

A. DEMOGRAPHICS

Last Name ²⁰⁰⁰ :	Mansfield	First Name ²⁰¹⁰ :	Elizabeth	Middle Name ²⁰²⁰ :	Kathleen
SSN ²⁰³⁰ :	- - X SSN N/A ²⁰³¹	Patient ID ²⁰⁴⁰ :	666555 (auto)	Other ID ²⁰⁴⁵ :	727
Birth Date ²⁰⁵⁰ :	9/24/1955	Sex ²⁰⁶⁰ :	<input type="radio"/> Male <input checked="" type="radio"/> Female		
Race:	<input type="checkbox"/> White ²⁰⁷⁰ <input checked="" type="checkbox"/> Black/African American ²⁰⁷¹ <input type="checkbox"/> Asian ²⁰⁷² (check all that apply) <input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³ <input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴				
Hispanic or Latino Ethnicity ²⁰⁷⁶ :	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

B. EPISODE OF CARE

Arrival Date/Time ^{3000,3001} :	1/27/2014 0500	Patient Zip Code ³⁰⁰⁵ :	10000	<input type="checkbox"/> Zip Code N/A ³⁰⁰⁶
Admit Source ³⁰¹⁰ :	<input checked="" type="checkbox"/> Emergency department <input type="checkbox"/> Transfer in from another acute care facility <input type="checkbox"/> Other			
Insurance Payors:	<input type="checkbox"/> Private Health Insurance ³⁰²⁰ <input type="checkbox"/> Medicare ³⁰²¹ <input type="checkbox"/> Medicaid ³⁰²² <input type="checkbox"/> Military Health Care ³⁰²³ (check all that apply) <input type="checkbox"/> State-Specific Plan (non-Medicaid) ³⁰²⁴ <input type="checkbox"/> Indian Health Service ³⁰²⁵ <input type="checkbox"/> Non-US Insurance ³⁰²⁶ <input checked="" type="checkbox"/> None ³⁰²⁷			
HIC # ³⁰³⁰ :	100000801			

C. HISTORY AND RISK FACTORS (ON ARRIVAL TO CATHPCI FACILITY)

Current/Recent Smoker (< 1 year) ⁴⁰⁰⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	Height ⁴⁰⁵⁵ :	175 (cm)
Hypertension ⁴⁰⁰⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	Weight ⁴⁰⁶⁰ :	57 (kg)
Dyslipidemia ⁴⁰¹⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	Currently On Dialysis ⁴⁰⁶⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes
Family History of Premature CAD ⁴⁰¹⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	Cerebrovascular Disease ⁴⁰⁷⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes
Prior MI ⁴⁰²⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	Peripheral Arterial Disease ⁴⁰⁷⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes
Prior Heart Failure ⁴⁰²⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	Chronic Lung Disease ⁴⁰⁸⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes
Prior Valve Surgery/Procedure ⁴⁰³⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	Diabetes Mellitus ⁴⁰⁸⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes
Prior PCI ⁴⁰³⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	→If Yes, Diabetes Therapy ⁴⁰⁹⁰ : <input type="radio"/> None <input type="radio"/> Diet <input checked="" type="radio"/> Oral <input type="radio"/> Insulin <input type="radio"/> Other	
→If Yes, Most Recent PCI Date ⁴⁰⁴⁰ :	3/28/2013		
Prior CABG ⁴⁰⁴⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes		
→If Yes, Most Recent CABG Date ⁴⁰⁵⁰ :	5/5/2010		

