervention Risk Factors (answer all that apply)

Priority	Height	Weight	Ejection Fraction	Creatinine	Angina
1 <input type="checkbox"/> Elective	<input type="text"/> cm	<input type="text"/> kg	<input type="text"/> %	<input type="text"/> mg/dl	CCS Class <input type="text"/>
2 <input type="checkbox"/> Urgent			Measure <input type="text"/>		Type <input type="text"/>
3 <input type="checkbox"/> Emergency					
0 <input type="checkbox"/> None of the pre-intervention risk factors listed below were present					
Previous PCIs	Previous MI (most recent)			Hemodynamic Instability at time of procedure	
1 <input type="checkbox"/> One	4 <input type="checkbox"/> <6 hours		9 <input type="checkbox"/> Cerebrovascular Disease	12 <input type="checkbox"/> Unstable	
2 <input type="checkbox"/> Two	5 <input type="checkbox"/> ≥6-<12 hours		10 <input type="checkbox"/> Peripheral Vascular Disease	13 <input type="checkbox"/> Shock	
3 <input type="checkbox"/> Three or more	6 <input type="checkbox"/> ≥12-<24 hours				
	7 <input type="text"/> days (use 21 for 21 or more)				
18 <input type="checkbox"/> Congestive Heart Failure, Current	21 <input type="checkbox"/> Chronic Obstructive Pulmonary Disease	32 <input type="checkbox"/> Emergency PCI due to Dx cath complication			
19 <input type="checkbox"/> Congestive Heart Failure, Past	22 <input type="checkbox"/> Diabetes requiring medication	34 <input type="checkbox"/> Stent Thrombosis			
37 <input type="checkbox"/> BNP, 3x Normal	24 <input type="checkbox"/> Renal Failure, dialysis	35 <input type="checkbox"/> Any Previous Organ Transplant			
20 <input type="checkbox"/> Malignant Ventricular Arrhythmia	28 <input type="checkbox"/> Previous CABG Surgery	36 <input type="checkbox"/> Contraindication to ASA/Plavix			

VI. Major Events Following PCI (check all that apply)

0 None

1 Stroke (new neurological deficit) 24 hrs or less

1A Stroke (new neurological deficit) over 24 hrs

2 Q-Wave MI

7A Acute Occlusion in the Targeted Lesion

7B Acute Occlusion in a Significant Side Branch

8 A/V Injury at Cath Entry Site, requiring intervention

10 Renal Failure

14 Emergency Cardiac Surgery

17 Stent Thrombosis

18 Emergency Return to Cath Lab for PCI

19 Coronary Perforation

VII. Discharge Information

Is an additional PCI planned as follow-up to this one, as part of a staged treatment strategy? 0 No 1 Yes

Discharged alive to:	Died in:	Hospital Discharge Date
11 <input type="checkbox"/> Home	2 <input type="checkbox"/> Operating Room	<input type="text"/> / <input type="text"/> / <input type="text"/>
12 <input type="checkbox"/> Hospice	3 <input type="checkbox"/> Recovery Room	m d y
13 <input type="checkbox"/> Acute Care Facility	4 <input type="checkbox"/> Critical Care Unit	
14 <input type="checkbox"/> Skilled Nursing Home	5 <input type="checkbox"/> Medical/Surgical Floor	30 Day Status
15 <input type="checkbox"/> In-Patient Physical Medicine & Rehab	6 <input type="checkbox"/> Cath Lab	1 <input type="checkbox"/> Live
19 <input type="checkbox"/> Other (specify) _____	7 <input type="checkbox"/> In Transit to Other Facility	2 <input type="checkbox"/> Dead
	8 <input type="checkbox"/> Elsewhere in Hospital (specify) _____	9 <input type="checkbox"/> Unknown

VIII. Person Completing Report