



DO NOT SUBMIT OR FAX THIS PAGE TO COR

Patient #	Patient Initials	Date of Birth	Medical Record Number
_____	_____ F M L	_____ DD MM YY	_____

Patient:

Name: _____

Address: _____

Telephone (home): _____ Telephone (work): _____

Expected 6-month Follow-up Date: _____

Family Physician:

Name: _____

Address: _____

Telephone: _____

Cardiologist/Internist:

Name: _____

Address: _____

Telephone: _____

Date CRF Submitted to COR: _____

Date Corrections Returned: _____
(in response to QC Report)

Date Corrections Returned: _____
(in response to QC Report)

Summary of GRACE Eligibility Criteria

Basic GRACE Eligibility Criteria:

- Must have one of the Acute Coronary Syndromes as a presumptive diagnosis.
- Must be 18 years of age or over.
- The **qualifying** acute coronary syndrome must **not** have been precipitated or accompanied by a significant co-morbidity such as a motor vehicle accident, trauma, severe gastrointestinal bleeding, operation or procedure.
- Patients who are already hospitalized when they develop qualifying ACS symptoms are not eligible for enrollment in **GRACE**.

Early Deaths:

- Must be alive at the time of hospital presentation.
- Patients hospitalized for less than 1 day who die may be enrolled provided that the cause of death is confirmed to be due to ACS.

Transfer Patients:

- Patients transferred into or out of a registry hospital can be enrolled regardless of the time spent at the transferring hospital.
- For patients transferred out of a registry hospital, data collection for the Initial CRF will end with the transfer and indication of purpose of transfer.

Patients can be enrolled more than once:

- Patients may be re-enrolled provided that at least 6 months have passed since their prior enrollment. When a patient is re-enrolled, a new **GRACE** patient identification number must be assigned.

Confirmation of Eligibility

Symptoms felt to be consistent with acute cardiac ischemia within 24 hours of hospital presentation.

Plus, a minimum of 1 of the definitions for 1 (or more) of the following 4 criteria:

History of CAD

- History of MI, angina, CHF felt to be due to ischemia or resuscitated sudden cardiac death.
- History of positive stress test with/without imaging.
- History of cardiac catheterization documenting CAD.
- History of PCI or CABG.

New Documentation of CAD

- New positive stress test with/without imaging.
- New cardiac catheterization documenting CAD.
- New PCI or CABG.

ECG Changes

- Transient ST segment elevations of ≥ 1 mm.
- ST segment depressions of ≥ 1 mm.
- New T wave inversions of ≥ 1 mm.
- Pseudo-normalization of previously inverted T waves.
- New Q waves (1/3 the height of the R wave or ≥ 0.04 secs.).
- New R wave $>S$ wave in lead V_1 (posterior MI).
- New LBBB.

Increase in Cardiac Enzymes

- CKMB 2x upper limit of the hospital's normal range, OR if no CKMB available, then total CPK >2 x upper limit of the hospital's normal range.
- Positive troponin I.
- Positive troponin T.

A. ENROLLMENT

2. Where Identified

- 1 = CCU/ICU
- 2 = Cath Lab
- 3 = ER / ED
- 4 = Cardiac Unit
- 5 = General Unit
- 6 = Admit List
- 7 = Other

C. MEDICAL HISTORY

15. Smoker

- 1 = Former smoker
- 2 = Current smoker
- 9 = Status not recorded

16. Diabetes

- 1 = Diet controlled
- 2 = Oral hypoglycemics
- 3 = Insulin-dependent
- 4 = No treatment used
- 9 = Type not recorded

17. Renal Insufficiency

- 1 = No Dialysis
- 2 = Dialysis



GRACE Initial Form v3.5

Site ID (Required)

Patient ID (Required)

General Information

Pt. Initials

F M L

Date of Birth (Required)

day

month

year

A. Enrollment

1. Confirmation of Eligibility per GRACE Protocol: (Fill in all that apply)

- Symptoms of Ischemia **and** History of CAD Qualifying ECG Changes
 New Documentation of CAD Positive Cardiac Enzymes