D. CATH LAB VISIT (COMPLETE FOR EACH CATH LAB VISIT)

CLINICAL EVALUATION LEADING TO THE PROCEDURE

CAD Presentation ⁵⁰⁰⁰ :	<input type="radio"/> No Sxs, no angina (14 days) <input type="radio"/> Sx unlikely to be ischemic (14 days) <input type="radio"/> Stable angina (42 days) <input type="radio"/> Unstable angina (60 days) <input type="radio"/> Non-STEMI (7 days) <input checked="" type="radio"/> STEMI (7 days)		
→If STEMI or Non-STEMI, Symptom Onset Date/Time ^{5005,5006} (7 days):	1/26/2014 2300	<input checked="" type="checkbox"/> Time Estimated ⁵⁰⁰⁷	<input type="checkbox"/> Time Not Available ⁵⁰⁰⁸
→If STEMI, Thrombolytics ⁵⁰¹⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	→If Yes, Start Date/Time ^{5015,5016} :	1/26/2014 2320
Anginal Classification w/in 2 Weeks ⁵⁰²⁰ :	<input type="radio"/> No symptoms <input type="radio"/> CCS I <input type="radio"/> CCS II <input checked="" type="radio"/> CCS III <input type="radio"/> CCS IV		
Anti-Anginal meds w/in 2 Weeks ⁵⁰²⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes → If Yes, Type (check all that apply): <input checked="" type="checkbox"/> Beta Blockers ⁵⁰²⁶ <input checked="" type="checkbox"/> Ca Channel Blockers ⁵⁰²⁷ <input checked="" type="checkbox"/> Long Acting Nitrates ⁵⁰²⁸ <input checked="" type="checkbox"/> Ranolazine ⁵⁰²⁹ <input checked="" type="checkbox"/> Other ⁵⁰³⁰		
Heart Failure w/in 2 Weeks ⁵⁰⁴⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes		
→If Yes, NYHA Class w/in 2 Weeks ⁵⁰⁴⁵ :	<input type="radio"/> Class I <input type="radio"/> Class II <input checked="" type="radio"/> Class III <input type="radio"/> Class IV		
Cardiomyopathy or LV Systolic Dysfunction ⁵⁰⁵⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	Cardiogenic Shock w/in 24 Hours ⁵⁰⁶⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes
Pre-operative Evaluation Before Non-Cardiac Surgery ⁵⁰⁵⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	Cardiac Arrest w/in 24 Hours ⁵⁰⁶⁵ :	<input checked="" type="radio"/> No <input type="radio"/> Yes

Stress or Imaging Studies Performed⁵¹⁰⁰: No Yes → If Yes, Specify Test Performed:

Test Performed	No	Yes	Result	Risk/Extent Of Ischemia
Standard Exercise Stress Test ^{5200,5201,5202} : (w/o imaging)	<input type="radio"/>	<input checked="" type="radio"/> → If Yes,	<input type="radio"/> Negative <input checked="" type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input checked="" type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Echocardiogram ^{5210,5211,5212} :	<input type="radio"/>	<input checked="" type="radio"/> → If Yes,	<input type="radio"/> Negative <input checked="" type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input checked="" type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Testing w/SPECT MPI ^{5220,5221,5222} :	<input checked="" type="radio"/>	<input type="radio"/> → If Yes,	<input checked="" type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Testing w/CMR ^{5230,5231,5232} :	<input type="radio"/>	<input checked="" type="radio"/> → If Yes,	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminant <input checked="" type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Cardiac CTA ^{5240,5241} :	<input type="radio"/>	<input checked="" type="radio"/> → If Yes,	<input type="radio"/> No disease <input checked="" type="radio"/> 1VD <input type="radio"/> 2VD <input type="radio"/> 3VD <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	
Coronary Calcium Score ⁵²⁵⁰ :	<input type="radio"/>	<input checked="" type="radio"/> → If Yes,	Calcium Score: ⁵²⁵¹ <u>105</u>	

PROCEDURE INFORMATION

Procedure Date/Time ^{5300/5301} : 1/27/2014 0520	Fluoro Time/Dose ^{5320,5321} : 30 minutes OR 2 mGy
PCI ⁵³⁰⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes	Contrast Volume ⁵³²⁵ : 200
Diagnostic Cath ⁵³¹⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes	
Other Procedure (in conj w/Dx Cath or PCI) ⁵³¹⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes	

MECHANICAL VENTRICULAR SUPPORT

IABP ⁵³³⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes	→ If Yes, Timing ⁵³³⁵ : <input type="radio"/> In place at start of procedure <input type="radio"/> Inserted during procedure and prior to PCI <input checked="" type="radio"/> Inserted after PCI has begun
Other Mechanical Ventricular Support ⁵³⁴⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes	→ If Yes, Timing ⁵³⁴⁵ : <input type="radio"/> In place at start of procedure <input checked="" type="radio"/> Inserted during procedure and prior to PCI <input type="radio"/> Inserted after PCI has begun

