DEMOGRAPHICS

Last Name[2000]:	**First Name**[2010]:	**Middle Name**[2020]:
Birth Date[2050]: mm / dd / yyyy	**SSN**[2030]: - -	☐ SSN N/A[2031]
Patient ID[2040]: *(auto)*	**Other ID**[2045]:	
Sex[2060]: O Male O Female	**Patient Zip Code**[2065]:	☐ Zip Code N/A[2066]

Race: (Select all that apply) ☐ White[2070] ☐ Black/African American[2071] ☐ American Indian/Alaskan Native[2073] ☐ Asian[2072] ☐ Native Hawaiian/Pacific Islander[2074]

Hispanic or Latino Ethnicity[2076]: O No O Yes

EPISODE OF CARE

Arrival Date/Time[3001]: mm / dd / yyyy / hh:mm | **Admission Date/Time**[12217]: mm / dd / yyyy / hh:mm

ED Professional Name, NPI[12202,12201,12203,12204]: *Last Name, First Name, Middle Name, NPI* , *Last Name, First Name, Middle Name, NPI*

Admitting Professional Name, NPI[3050,3051,3052,3053]: *Last Name, First Name, Middle Name, NPI*

Attending Professional Name, NPI[3055,3056,3057,3058]: *Last Name, First Name, Middle Name, NPI* , *Last Name, First Name, Middle Name, NPI*

Health Insurance[3005]: O No O Yes

→ **If** Yes, **Payment Source**[3010]: (Select all that apply)
☐ Private health insurance ☐ State-specific plan (non-Medicaid)
☐ Medicare (Part A or B) ☐ Medicare Advantage (Part C) ☐ Medicaid
☐ Military health care ☐ Indian health service ☐ Non-US insurance

→ **If any** Medicare**, Medicare Beneficiary Identifier (MBI)**[12846]: _____

DIAGNOSIS

Patient Type[12360]: O STEMI O NSTEMI O Unstable angina O Low-risk chest pain

→ **If** STEMI, **Setting**[12447]: O Pre-Admit O In-Hospital

→ **If** In-Hospital, **Admitting Diagnosis**[15478]: O Medical: Cardiac O Medical: Non-cardiac O Surgical: Cardiovascular O Surgical: Non-cardiovascular

→ **If** STEMI, ☐ **Type 2**[15559]

→ **If** STEMI Type 2, **Mechanism**[15599]: O Spontaneous coronary artery dissection O Coronary embolism O Coronary vasospasm O Other

INTERSYSTEM CARE DELIVERY
(COMPLETE FOR SETTING [12447] STEMI PRE-ADMIT OR PATIENT TYPE [12360] NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

Means of Transport to First Facility[12188]: O Self/Family O EMS - Ambulance O EMS - Air

→ **If** EMS, **Call to 911 Date/Time**[15464]: mm / dd / yyyy / hh:mm

→ **If** EMS, **Dispatch Date/Time**[12198]: mm / dd / yyyy / hh:mm

→ **If** EMS, **First Medical Contact Date/Time**[12197]: mm / dd / yyyy / hh:mm

→ **If** EMS, **Leaving Scene Date/Time**[12199]: mm / dd / yyyy / hh:mm ☐ Patient centered reason for delay to EMS departure[12419]

→ **If** EMS, **STEMI Activation Alert**[12200]: O No O Yes

→ **If** Yes, **STEMI Alert Date/Time**[15465]: mm / dd / yyyy / hh:mm

→ **If** EMS, **NPI Number**[15593]: _____ → **If** EMS, **Run Number**[12190]: _____

Transferred from Outside Facility[12421]: O No O Yes

→ **If** Yes**, Arrival at Outside Facility Date/Time**[12426]: mm / dd / yyyy / hh:mm

→ **If** Yes**, Transfer from Outside Facility Date/Time**[12427]: mm / dd / yyyy / hh:mm ☐ Patient centered reason for delay to transfer[15468]

→ **If** Yes**, Name and ID of Transferring Facility**[12402,12161]: *Name, ID* ☐ Same ID as parent facility[15466] ☐ Unavailable[12531]