2. Pursuit Type: (Fill in one) Cold Warm If warm, where identified?*

B. Demographics

1. Postal Code (Patient Residence)

2. Gender (Required)

-
- Male
-
- Female

3. Admission Weight

-
- lb
-
- kg

4. Height

-
- in
-
- cm

C. Medical History

(If Yes to 15 - 17, please provide code.*)

- | | No | Yes | | No | Yes | | No | Yes |
|--|-----------------------|-----------------------|---------------------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|
| 1. Angina | <input type="radio"/> | <input type="radio"/> | 8. Family History of CAD | <input type="radio"/> | <input type="radio"/> | 15. Smoker* | <input type="radio"/> | <input type="radio"/> |
| 2. MI | <input type="radio"/> | <input type="radio"/> | 9. Positive Stress Test | <input type="radio"/> | <input type="radio"/> | 16. Diabetes* | <input type="radio"/> | <input type="radio"/> |
| 3. CHF | <input type="radio"/> | <input type="radio"/> | 10. Hypertension | <input type="radio"/> | <input type="radio"/> | 17. Renal Insufficiency* | <input type="radio"/> | <input type="radio"/> |
| 4. Coronary Angiogram Diagnostic for CAD | <input type="radio"/> | <input type="radio"/> | 11. Dyslipidemia | <input type="radio"/> | <input type="radio"/> | 18. Major Surgery | <input type="radio"/> | <input type="radio"/> |
| 5. PCI | <input type="radio"/> | <input type="radio"/> | 12. Peripheral Arterial Disease | <input type="radio"/> | <input type="radio"/> | 19. Major Bleeding | <input type="radio"/> | <input type="radio"/> |
| 6. CABG | <input type="radio"/> | <input type="radio"/> | 13. Atrial Fib | <input type="radio"/> | <input type="radio"/> | 20. Internal Cardiac Defibrillator (ICD) | <input type="radio"/> | <input type="radio"/> |
| 7. Valve Repair/ Replacement | <input type="radio"/> | <input type="radio"/> | 14. TIA/Stroke | <input type="radio"/> | <input type="radio"/> | 21. History of Venous Thromboembolism | <input type="radio"/> | <input type="radio"/> |

D. Presentation

1. Symptom Onset

(Prompting Presentation to Hospital)

	Date			Time	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year	(24 hour clock)		

2. Hospital #1 Arrival

(Required if not transferred)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year	(24 hour clock)	

3. BP

<input type="text"/>	/	<input type="text"/>
systolic		diastolic

4. Pulse

 bpm

D. PRESENTATION

6. Killip Class

- 1 = I (No CHF)
- 2 = II (Rales)
- 3 = III (Pulmonary Edema)
- 4 = IV (Cardiogenic Shock)

7. Presumptive Admission Diagnosis

- 1 = MI
- 2 = Unstable Angina
- 3 = Rule out MI or suspected ACE/ACS
- 4 = Chest Pain
- 5 = Other Cardiac
- 6 = Other



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Site ID (Required)

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Patient ID (Required)

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D. Presentation (continued)

5. Cardiac arrest at presentation? No Yes6. Killip Class* 7. Presumptive Admission Diagnosis* 8. Was patient transferred from another hospital? No Yes

9. If Yes, Hospital #2 Arrival (Required if transferred)

Date			Time	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year	(24 hour clock)	

10. Reason for transfer:

(Fill in all that apply)

- Acute Care
 Cardiac Cath
 PCI
 CABG
 Other

E. ECG Findings

1a. Index ECG

(Prompted by ACS symptoms)

Date			Time	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year	(24 hour clock)	

Was Index ECG done in pre-hospital setting?

 No Yes

1b. Was Index ECG abnormal for Ischemia? (Required)

 No Yes → If Yes, note abnormalities below.

