**Vendor Name:** _____________ **Vendor Software Version:** _____________

**Patient ID:** _____________

**Patient transferred out to another acute care facility (not admitted as in-patient)**  
- O Yes  
- O No

### Demographics

**Gender:**  
- O Male  
- O Female  
- O Unknown

**Date of Birth:** __/__/______

**Patient Zip Code:** _____________

**Payment Source:**
- O Medicare  
- O Medicare-Private/HMO/PPO/Other  
- O Medicaid  
- O Medicaid – Private/HMO/PPO/Other  
- O Private/HMO/PPO/Other  
- O VA/CHAMPVA/Tricare  
- O Self-Pay/No Insurance  
- O Indian Health Services  
- O Other/Not Documented/UTD

### Race and Ethnicity

**Race:**
- O American Indian or Alaska Native  
- O Black or African American  
- O White  
- O Asian  
  - O Asian Indian  
  - O Chinese  
  - O Filipino  
  - O Japanese  

**Native Hawaiian or Pacific Islander**  
- O Native Hawaiian  
- O Guamanian or Chamorro  
- O Samoan  
- O Other Pacific Islander

**Other Asian**  
- O Other Asian

**Native Hawaiian**  
- O Native Hawaiian

**Guamanian or Chamorro**  
- O Guamanian or Chamorro

**Samoan**  
- O Samoan

**Other Pacific Islander**  
- O Other Pacific Islander

**UTD**  
- O UTD

### Hispanic Ethnicity

- O Yes  
- O No/UTD

**If Yes:**
- O Mexican, Mexican American, Chicano/a  
- O Cuban  
- O Puerto Rican  
- O Another Hispanic, Latino or Spanish Origin

### Admin Tab

**Attending Physician/Provider NPI:** _______________________

**Arrival Date/Time:** __/__/______  ___: __________

**Admission Date:** __/__/______  ___: __________

- O Not admitted, transferred out another acute care facility.

**Patient first evaluated:**
- O ED  
- O Cath Lab  
- O Other

**Date/time of ED discharge/transfer out:** __/__/______  ___: __________

**ED Physician:** _______________________

### Diagnosis

**Cardiac Diagnosis:**
- O Confirmed AMI – STEMI  
- O Confirmed AMI – non-STEMI  
- O Confirmed AMI – STEMI/non-STEMI unspecified  
- O Unstable Angina  
- O Coronary Artery Disease  
- O Other

### Enrolled in Clinical Trial During Hospitalization

- O Yes  
- O No

**If Yes, Type of Clinical Trials(s)**

- O Precluding the use of aspirin in protocol  
- O Related to reperfusion therapy  
- O Related to lipid lowering therapy  
- O Related to AMI  
- O Related to STEMI  
- O Involving new antiplatelet therapies  
- O Involving renin-angiotensin-aldosterone system inhibitor  
- O Involving renin-angiotensin-aldosterone system inhibitor
## Pre-Hospital/Arrival Tab

### Pre-Hospital

**Means of transport to first facility:**
- O Air
- O Ambulance
- O Walk-in

**EMS Agency name/number:** ______________________

**Run/Sequence number:** ______________________

### Cardiac arrest prior to arrival?

<table>
<thead>
<tr>
<th>O Yes</th>
<th>O No</th>
<th>If Yes, Was bystander CPR performed?</th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
</table>

If yes, Was therapeutic hypothermia initiated during this episode of care?

<table>
<thead>
<tr>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
</table>

### Pre-Hospital Time Tracker

**EMS First Medical Contact:** __/__/______ __:__

**Non-EMS First Medical Contact:** __/__/______ __:__

**EMS Non-System Reason for Delay:** [ ]

**Date/time of Initial 911 Call for Help:** __/__/______ __:__

**EMS Dispatch:** __/__/______ __:__

**EMS arrive on scene:** __/__/______ __:__

**EMS depart scene:** __/__/______ __:__

**Destination Pre-arrival alert or notification:** __/__/______ __:__

**Method of 1st notification:**
- O ECG Transmission
- O Phone call
- O Radio
- O ND

### Transfers

**Transferred from other facility?**

<table>
<thead>
<tr>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
</table>