CARDIAC ARREST

Cardiac Arrest Out of Healthcare Facility[4630]**:**	O No O Yes	
→ **If** Yes, **Arrest Witnessed**[4631]**:**	O No O Yes	
→ **If** Yes, **Bystander CPR**[12283]**:**	O No O Yes	
→ **If** Yes, **Arrest After Arrival of EMS**[4632]**:**	O No O Yes	
→ **If** Yes, **First Cardiac Arrest Rhythm**[4633]**:**	O Shockable O Not shockable	☐ Rhythm unknown[4634]
→ **If** Yes, **Resuscitation Date/Time**[12285]**:**	mm / dd / yyyy / hh:mm	☐ Unknown[15513]
Cardiac Arrest at Transferring Healthcare Facility[4635]**:**	O No O Yes	

NEUROSTATUS (COMPLETE FOR **CARDIAC ARREST OUT OF HEALTHCARE FACILITY**[4630] 'YES' *OR* **CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY**[4635] 'YES')

Unconscious[15595]**:** O No O Yes

HISTORY AND RISK FACTORS

Height[12242]**:**	_____ cm		**Weight**[12243]**:**	_____ kg	
Cerebrovascular Disease[4551]**:**	O No	O Yes	**Dialysis**[12244]**:**	O No	O Yes
→ **If** Yes, **Stroke**[12248]**:**	O No	O Yes	**Heart Failure**[12253]**:**	O No	O Yes
→ **If** Yes, **TIA**[12249]**:**	O No	O Yes	**Hypertension**[4615]**:**	O No	O Yes
Diabetes Mellitus[12245]**:**	O No	O Yes			
Tobacco Use[4625]**:**	O Never	O Former O Current O Unknown			
e-Cigarette Use[15438]**:**	O No	O Yes O Unknown			

CONDITION HISTORY[12903]	**OCCURRENCE**[15510]	
Atrial Fibrillation	O No O Yes	
Atrial Flutter	O No O Yes	
Cancer	O No O Yes	→ **IF YES, TREATMENT**[15437]**:** (Select all that apply) ☐ Chemotherapy ☐ Hormone therapy ☐ Immunotherapy ☐ Radiation
Dyslipidemia	O No O Yes	
Myocardial Infarction	O No O Yes	
Peripheral Arterial Disease	O No O Yes	

PROCEDURE HISTORY[12905]	**OCCURRENCE**[15511]	→ **IF YES, DATE**[15512]
Coronary Artery Bypass Graft	O No O Yes	mm / dd / yyyy
Percutaneous Coronary Intervention	O No O Yes	mm / dd / yyyy

PATIENT ASSESSMENT ON ARRIVAL

Location of First Evaluation[12218]: O Emergency department (ED) O Cath lab O Observation unit O Inpatient O Other

Heart Rate[12281]: _____ bpm | **Systolic BP**[12282]: _____ mmHg

Cardiogenic Shock[12280]: O No O Yes | **Heart Failure**[12279] O No O Yes

CSHA Clinical Frailty Scale*[15452]: O 1: Very fit O 2: Well O 3: Managing well
O 4: Vulnerable O 5: Mildly frail O 6: Moderately frail
O 7: Severely frail O 8: Very severely frail O 9: Terminally ill

Chest Pain Symptoms[15440]: O Prior to arrival O After arrival O No symptoms O Unknown

→ **If** Prior to arrival, **Date/Time**[12277,12276]: mm / dd / yyyy / hh:mm ☐ Time Unknown[15441]

→ **If** After arrival, **Date/Time**[15443,15505]: mm / dd / yyyy / hh:mm ☐ Time Unknown[15442]

ECG

	1	2
Electrocardiogram Counter[12286]:		
ECG Date/Time[12278]:	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm
ECG Read Date/Time[15444]:	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm
STEMI or STEMI Equivalent[12300]:	O No O Yes	O No O Yes

CARDIAC TROPONIN

☐ **Troponin Not Drawn**[15446]