ARTERIAL ACCESS:

Arterial Access Site ⁵³⁵⁰ : <input type="radio"/> Femoral <input checked="" type="radio"/> Brachial <input type="radio"/> Radial <input type="radio"/> Other	
Closure Method(s) ⁵³⁵⁵ :	<input type="checkbox"/> Method Not Documented ⁵³⁵⁶
1 9 Perclose ProGlide	
2	
3	
4	

E. DIAGNOSTIC CATHETERIZATION PROCEDURE (COMPLETE FOR EACH DIAGNOSTIC CATH)

Operator's Name ^{6000, 6005, 6010} : Joe Jackson	Operator's NPI ⁶⁰¹⁵ : 1234567890
Diagnostic Coronary Angiography ⁶⁰²⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes	
Left Heart Cath ⁶⁰²⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes	
Cardiac Transplant Evaluation ⁶⁰³⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes	→ If Yes, Type ⁶⁰³⁵ : <input checked="" type="radio"/> Donor for cardiac transplant <input type="radio"/> Candidate to receive a cardiac transplant <input type="radio"/> Post cardiac transplant follow up
Diag Cath Status ⁶⁰⁴⁰ : <input type="radio"/> Elective <input checked="" type="radio"/> Urgent <input type="radio"/> Emergency <input type="radio"/> Salvage	
Rx Recommendation ⁶⁰⁴⁵ : (after diagnostic cath) <input type="radio"/> None <input type="radio"/> Medical therapy and/or counseling <input checked="" type="radio"/> PCI w/o planned CABG <input type="radio"/> CABG (including planned hybrid CABG/PCI procedures) <input type="radio"/> Other cardiac therapy without CABG or PCI	

F. BEST ESTIMATE OF CORONARY ANATOMY (COMPLETE FOR EACH CATH LAB VISIT)

Dominance⁶¹⁰⁰: Left Right Co-dominant

Coronary Territory	Native Artery Percent Stenosis in >=2mm vessels	Grafts Supplying Coronary Territory (Note 1) Percent Stenosis
Left Main	<u>40</u> % ⁶¹¹⁰ <input type="checkbox"/> Not Available ⁶¹¹¹	
Prox LAD	<u>30</u> % ⁶¹²⁰ <input type="checkbox"/> Not Available ⁶¹²¹	<u>80</u> % ⁶¹⁷⁰ <input type="checkbox"/> Not Available ⁶¹⁷¹
Mid/Distal LAD, Diag Branches	<u>40</u> % ⁶¹³⁰ <input type="checkbox"/> Not Available ⁶¹³¹	<u>90</u> % ⁶¹⁸⁰ <input type="checkbox"/> Not Available ⁶¹⁸¹
Circ, OMs, LPDA, LPL Branches	<u>50</u> % ⁶¹⁴⁰ <input type="checkbox"/> Not Available ⁶¹⁴¹	<u>95</u> % ⁶¹⁹⁰ <input type="checkbox"/> Not Available ⁶¹⁹¹
RCA, RPDA, RPL, AM Branches	<u>60</u> % ⁶¹⁵⁰ <input type="checkbox"/> Not Available ⁶¹⁵¹	<u>85</u> % ⁶²⁰⁰ <input type="checkbox"/> Not Available ⁶²⁰¹
Ramus	<u>70</u> % ⁶¹⁶⁰ <input type="checkbox"/> Not Available ⁶¹⁶¹	<u>75</u> % ⁶²¹⁰ <input type="checkbox"/> Not Available ⁶²¹¹

G. PCI PROCEDURE (COMPLETE FOR EACH CATH LAB VISIT IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)

Operator's Name^{7000,7005,7010}: **Joe Jackson**

Operator's NPI⁷⁰¹⁵:

PCI Status⁷⁰²⁰: Elective Urgent Emergency Salvage

Pre-PCI LVEF⁷⁰²⁵: **40** % Pre-PCI LVEF Not Assessed⁷⁰²⁶

Cardiogenic Shock at Start of PCI⁷⁰³⁰: No Yes

PCI Indication⁷⁰³⁵: Immediate PCI for STEMI PCI for STEMI (Unstable, >12 hrs from Sx onset)
 PCI for STEMI (Stable, >12 from hrs Sx onset) PCI for STEMI (stable after successful full-dose Thrombolysis)
 Rescue PCI for STEMI (after failed full-dose lytics) PCI for high risk Non-STEMI or unstable angina
 Staged PCI Other

→ If Immediate PCI for STEMI, STEMI or STEMI Equivalent First Noted⁷⁰⁴⁰: First ECG Subsequent ECG

→ If Subsequent ECG, Subsequent ECG with STEMI or STEMI Equivalent Date/Time^{7045, 7046}: 1/27/2014 0427

→ If Immediate PCI for STEMI, First Device Activation Date/Time^{7050,7051}: 01/27/2014 0540

→ If Immediate PCI for STEMI, Transferred In for Immediate PCI for STEMI⁷⁰⁵⁵: No Yes

→ If Yes, Date/Time ED Presentation at Referring Facility^{7060,7061}: 1/27/2014 0415

→ If Immediate PCI for STEMI, Non-System Reason for Delay in PCI⁷⁰⁶⁵:

- 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

PROCEDURE MEDICATIONS (ADMINISTERED WITHIN 24 HOURS PRIOR TO AND DURING THE PCI PROCEDURE)

Category	Medication ⁹⁵⁰⁰	Administered ⁹⁵¹⁰
Anticoagulants	Fondaparinux	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Low Molecular Weight Heparin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Unfractionated Heparin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Aspirin	Aspirin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Direct Thrombin Inhibitors	Bivalirudin	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Direct Thrombin Inhibitor (other)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Glycoprotein IIb/IIIa Inhibitors	GP IIb/IIIa (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Thienopyridines	Clopidogrel	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Ticlopidine	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Prasugrel	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input checked="" type="radio"/> Blinded

Note 1: CABG Date⁹⁰²⁰ must be less than Procedure Date/Time^{5300/5301} or Prior CABG⁴⁰⁴⁵ = "Yes" to complete these elements.

H. LESIONS AND DEVICES (COMPLETE FOR EACH PCI ATTEMPTED OR PERFORMED)

Lesion Counter ⁷¹⁰⁰ :	1	2
Segment Number(s) ⁷¹⁰⁵ :	91750005	91748002 91751009
If CAD Presentation ⁵⁰⁰⁰ is 'STEMI', 'Non-STEMI', or 'Unstable angina', Culprit Lesion ⁷¹¹⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Unknown	<input type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> Unknown
Stenosis Immediately Prior to Rx ⁷¹¹⁵ :	65 %	90 %
→ If 100%, Chronic Total Occlusion ⁷¹²⁰ :	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes
→ If 40-70%, IVUS ⁷¹²⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
→ If 40-70%, FFR ⁷¹³⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
→ If Yes, FFR Ratio ⁷¹³⁵ :	.62	.53
Pre-procedure TIMI Flow ⁷¹⁴⁰ :	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input checked="" type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Prev Treated Lesion ⁷¹⁴⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
→ If Yes, Timeframe ⁷¹⁵⁰ :	<input type="radio"/> < 1 month <input type="radio"/> 1-5 months <input checked="" type="radio"/> 6-12 months	<input type="radio"/> < 1 month <input type="radio"/> 1-5 months <input checked="" type="radio"/> 6-12 months
→ If Yes, Treated with Stent ⁷¹⁵⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
→ If Yes, In-Stent Restenosis ⁷¹⁶⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
In-Stent Thrombosis ⁷¹⁶⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
Stent Type ⁷¹⁷⁰ :	<input checked="" type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Type unknown	<input checked="" type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Type unknown
Lesion in Graft ⁷¹⁷⁵ :	<input checked="" type="radio"/> Not in Graft <input type="radio"/> Vein <input type="radio"/> LIMA <input type="radio"/> Other artery	<input checked="" type="radio"/> Not in Graft <input type="radio"/> Vein <input type="radio"/> LIMA <input type="radio"/> Other artery
→ If Vein, LIMA, Other, Location in Graft ⁷¹⁸⁰ :	<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal	<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal
Lesion Complexity ⁷¹⁸⁵ :	<input type="radio"/> Non-High/Non-C <input checked="" type="radio"/> High/C	<input checked="" type="radio"/> Non-High/Non-C <input type="radio"/> High/C
Lesion Length (mm) ⁷¹⁹⁰ :	8 mm	15 mm
Thrombus Present ⁷¹⁹⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
Bifurcation Lesion ⁷²⁰⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
Guidewire Across Lesion ⁷²⁰⁵ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
→ If Yes, Stenosis Post-Procedure ⁷²¹⁰ :	30 %	20 %
→ If Yes, Post-Procedure TIMI Flow ⁷²¹⁵ :	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3
→ If Yes, Device(s) Deployed ⁷²²⁰ :	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