	Anterior	Inferior	Lateral
ST ↑ (≥1mm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ST ↓ (≥1mm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Significant Q Waves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T Wave Inversions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Left Bundle Branch Block

1c. Other abnormalities? (Fill in all that apply)

- AV Block (Mobitz II, 3°) Atrial Fib/Flutter Nonspecific ST/T Change Vtach
 Paced Rhythm Posterior Infarction Left Ventricular Hypertrophy RBBB

1d. Were any of the ischemic abnormalities on the index ECG new or presumed new?

- Not Applicable (index ECG had no ischemic abnormalities)
 Unknown
 No
 Yes → If Yes, note new and presumed new abnormalities below.

	Anterior	Inferior	Lateral
ST ↑ (≥1mm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ST ↓ (≥1mm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Significant Q Waves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T Wave Inversions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 Left Bundle Branch Block

1e. Other new abnormalities? (Fill in all that apply)

- AV Block (Mobitz II, 3°) Atrial Fib/Flutter Nonspecific ST/T Change Vtach
 Paced Rhythm Posterior Infarction Left Ventricular Hypertrophy RBBB





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Site ID (Required)

Patient ID (Required)

E. ECG Findings (continued)

2a. Did the patient develop ST \uparrow or LBBB after the index ECG? No YesIf Yes, specify
date and time:

Date			Time	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year	(24 hour clock)	

2b. Did the patient develop any of the following after the index ECG? (Fill in all that apply) Significant Q Waves or R>S in V1If Yes, specify
date and time:

Date			Time	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year	(24 hour clock)	

 ST Depressions (≥ 1 mm)If Yes, specify
date and time:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year	(24 hour clock)	

 T Wave InversionsIf Yes, specify
date and time:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year	(24 hour clock)	

F. Laboratory

1. Initial**Creatinine** umol/liter
 mg/dl**3. Initial WBC** 10^3 /cc
 10^9 /L**2. Peak****Creatinine** umol/liter
 mg/dl**4. Serum****Cholesterol** mmol/liter
 mg/dlPrior to hospital
presentation<24 hrs after hospital
presentation ≥ 24 hrs after hospital
presentation**LDL** mmol/liter
 mg/dl**HDL** mmol/liter
 mg/dl**Triglycerides** mmol/liter
 mg/dl**5. Initial****Glucose** mmol/liter
 mg/dl**Fasting**
Glucose mmol/liter
 mg/dl

H1. CARDIAC CATH / INTERVENTIONS

Culprit Lesion Territory

- 1 = LM
- 2 = LAD
- 3 = LCX
- 4 = RCA
- 5 = Vein Bypass Graft
- 6 = Arterial Bypass Graft
- 7 = Unknown

Culprit Artery TIMI Flow

- 1 = Occluded (TIMI 0/1)
- 2 = Slow (TIMI 2)
- 3 = Normal (TIMI 3)
- 4 = Unknown



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Site ID (Required)

Patient ID (Required)

F. Laboratory (continued)

6. Cardiac Markers - Initial Values

CPK CK-MB .

CPK ULN CK-MB ULN .

Date and Time

: :
day month year (24 hour clock)

Troponin I **OR** T Value .

ULN .

Date and Time

: :
day month year (24 hour clock)

7. Cardiac Markers - Maximum Values in 1st 24 hrs

CPK CK-MB .

CPK ULN CK-MB ULN .

Date and Time

: :
day month year (24 hour clock)

Troponin I **OR** T Value .

ULN .

Date and Time

: :
day month year (24 hour clock)

8. Biomarkers

CRP . mg/dl mg/l

BNP pcg/ml pg/ml

Homocysteine μ mol/liter

G. Procedures

1. Pacemaker No Yes → **Type:** (Fill in all that apply)
2. Echocardiography
3. PA Catheter
 Temporary
 Permanent
 ICD

4. Ventilator No Yes
5. IABP
6. Stress Test → Pos Neg

H. Cardiac Cath/Interventions

Patient/Family Refused Procedure (Fill in all that apply)

Cardiac Cath PCI CABG

1. Cardiac Cath No Yes : :
Date Time (24 hour clock) Total # of Cath Procedures (during hospitalization)

Stenosis \geq 50% in territories (Fill in all that apply)