Troponin Protocol[15456]: O STEMI O 0-1 hour O 0-2 hours O 0-3 hours O 0-6 hours O Not documented

	1	2
Troponin Counter[12255]:		
Troponin Collected Date/Time[12405]:	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm
→ **If** any value,**Troponin Resulted Date/Time**[12406]:	mm / dd / yyyy / hh:mm	mm / dd / yyyy / hh:mm
Troponin Test[12544]:	O Lab O POC	O Lab O POC
→ **If** Lab**, Troponin Assay, URL**[12409]:	*Lab Assay, URL*	*Lab Assay, URL*
→ **If** POC**, Troponin Assay, URL**[12543]:	*POC Assay, URL*	*POC Assay, URL*
Troponin Value[15558]:	_____ O ng/L O ng/mL O µg/L O µg/mL O pg/mL	_____ O ng/L O ng/mL O µg/L O µg/mL O pg/mL

CATH LAB ACTIVATION

Cath Lab Activated[12333]: (For presumed STEMI) O No O Yes

→ **If** Yes, **Cath Lab Activation Date/Time**[12334]: mm / dd / yyyy / hh:mm

→ **If** Yes, **Activation Initiated by**[15447]: O Emergency medicine O Cardiology O Other

→ **If** Yes, **PCI Operator Arrival Date/Time**[15448]: mm / dd / yyyy / hh:mm

→ **If** Yes, **Cath Lab Staff Arrival Date/Time**[15449]: mm / dd / yyyy / hh:mm

→ **If** Yes, **Cath Lab Activation Cancelled**[12431]: O No O Yes

→ **If** Yes, **Activation Cancelled by**[15450]: O Emergency medicine O Cardiology O Other

* Canadian Study Of Health And Aging Clinical Frailty Scale Is Used With Permission For The American College Of Cardiology Foundation By Dr. Kenneth Rockwood (© Kenneth Rockwood, MD)

PATIENT EVALUATION

RISK STRATIFICATION (COMPLETE FOR PATIENT TYPE[12360] NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

Risk Stratification[15453]: O Low O Intermediate O High | ☐ Risk Stratification Not Documented[15454]

☐ Performed at Transferring Facility[15479]

→ **If** any Risk Stratification, **Risk Assessment Tool**[15480]: Select from Dynamic List | ☐ Assessment Tool Not Documented[15516]

PRIOR TESTING (COMPLETE FOR PATIENT TYPE [12360] NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

Functional Test Results[15457]: O Negative O Positive O Indeterminate O Unavailable O Not performed

Anatomical Imaging Results[15458]: O No CAD O CAD O Unavailable O Not performed

→ **If** CAD, **Type**[15459]: O Non-Obstructive O Moderate O Obstructive O Unknown

NON-INVASIVE TESTING –DURING THIS EPISODE (COMPLETE FOR PATIENT TYPE[12360] NSTEMI OR UNSTABLE ANGINA OR LOW-RISK CHEST PAIN)

Shared Decision Making Tool[15460]: (For future use) O No O Yes

Ischemia Evaluation Performed[15469]: O Yes O No - No reason O No - Medical reason O No - Patient reason

→ **If** Yes, **Ischemia Evaluation Method**[15470]: Select from Dynamic List

→ **If** Yes, **Ordered Date/Time**[15579]: mm / dd / yyyy / hh:mm

→ **If** Yes, **Performed Date/Time**[15471]: mm / dd / yyyy / hh:mm

→ **If** Yes, **Results**[15472]: O Negative O Positive O Indeterminate

Cardiac CTA Performed[15581]: O Yes O No - No reason O No - Medical reason O No - Patient reason

→ **If** Yes, **Cardiac CTA Ordered Date/Time**[15580]: mm / dd / yyyy / hh:mm

→ **If** Yes, **Cardiac CTA Performed Date/Time**[15582]: mm / dd / yyyy / hh:mm

→ **If** Yes, **Cardiac CTA Results**[15473]: O No CAD O Non-obstructive CAD O Moderate CAD O Obstructive CAD

