



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

<b>Cardiac Enzymes:</b>	CK: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> U/L	<input type="checkbox"/> New Abnormal Wall Motion	Time from onset of chest pain to procedure:
	MB: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ng/ml	<input type="checkbox"/> New Q Waves	<input type="text"/> hours <input type="text"/> minutes
	CK-MB: <input type="text"/> <input type="text"/> %	<input type="checkbox"/> New ST Elevation	
	Troponin	<input type="checkbox"/> New ST ↓ or T ↓	Transfer Time:
	Tn-I: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ng/ml	<input type="checkbox"/> New LBBB	<input type="text"/> hours <input type="text"/> minutes
	Tn-T: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ng/ml	<input type="checkbox"/> TIMI ≤ II	
		<input type="checkbox"/> Ischemic Type Chest Pain	Door to Balloon time:
		<input type="checkbox"/> Ongoing Ischemia at time of proc	<input type="text"/> hours <input type="text"/> minutes

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

Priority	Height	Weight	Ejection Fraction	Creatinine	Angina
1 <input type="checkbox"/> Elective	<input type="text"/> <input type="text"/> <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> kg	<input type="text"/> <input type="text"/> %	<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 ☐ 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"/> <input type="text"/> days (use 21 for 21 or more)		

- |   |   |   |
|---|---|---|
| 18 <input type="checkbox"/> Congestive Heart Failure, Current     | 22 <input type="checkbox"/> Diabetes requiring medication | 32 <input type="checkbox"/> Emergency PCI due to Dx cath complication |
| 19 <input type="checkbox"/> Congestive Heart Failure, Past        | 24 <input type="checkbox"/> Renal Failure, dialysis       | 34 <input type="checkbox"/> Stent Thrombosis                          |
| 20 <input type="checkbox"/> Malignant Ventricular Arrhythmia      | 28 <input type="checkbox"/> Previous CABG Surgery         | 35 <input type="checkbox"/> Any Previous Organ Transplant             |
| 21 <input type="checkbox"/> Chronic Obstructive Pulmonary Disease | 29 <input type="checkbox"/> Immune System Deficiency      |   |

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

- |   |  |
|---|--|
| 0 <input type="checkbox"/> None   | 7B <input type="checkbox"/> Acute Occlusion in a Significant Side Branch         |
| 1 <input type="checkbox"/> Stroke (new neurological deficit) 24 hrs or less | 8 <input type="checkbox"/> A/V Injury at Cath Entry Site, requiring intervention |
| 1A <input type="checkbox"/> Stroke (new neurological deficit) over 24 hrs   | 10 <input type="checkbox"/> Renal Failure  |
| 2 <input type="checkbox"/> Transmural MI (New Q Waves)                      | 14 <input type="checkbox"/> Emergency Cardiac Surgery                            |
| 3 <input type="checkbox"/> Non-Transmural MI (No New Q Waves)               | 17 <input type="checkbox"/> Stent Thrombosis                                     |
| 7A <input type="checkbox"/> Acute Occlusion in the Targeted Lesion          | 18 <input type="checkbox"/> Emergency Return to Cath Lab for PCI                 |

**VII. Discharge Information**

Medications on Discharge:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Aspirin          | <input type="checkbox"/> Aspirin Contraindicated          | <input type="checkbox"/> Lipid Lowering Meds | <input type="checkbox"/> Lipid Lowering Meds Contraindicated |
| <input type="checkbox"/> Beta Blocker Use | <input type="checkbox"/> Beta Blocker Use Contraindicated |  |  |

Discharged alive to:

- |                                  |                                     |   |  |  |   |
|----------------------------------|-------------------------------------|---|--|--|---|
| 11 <input type="checkbox"/> Home | 12 <input type="checkbox"/> Hospice | 13 <input type="checkbox"/> Acute Care Facility | 14 <input type="checkbox"/> Skilled Nursing Home | 15 <input type="checkbox"/> In-Patient Physical Medicine & Rehab | 16 <input type="checkbox"/> Other (specify) _____ |
|----------------------------------|-------------------------------------|---|--|--|---|

Died in:

- |   |  |
|---|--|
| 2 <input type="checkbox"/> Operating Room         | 7 <input type="checkbox"/> In Transit to Other Facility          |
| 3 <input type="checkbox"/> Recovery Room          | 8 <input type="checkbox"/> Elsewhere in Hospital (specify) _____ |
| 4 <input type="checkbox"/> Critical Care Unit     |  |
| 5 <input type="checkbox"/> Medical/Surgical Floor |  |
| 6 <input type="checkbox"/> Cath Lab               |  |

Hospital Discharge Date

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
m d y

**VIII. Person Completing Report**

Name \_\_\_\_\_