LM LAD LCX RCA Bypass Graft(s)

Culprit Lesion Stenosis: % Culprit Lesion Territory:* Culprit Artery TIMI Flow:*



H. CARDIAC CATH / INTERVENTIONS

2. PCI Type

- 1 = Primary/direct (immediate mode of reperfusion in AMI)
- 2 = Rescue (after failed thrombolysis, where failed refers to ongoing/recurrent ischemic discomfort and/or lack of ST segment elevation resolution or recurrent ST elevation)
- 3 = Early PCI for cardiogenic shock
- 4 = PCI for treatment of unstable angina
- 5 = PCI for treatment of post AMI ischemia
- 6 = Facilitated PCI (immediate PCI following successful thrombolysis, or in conjunction with thrombolysis)
- 7 = Non-emergent adjunctive PCI of non-culprit lesion (stayed)
- 8 = Other (including non-emergent elective PCI of suspected culprit lesion)

3. Type of Graft(s)

- 1 = Vein graft(s)
- 2 = Arterial graft(s)
- 3 = Both Vein and Arterial graft(s)

I. LVEF

LVEF Grade

- 1 = Normal
- 2 = Mildly Diminished
- 3 = Moderately Diminished
- 4 = Severely Diminished

LVEF How Obtained

- 1 = Ventriculogram (angiogram)
- 2 = Nuclear Imaging
- 3 = Echo



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Site ID (Required)

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H. Cardiac Cath/Interventions (continued)

2. PCI No Yes

Date: (day month year)

Time: : (24 hour clock)

Total # of PCI Procedures (during hospitalization)

Indicate for 1st PCI: # of Dilated Vessels # of Stents PCI Type*

Done with Brachytherapy Drug Coated Stent(s) → If Yes, Number of Coated Stents Failed Procedure

3. CABG No Yes

Date: (day month year)

of Distal Graft(s) Type of Graft(s)*

I. LVEF

LVEF No Yes % OR Grade* How obtained*:

J. Thrombolytics

Thrombolytics No Yes → If Yes, # of treatments

Date of first: (day month year)

Time: : (24 hour clock)

Thrombolytics contraindicated

- Name of First Thrombolytic Drug: (Fill in one from below)
 - Streptokinase t-PA r-PA TNK-tPA Other Blinded Study Drug
 - Dose (Fill in one) half full
- Thrombolytic Initiation Site (Fill in one) Pre-hospital In-hospital
- Drugs administered simultaneously with thrombolytic (Fill in all that apply)
 - GP IIb/IIIa LMWH Unfractionated Heparin Blinded Study Drug



K. ANTIPLATELETS / ANTITHROMBINS / ANTICOAGULANTS

14. IV GP IIb/IIIa: Reason for Administration

1 = With PCI (started before PCI)

2 = Without PCI (medical treatment)

3 = Rescue (instituted after start of PCI. Sometimes referred to as bail-out use)



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Site ID (Required)

Patient ID (Required)

K. Antiplatelets/Antithrombins/Anticoagulants (Fill in all that apply for each medication)

	Blinded Study Drug	Chronic Use	Pre-Hospital Acute	Within 1st 24 hrs Hospital	After 1st 24 hrs Hospital	Peri-PCI	Prescribed at Discharge	Not Prescribed
1. Aspirin (Required)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	dosage <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/day					dosage <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/day		
2. Warfarin or other Vitamin K Antagonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Ticlopidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Clopidogrel (Required)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Unfractionated Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. IV Enoxaparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. SQ Enoxaparin (Required)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Bivalirudin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Fondaparinux	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other Direct Thrombin Inhibitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Other LMW Heparin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Other Antiplatelet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Other Antithrombin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. IV GP IIb/IIIa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reason for Administration:* <input type="text"/>	GP IIb/IIIa simultaneous drug administration with: (Fill in all that apply)							
	<input type="radio"/> Unfractionated Heparin			<input type="radio"/> LMWH				





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Site ID (Required)

Patient ID (Required)