EMERGENCY DEPARTMENT DISPOSITION (COMPLETE WHEN LOCATION OF FIRST EVALUATION[12218] = EMERGENCY DEPARTMENT)

Emergency Department Disposition[12362]: O Observation O Inpatient O Discharged

→ **If** Inpatient, **Transfer Out Date/Time**[12361]: mm / dd / yyyy / hh:mm

→ **If** Observation, **Observation Order Date/Time**[12417]: mm / dd / yyyy / hh:mm

MEDICATIONS (COMPLETE FOR PATIENT TYPE[12360] STEMI OR NSTEMI)

HOME MEDICATION CODE[12297]	MEDICATION PRESCRIBED[12359]
Prasugrel	O No O Yes
ARRIVAL MEDICATION CODE[12430]	**MEDICATION ADMINISTERED**[12355]
Aspirin (Any)	O No O Yes O Contraindicated

LABS (COMPLETE FOR PATIENT TYPE[12360] STEMI OR NSTEMI)

Initial Creatinine Value[12256]:	_____ mg/dL	☐ Not Drawn[15531]	
Peak Creatinine Value[12259]:	_____ mg/dL	☐ Not Drawn[15534]	→ **If** any value, **Date/Time**[12260]: mm / dd / yyyy / hh:mm
Initial Hemoglobin Value[12397]:	_____ g/dL	☐ Not Drawn[15535]	
Lowest Hemoglobin Value[12404]:	_____ g/dL	☐ Not Drawn[15536]	→ **If** any value, **Date/Time**[12400]: mm / dd / yyyy / hh:mm
Initial Hemoglobin A1c Value[15544]:	_____ %	☐ Not Drawn[15537]	
Initial INR Value[12265]:	_____	☐ Not Drawn[15538]	
Total Cholesterol[12268]:	_____ mg/dL	☐ Not Drawn[15539]	
HDL[12270]:	_____ mg/dL	☐ Not Drawn[15540]	
LDL[12273]:	_____ mg/dL	☐ Not Drawn[13010]	
Triglycerides[12271]:	_____ mg/dL	☐ Not Drawn[15541]	

TREATMENT STRATEGY

CATH LAB VISIT (COMPLETE FOR PATIENT TYPE [12360] STEMI OR NSTEMI OR UNSTABLE ANGINA)

Coronary Angiography[12309]: O Yes O No – No reason O No – Medical reason O No – Patient reason
O No – System reason O No – Performed at transferring facility

→ **If** Yes, **Diagnostic Cath Operator Name, NPI**[7046,7047,7048,7049]: *Last Name, First Name, Middle Name, NPI*

→ **If** Yes **Cath Lab Arrival Date/Time**[12311]: mm / dd / yyyy / hh:mm

→ **If** Yes**, Angiography Start Date/Time**[12312]: mm / dd / yyyy / hh:mm

□ **NSTEMI Patient Centered Reason for Delay in Angiography**[15500]:

□ **Resuscitated pre-admit STEMI Patient Centered Reason for Delay in Angiography**[15530] :

→ **If** Yes or Performed at transferring facility, **Results**[15497]: O No CAD O CAD O Unavailable

→ **If** CAD, **Type**[15498]: O Non-obstructive O Moderate O Obstructive O Unknown

REPERFUSION (COMPLETE FOR PATIENT TYPE[12360] STEMI OR NSTEMI OR UNSTABLE ANGINA)

→ **If** STEMI, **Thrombolytic**[12295]: O Yes O No – No reason O No – Medical reason O No – Patient reason

→ **If** Yes**, Thrombolytic Therapy Date and Time**[12296]: mm / dd / yyyy / hh:mm

→ **If** Yes**, Medical Reason for Delay in Thrombolytic**[14207]: O No O Yes

→ **If** Yes**, Patient Reason for Delay in Thrombolytic**[14208]: O No O Yes

PCI[15502]: O Yes O No – No reason O No – Medical reason O No – Patient reason

CABG[15501]: O Yes O No – No reason O No – Medical reason O No – Patient reason

→ **If** Yes, **Date/Time**[10011]: mm / dd / yyyy / hh:mm

PCI PROCEDURE (COMPLETE FOR PCI[15502] YES)