**Transferring Facility:** ______________________

### Transfer Time Tracker

**Arrival at First hospital:** __/__/______ __:__

**Transport requested:** __/__/______ __:__

**Transport Arrived Date/Time:** __/__/______ __:__

**Transfer out:** __/__/______ __:__

**Facility the patient was transferred to:** ______________________

**Mode of transport**
- O Air
- O Ambulance

**Inter-facility transport EMS Agency name/number:** ______________________

### ECG

**1st ECG Date/Time:** __/__/______ __:__

**1st ECG obtained:**
- O Prior to Hospital Arrival
- O After First Hospital Arrival

**1st ECG Non-System Reason for Delay:** [ ]

**STEMI or STEMI Equivalent?**

<table>
<thead>
<tr>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
</table>

If yes, STEMI or STEMI equivalent first noted:

**If subsequent ECG, Date/Time of positive ECG:** __/__/______ __:__

If No, other ECG finding:

- O New or presumed new ST depression
- O Transient ST elevation lasting < 20 minutes

### Arrival

**Symptom onset Date/Time:** __/__/______ __:__

**Heart rate documented on first medical contact:**

**Systolic blood pressure on first medical contact:**

**Heart failure documented on first medical contact**

<table>
<thead>
<tr>
<th>O Yes</th>
<th>O No</th>
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</table>

**Cardiogenic shock documented on first medical contact**

<table>
<thead>
<tr>
<th>O Yes</th>
<th>O No</th>
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</thead>
</table>

**Patient Current Medications**

<table>
<thead>
<tr>
<th>O Dabigatran</th>
<th>O Rivaroxaban</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Apixaban</td>
<td>O Warfarin</td>
</tr>
<tr>
<td>O None</td>
<td>O ND</td>
</tr>
</tbody>
</table>

**Initial Serum Creatinine:** __________ mg/dL

**Aspirin within 24 hours of arrival?**

<table>
<thead>
<tr>
<th>O Yes</th>
<th>O No</th>
<th>O Contraindicated</th>
</tr>
</thead>
</table>

**Positive cardiac biomarkers in the first 24 hours?**

<table>
<thead>
<tr>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
</table>

**Initial Troponin value:**

<table>
<thead>
<tr>
<th>O ng/mL</th>
<th>O ng/L</th>
<th>O ug/L</th>
<th>Initial Troponin – ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active bacterial or viral infection at admission or during hospitalization:</td>
<td>None/ND</td>
<td>Bacterial Infection</td>
<td>Seasonal Cold or Flu</td>
</tr>
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<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Patient Medical History:</td>
<td>Atrial Fibrillation</td>
<td>Atrial Flutter</td>
<td>Cancer</td>
</tr>
<tr>
<td>History of Smoking?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Height ________ cm</td>
<td>Weight ________ kg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| In-hospital Risk Adjusted Mortality Score _________
## Hospitalization Tab

### Reperfusion

<table>
<thead>
<tr>
<th>Thrombolytics?</th>
<th>O Yes</th>
<th>O No</th>
<th>If yes, Dose Start Date/Time:</th>
<th>Documented non-system reason for delay- thrombolytics?</th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>If yes, reason (check all that apply)</td>
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<td></td>
<td>□ Cardiac Arrest</td>
<td></td>
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<td></td>
<td>□ Intubation</td>
<td></td>
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<td></td>
<td></td>
<td>□ Need for additional PPE for suspected/confirmed</td>
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<td></td>
<td>infectious disease</td>
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<td></td>
<td></td>
<td></td>
<td>□ Patient refusal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Reasons for not administering a thrombolytic

- O Active peptic ulcer
- O Any prior intracranial hemorrhage
- O DNR at time of treatment decision
- O Expected DTB ≤ 90 minutes
- O Intracranial neoplasm, AV malformation, or aneurysm
- O Ischemic stroke w/in 3 months except acute ischemic stroke within 3hrs
- O Known bleeding diathesis
- O No Reason documented
- O Pregnancy

### Reasons for not administering PCI

- O Non-compressible vascular puncture(s)
- O Active bleeding on arrival or within 24 hours
- O Quality of life decision
- O Anatomy not suitable to primary PCI

### PCI Indication

- O Primary PCI for STEMI
- O PCI for STEMI (stable after successful full-dose lytic)
- O PCI for STEMI (unstable, >12 hr from sx onset)
- O Rescue PCI for STEMI (after failed full-dose lytic)
- O PCI for STEMI (stable, >12 hr from sx onset)
- O PCI for NSTEMI

### Non-system reason for delay- PCI?

- □ Difficult vascular access
- □ Cardiac arrest and/or need for intubation
- □ Patient delays in providing consent
- □ Difficulty crossing the culprit lesion
- □ Emergent placement of LV support device
- □ Need for additional PPE for suspected/confirmed infectious disease
- □ Other
- □ None