L. Other Medications (Fill in all that apply for each medication)

	Blinded Study Drug	Chronic Use	Pre-Hospital Acute OR Within 1st 24 hrs Hospital	After 1st 24 hrs Hospital	Prescribed at Discharge/ Transfer	Not Prescribed
1. ACE Inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Amiodarone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Angiotensin II Receptor Blocker (ARB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Beta Blocker (IV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Beta Blocker (Oral)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Calcium Channel Blocker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Digoxin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Diuretic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Glucose/Insulin/Potassium (GIK)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Inotropic Agent (IV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Insulin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Insulin Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Insulin Sensitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Magnesium (IV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Nitrate (IV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nitrate (Oral/Topical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Nicorandil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Omega-3 Fatty Acids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Statin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Other Lipid Lowering Agent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

M. Medication Contraindications (Fill in all that apply)

ASA Beta Blockers ACE Inhibitors ARB Statins LMWH UFH

N. Lifestyle Interventions

1. If current cigarette smoker, was patient counseled to quit smoking by a health care professional?

No/Unknown Yes Does Not Apply

2. Was patient referred to a cardiac rehab program? No/Unknown Yes

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O. IN-HOSPITAL EVENTS

12. Mechanical Complications

1 = Ventricular Septal Defect

2 = Mitral Regurgitation

3 = Free wall rupture



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GRACE Initial Form v3.5

Site ID (Required)

Patient ID (Required)

O. In-hospital Events: After Presentation

- | | | | | | |
|---------------------------------------|--|----------------------------------|--|---|--|
| 1. Recurrent Ischemic Symptoms | No <input type="radio"/> Yes <input type="radio"/> | 5. Atrial Fib/Flutter | No <input type="radio"/> Yes <input type="radio"/> | 10. Acute Renal Failure | No <input type="radio"/> Yes <input type="radio"/> |
| 2. CHF/Pulmonary Edema | <input type="radio"/> <input type="radio"/> | 6. Sustained VT | <input type="radio"/> <input type="radio"/> | 11. AV Block (Mobitz II, 3°) | <input type="radio"/> <input type="radio"/> |
| 3. Cardiogenic Shock | <input type="radio"/> <input type="radio"/> | 7. Thrombocytopenia | <input type="radio"/> <input type="radio"/> | 12. Mechanical* Complication | <input type="radio"/> <input type="radio"/> |
| 4. Cardiac Arrest/VF* | <input type="radio"/> <input type="radio"/> | 8. HIT | <input type="radio"/> <input type="radio"/> | If yes*, enter Code: <input type="text"/> | |
| If yes*, specify date: | | 9. Venous Thromboembolism | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | |
| day | month | year | | | |

- 13. MI > 24 hrs after hospital presentation/Re-infarction** No Yes Date
- day month year

Confirmed by: (Fill in all that apply) Cardiac Markers ECG Peri-procedural

- 14. Stroke** No Yes Date **CT/MRI Confirmed?** No Yes
- Type:** (Fill in one) Embolic/Ischemic Embolic w/ Hemorrhagic Conversion Hemorrhagic/Subdural Hematoma Other

- 15. Major Bleeding** (except hemorrhagic stroke) No Yes Date
- Site(s):** (Fill in all that apply) Vascular Access Other Site
- Treatment:** (Fill in one) Surgery Transfusion Both Surgery and Transfusion None

P. Discharge Status

- 1. Was patient treated as part of a research protocol?** No Yes
- 2. Discharge Status** Death Home Transfer to Another Acute Facility AMA/Self-Discharge Other
(Required)
↓
For Specific Procedure? (Fill in all that apply): Cath PCI CABG
- 3. Date of Discharge or Death** **4. Time of Death if Died** :
(Required) (24 hour clock)
- 5. Primary Discharge Diagnosis - Fill in one (Required)** Specify Other/Other
 ACS Other Cardiac Other Cardiac Diagnosis: _____
- 6. Who was the primary physician who cared for the patient while in the hospital?** (Fill in one)
 Cardiologist Non-cardiologist → If so, then Cardiology Consult?

Forms Completed by: _____ Date

day month year