PCI Start Date/Time[15499]: mm / dd / yyyy / hh:mm

PCI Operator Name, NPI[7051,7052,7053,7054]:

Cardiology Fellow, NPI, Fellowship Training Program Name[15433, 15434, 15435, 15436, 15431]: *Last, First, Middle, NPI, Fellowship Program Name*

PCI Indication[12326]: O STEMI – Immediate PCI for acute STEMI O STEMI – Other O NSTEMI O Unstable angina O Other

Mechanical Ventricular Support[7422]: O No O Yes

→ **If** Yes, **Device**[7423]: Select from Dynamic List

Arterial Access Site[7320]: O Femoral O Radial O Other

Stent Placed[12327]: O No O Yes

→ **If** Yes, **Stent Type**[12328]: O Bare Metal Stent O Drug-Eluting Stent □ Unknown[12449]

PCI FOR ACUTE STEMI (COMPLETE FOR PCI INDICATION[12326] IMMEDIATE PCI FOR ACUTE STEMI)

STEMI (or Equivalent) Noted on First ECG[15445]: O No O Yes

First Device Activation Date/Time[7845]: mm / dd / yyyy / hh:mm

Patient Centered Reason for Delay in PCI[7850]: O No O Yes

→ **If** Yes, **Reason**[7851]:
O Patient delays in providing consent for PCI
O Difficult vascular access
O Emergent placement of left ventricular support device
O Cardiac arrest and/or need for intubation
O Difficulty crossing the culprit lesion
O Other

Gray shading ( ) indicates optional data elements

EPISODE EVENTS (COMPLETE FOR PATIENT TYPE[12360] STEMI OR NSTEMI OR UNSTABLE ANGINA)

EVENT(S)[12342]	EVENT(S) OCCURRED[12344]	→ IF YES, EVENT DATE/TIME(S)[12343]
Atrial fibrillation	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Access site	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Gastrointestinal	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Genitourinary	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Hematoma at access site	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Other	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Retroperitoneal	O No O Yes	mm / dd / yyyy / hh:mm
Bleeding – Surgical procedure or intervention required	O No O Yes	mm / dd / yyyy / hh:mm
Cardiac arrest	O No O Yes	mm / dd / yyyy / hh:mm
Cardiogenic shock	O No O Yes	mm / dd / yyyy / hh:mm
Heart failure	O No O Yes	mm / dd / yyyy / hh:mm
Myocardial infarction	O No O Yes	mm / dd / yyyy / hh:mm
New requirement for dialysis	O No O Yes	mm / dd / yyyy / hh:mm
Respiratory support – Bi-PAP	O No O Yes	mm / dd / yyyy / hh:mm
Respiratory support – High-flow oxygen	O No O Yes	mm / dd / yyyy / hh:mm
Respiratory support – Intubation	O No O Yes	mm / dd / yyyy / hh:mm
Stroke – Hemorrhagic	O No O Yes	mm / dd / yyyy / hh:mm
Stroke – Ischemic	O No O Yes	mm / dd / yyyy / hh:mm
Stroke – Undetermined	O No O Yes	mm / dd / yyyy / hh:mm
Transient ischemic attack (TIA)	O No O Yes	mm / dd / yyyy / hh:mm
Ventricular fibrillation	O No O Yes	mm / dd / yyyy / hh:mm
Sustained ventricular tachycardia	O No O Yes	mm / dd / yyyy / hh:mm

RBC Transfusion[12345]**:** O No O Yes → **If** Yes, **Transfusion Date**[12354]**:** mm / dd / yyyy

→ **If** Yes, **CABG Related Transfusion**[12353]**:** O No O Yes

NSAID Administered[12304]**:** O No O Yes → **If** Yes, **Medical Reason for Administering NSAID**[14212]**:** O No O Yes