### PCI Time Tracker

| Cath Lab Activation: |       |       | Patient Arrival to Cath Lab: |       |       | |
|---------------------|-------|------|-----------------------------|-------|------| |
| Attending Arrival to Cath Lab: |       |       | Team Arrival to Cath Lab: |       |       | |
| First PCI Date/Time: |       |       |                             |       |       | |

### Hospitalization

- O Yes | O No

<table>
<thead>
<tr>
<th>LVF Assessment</th>
<th>%</th>
<th>Obtained:</th>
<th>O This Admission</th>
<th>O &gt; 1 year ago</th>
<th>O W/in the last year</th>
<th>O Planned After Discharge</th>
</tr>
</thead>
</table>

| Date and time of diagnostic angiography: |       |       |                             |       |       | |
| Reason for Not Performing angiography: | O Yes, medical reason | O Yes, patient reason | O Yes, system reason | O No reason documented |

<table>
<thead>
<tr>
<th>CABG During This Admission:</th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
</table>
**GWTG-CAD Form Selection**

**LDL Cholesterol Value:** __________ mg/dl  □ LDL Not Documented

**Risk-Stratification Score Documented?**
- O EDACS
- O GRACE
- O HEART
- O SYNTAX Score
- O No Risk-Stratification Score Documented

**Grace Risk Score:** __________

**TIMI Risk Score:** __________

---

### Discharge Tab

**Discharge Information**

**Discharge Date/Time:** __/__/______ __: __

**Discharge Disposition:**
- 1 - Home
- 2 - Hospice-Home
- 3 - Hospice-Medical Facility
- 4 - Acute Care Facility
- 5 - Other Health Care Facility
- 6 - Expired
- 7 - Left Against Medical Advice/AMA
- 8 – Not Documented or Unable to Determine (UTD)

**Comfort Measures Only?**  
- O Yes  
- O No  

**If Yes, Date/Time:** __/__/______ __: __

**Referrals/Counseling**

**Patient Referred to Cardiac Rehab?**
- O Yes  
- O No referral documented  
- O No-Medical Reason  
- O No-Patient Oriented Reason  
- O No-Health Care System Reason

**Smoking Cessation Counseling?**  
- O Yes  
- O No

**Discharge Medications**

**ACEI at discharge**
- Prescribed  
- O Yes  
- O No
- Contraindicated  
- O Yes  
- O No

**ARB at discharge**
- Prescribed  
- O Yes  
- O No
- Contraindicated  
- O Yes  
- O No

**Aspirin at discharge**
- Prescribed  
- O Yes  
- O No
- If yes,  
- Dose:  
- Frequency:
- Contraindicated  
- O Yes  
- O No

**Clopidogrel at discharge**
- Prescribed  
- O Yes  
- O No
- If yes,  
- Dose:  
- Frequency:
- Contraindicated  
- O Yes  
- O No

**Prasugrel at discharge**
- Prescribed  
- O Yes  
- O No
- If yes,  
- Dose:  
- Frequency:
- Contraindicated  
- O Yes  
- O No

**Ticagrelor at discharge**
- Prescribed  
- O Yes  
- O No
- If yes,  
- Dose:  
- Frequency:
- Contraindicated  
- O Yes  
- O No

**Ticlopidine at discharge**
- Prescribed  
- O Yes  
- O No
- If yes,  
- Dose:  
- Frequency:
- Contraindicated  
- O Yes  
- O No

**Anticoagulation at discharge**
- Prescribed  
- O Yes  
- O No
- If yes,  
- Class:  
- Medication:  
- Dose:  
- Frequency:
- Contraindicated  
- O Yes  
- O No

**Beta Blocker at discharge**
- Prescribed  
- O Yes  
- O No
- Contraindicated  
- O Yes  
- O No
<table>
<thead>
<tr>
<th></th>
<th>Prescribed</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Statin at discharge</td>
<td>O Yes</td>
<td>O No</td>
<td></td>
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<tr>
<td>Contraindicated</td>
<td>O Yes</td>
<td>O No</td>
<td></td>
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<tr>
<td>If yes,</td>
<td>Medication:</td>
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<td>Dose:</td>
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<tr>
<td>Is there a non-system reason for not prescribing a high intensity statin medication?</td>
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<tr>
<td></td>
<td>□ Yes, medical reason</td>
<td>□ Yes, patient reason</td>
<td>□ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCSK9 Inhibitor</td>
<td>Prescribed</td>
<td>O Yes</td>
<td>O No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraindicated</td>
<td>O Yes</td>
<td>O No</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>