Intracoronary Device(s) Used ⁷²²⁵	Associated Lesion(s) ⁷¹⁰⁰	Diameter ⁷²³⁵	Length ⁷²⁴⁰
1 Accent Balloon - Cook Medical (85)	1	5 mm	20 mm
2 XIENCE V DES - RX - Multilink MiniVision (193)	2	9mm	30mm
3			
4			
5			

INTRAPROCEDURE EVENTS	Significant Dissection ⁷²⁴⁵ : <input checked="" type="radio"/> No <input type="radio"/> Yes	Perforation ⁷²⁵⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes
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I. LABS (COMPLETE FOR EACH CATH LAB VISIT IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)

Pre-Procedure (performed at your facility)		Post-Procedure (post-procedure only)	
CK-MB ⁷³⁰⁰ 15 ng/mL <input type="checkbox"/> CK Not Applicable ⁷³⁰¹ <input type="checkbox"/> CK Drawn and Normal ⁷³⁰²	CK-MB ⁷³²⁵ 9 ng/mL <input type="checkbox"/> CK Not Applicable ⁷³²⁶ (peak value 6-24 hrs) <input type="checkbox"/> CK Drawn and Normal ⁷³²⁷		
Troponin I ⁷³⁰⁵ 4.5 ng/mL <input type="checkbox"/> Not Drawn ⁷³⁰⁶	Troponin I ⁷³³⁰ 2.3 ng/mL <input type="checkbox"/> Not Drawn ⁷³³¹ (peak value 6-24 hrs)		
Troponin T ⁷³¹⁰ 0.3 ng/mL <input type="checkbox"/> Not Drawn ⁷³¹¹	Troponin T ⁷³³⁵ 0.1 ng/mL <input type="checkbox"/> Not Drawn ⁷³³⁶ (peak value 6-24 hrs)		
Creatinine ⁷³¹⁵ 2.1 mg/dL <input type="checkbox"/> Not Drawn ⁷³¹⁶	Creatinine ⁷³⁴⁰ 2.2 mg/dL <input type="checkbox"/> Not Drawn ⁷³⁴¹ (highest value)		
Hemoglobin ⁷³²⁰ 15.6 g/dL <input type="checkbox"/> Not Drawn ⁷³²¹	Hemoglobin ⁷³⁴⁵ 15.0 g/dL <input type="checkbox"/> Not Drawn ⁷³⁴⁶ (lowest w/in 72 hrs)		