TARGETED TEMPERATURE MANAGEMENT (COMPLETE FOR CARDIAC ARREST OUT OF HEALTHCARE FACILITY[4630] 'YES' *OR* CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY[4635] 'YES' *OR* EVENTS[12342] 'CARDIAC ARREST' 'YES')

Temperature Management Initiated[12339]**:** O Yes O No – No Reason O No – Medical Reason

→ **If** Yes, **TTM Initiated Date/Time**[12340]**:** mm / dd / yyyy / hh:mm

→ **If** Yes, **Patient Location**[15517]**:** O EMS O Emergency Department O Cath Lab O ICU/CCU O Other

→ **If** Yes, **Initial Target Temperature Goal**[15487]**:** _____ º Celsius

→ **If** Yes, **Target Temperature Achieved Date/Time**[15488]**:** mm / dd / yyyy / hh:mm

→ **If** Yes, **Rewarming Phase Initiated Date/Time**[15489]**:** mm / dd / yyyy / hh:mm

DISCHARGE

Discharge Date/Time[10101]**:** mm / dd / yyyy / hh:mm

Discharge Status[10105]**:** O Alive O Deceased

→ **If** Deceased, **Cause of Death**[10125]**:** O Cardiac O Non-Cardiac O Undetermined

Discharge Professional Name, NPI[10070,10071,10072,10073]**:** *Last Name, First Name, Middle Name, NPI*

NCDR Research Study[3020]**:** O No O Yes → **If** Yes, **Study Name**[3025]**, Patient ID**[3030]**:** _____, _____

LVEF Assessed[15521]**:** O Yes O No – No reason O No – Medical reason O No – Patient reason

→ **If** Yes**, LVEF Measurement**[12307]**:** _____ %

→ **If** any No**, LVEF Planned for After Discharge**[12308]**:** O No O Yes ☐ **Not Indicated**[15491]

CPC SCORE (COMPLETE FOR **CARDIAC ARREST OUT OF HEALTHCARE FACILITY**[4630] 'YES' *OR* **CARDIAC ARREST AT TRANSFERRING HEALTHCARE FACILITY**[4635] 'YES' *OR* **EVENTS**[12342] 'CARDIAC ARREST' 'YES')

Cerebral Performance Category (CPC) Score[15490]**:** O 1- Good cerebral performance O 2 – Moderate cerebral disability O 3 – Severe cerebral disability O 4- Coma or vegetative state O 5 – Brain death

DISCHARGE (COMPLETE FOR STEMI/NSTEMI PATIENTS ALIVE AT DISCHARGE)

Enrolled in Clinical Trial During Hospitalization[12412]**:** O No O Yes

→ **If** Yes, **Type of Clinical Trial(s)**[12456]**:** (Select all that apply from Dynamic List)

Comfort Measures Only[10075]**:** O No O Yes → **If** Yes, **Date/Time**[12413]**:** mm / dd / yyyy / hh:mm

Hospice Care[10115]**:** O No O Yes → **If** Yes, **Date/Time**[12411]**:** mm / dd / yyyy / hh:mm

Cardiac Rehabilitation Referral[10116]**:** O Yes O No – Reason not documented O No – Medical reason documented O No – Health care system reason documented O No – Patient-oriented reason

Discharge Location[10110]**:** O Home O Skilled nursing facility O Extended care/transitional care unit/Rehab O Other O Other acute care hospital O Left against medical advice (AMA)

→ **If** Other acute care hospital, **Transfer Date/Time**[12414]**:** mm / dd / yyyy / hh:mm

→ **If** Other acute care hospital and STEMI, **Patient Centered Reason for Delay to Transfer Out**[15492]**:** O No O Yes

→ **If** Other acute care hospital, **Transfer for Cardiac Evaluation**[15493]**:** O No O Yes

→ **If** Other acute care hospital, **Transfer for Primary PCI**[12415]**:** O No O Yes