J. INTRA AND POST-PROCEDURE EVENTS (COMPLETE FOR EACH CATH LAB VISIT)

Myocardial Infarction ⁸⁰⁰⁰ : (Positive Biomarkers)	O No <input checked="" type="checkbox"/> Yes	Bleeding Event w/in 72 Hours ⁸⁰⁵⁰ :	O No <input checked="" type="checkbox"/> Yes
Cardiogenic Shock ⁸⁰⁰⁵ :	O No <input checked="" type="checkbox"/> Yes	→If Yes, Bleeding at Access Site ⁸⁰⁵⁵ :	O No <input checked="" type="checkbox"/> Yes
Heart Failure ⁸⁰¹⁰ :	O No <input checked="" type="checkbox"/> Yes	→If Yes, Hematoma at Access Site ⁸⁰⁶⁰ :	O No <input checked="" type="checkbox"/> Yes
CVA/Stroke ⁸⁰¹⁵ :	O No <input checked="" type="checkbox"/> Yes	→If Yes, Size ⁸⁰⁶¹ : O <3cm O 3-5cm <input checked="" type="checkbox"/> >5-10 O >10cm	
→If Yes, Hemorrhagic Stroke ⁸⁰²¹ :	O No <input checked="" type="checkbox"/> Yes	→If Yes, Retroperitoneal Bleeding ⁸⁰⁷⁰ :	O No <input checked="" type="checkbox"/> Yes
Tamponade ⁸⁰²⁵ :	O No <input checked="" type="checkbox"/> Yes	→If Yes, GI Bleed ⁸⁰⁸⁰ :	O No <input checked="" type="checkbox"/> Yes
New Requirement for Dialysis ⁸⁰³⁰ :	O No <input checked="" type="checkbox"/> Yes	→If Yes, GU Bleed ⁸⁰⁹⁰ :	O No <input checked="" type="checkbox"/> Yes
Other Vascular Complications Req Rx ⁸⁰³⁵ :	O No <input checked="" type="checkbox"/> Yes	→If Yes, Other Bleed ⁸¹⁰⁰ :	O No <input checked="" type="checkbox"/> Yes
RBC/Whole Blood Transfusion ⁸⁰⁴⁰ :	O No <input checked="" type="checkbox"/> Yes		
→If Yes, Hgb Prior to Transfusion ⁸⁰⁴¹ :	<u>15</u> g/dL		

K. DISCHARGE (COMPLETE THIS SECTION FOR EACH EPISODE OF CARE)

CABG⁹⁰⁰⁰: O No Yes

→ If Yes, **CABG Status**⁹⁰⁰⁵: O Elective Urgent O Emergency O Salvage

→ If Yes, **CABG Indication**⁹⁰¹⁰: O PCI complication PCI failure without clinical deterioration
O Treatment of CAD without PCI immediately preceding CABG O PCI/CABG hybrid procedure

→If Yes, **Location**⁹⁰¹⁵: At your facility O Transferred to other facility

→If At your facility, **CABG Date/Time**^{9020,9021}: **2/2/2014 0800**

Other Major Surgery⁹⁰²⁵: No O Yes **LVEF**⁹⁰³⁰: **35** % LVEF Not Assessed⁹⁰³¹

Discharge Date⁹⁰³⁵: **02/03/2014**

Discharge Status⁹⁰⁴⁰: Alive O Deceased

→If Alive, **Discharge Location**⁹⁰⁴⁵: O Home Extended care/TCU/rehab O Other acute care hospital
O Nursing home O Hospice O Other O Left against medical advice (AMA)

→If Alive, **Cardiac Rehabilitation Referral**⁹⁰⁵⁰: O No O Yes Ineligible

→If Deceased, **Death in Lab**⁹⁰⁵⁵: O No O Yes

→If Deceased, **Primary Cause of Death**⁹⁰⁶⁰: O Cardiac O Neurologic O Renal O Vascular O Infection
O Valvular O Pulmonary O Unknown O Other

Hospital Status⁹⁰⁶⁵: O Outpatient Outpatient converted to inpatient O Inpatient

DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE – COMPLETE FOR EACH EPISODE OF CARE IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)

Category	Medication	Administered			
<i>Discharge medications are not required for patients who expired or were discharged to 'Other acute care Hospital', 'Hospice', or 'AMA'.</i>					
ACE Inhibitors	ACE Inhibitor (any)	O No	O Yes	O Contraindicated	<input checked="" type="checkbox"/> Blinded
ARBs	ARB (any)	O No	O Yes	O Contraindicated	O Blinded
Aspirin	Aspirin (any)	O No	O Yes	<input checked="" type="checkbox"/> Contraindicated	O Blinded
Beta Blockers	Beta Blocker (any)	O No	O Yes	O Contraindicated	O Blinded
Lipid Lowering Agents	Statin (any)	O No	O Yes	O Contraindicated	O Blinded
	Non-Statin (any)	O No	O Yes	O Contraindicated	O Blinded
Thienopyridines	Clopidogrel	O No	O Yes	O Contraindicated	O Blinded
	Ticlopidine	O No	O Yes	O Contraindicated	O Blinded
	Prasugrel	O No	O Yes	O Contraindicated	O Blinded