→ **If** Other acute care hospital, **Transfer for CABG**[12416]**:** O No O Yes

CSHA Clinical Frailty Scale*[15545]: (for future use) O 1: Very fit O 2: Well O 3: Managing well O 4: Vulnerable O 5: Mildly frail O 6: Moderately frail O 7: Severely frail O 8: Very severely frail O 9: Terminally ill

Gray shading ( ) indicates optional data elements

DISCHARGE MEDICATIONS (COMPLETE FOR STEMI/NSTEMI PATIENTS ALIVE AT DISCHARGE)

Discharge Medications are not required for 'Deceased', Discharged to 'Other acute care hospital', 'AMA', 'Hospice' or 'Comfort Measures'

	PRESCRIBED AT DISCHARGE[10205]				
MEDICATION CODE[10200]	YES	No – NO REASON	No – MEDICAL REASON	No – PATIENT REASON	DOSE[10207]
Aspirin (Any)	O	O	O	O	
Clopidogrel	O	O	O	O	
Prasugrel	O	O	O	O	
Ticagrelor	O	O	O	O	
Beta blocker (Any)	O	O	O	O	
Angiotensin converting enzyme inhibitor (ACE-I) (Any)	O	O	O	O	
Angiotensin receptor blocker (ARB) (Any)	O	O	O	O	
Angiotensin II receptor blocker neprilysin inhibitor (ARNI)	O	O	O	O	
Aldosterone receptor antagonist (Any)	O	O	O	O	
Direct oral anticoagulants (DOAC) (Any)	O	O	O	O	
Warfarin	O	O	O	O	
Statin (Any)	O	O	O	O	O Low O Moderate O High

→ **If** Yes 'Aspirin (Any)', **Aspirin Prescribed Dose > 100 mg**[15520]**:** O No O Yes

→ **If** Low or Moderate 'Statin (Any)', **Patient or Medical Reason for Not Prescribing High-Dose Statin**[15546]**:** O No O Yes

OPTIONAL SECTION: FOR PARTICIPANTS COLLECTING FOLLOW-UP DATA

FOLLOW-UP (COMPLETE FOR **PATIENT TYPE**[12360] STEMI PRE-ADMIT) 30 DAY (23–75 DAYS); 1 YEAR (305–425 DAYS) AFTER ADMISSION

Assessment Date[11000]: mm / dd / yyyy

Reference Admission Date/Time[12537]: mm / dd / yyyy / hh:mm

Reference Discharge Date/Time[11015]: mm / dd / yyyy / hh:mm

Method(s) to Determine Status[11003]: (Select all that apply) ☐ Office visit ☐ Medical records ☐ Letter from medical provider ☐ Phone call ☐ Social Security death master file ☐ Hospitalization ☐ Other

Follow-up Status[11004]: O Alive O Deceased O Lost to follow-up

→ **If** Alive, **Enrolled in Cardiac Rehabilitation Program**[15514]: O No O Yes

→ **If** Deceased, **Date of Death**[11006]: mm / dd / yyyy

→ **If** Deceased, **Cause of Death**[11007]: O Cardiac O Non-Cardiac O Undetermined

FOLLOW-UP EVENTS

EVENT(S)[11011]	EVENT(S) OCCURRED[11012]	→ IF YES, EVENT DATE(S)[11014]
CABG – Planned	O No O Yes	mm / dd / yyyy
CABG – Unplanned	O No O Yes	mm / dd / yyyy
Heart failure	O No O Yes	mm / dd / yyyy
Myocardial infarction – NSTEMI	O No O Yes	mm / dd / yyyy
Myocardial infarction – STEMI	O No O Yes	mm / dd / yyyy
PCI – Planned	O No O Yes	mm / dd / yyyy
PCI – Unplanned	O No O Yes	mm / dd / yyyy
Readmission	O No O Yes	mm / dd / yyyy
New requirement for dialysis	O No O Yes	mm / dd / yyyy
Stroke – Hemorrhagic	O No O Yes	mm / dd / yyyy
Stroke – Ischemic	O No O Yes	mm / dd / yyyy
Stroke – Undetermined	O No O Yes	mm / dd / yyyy