<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Race</th>
<th>Hispanic Ethnicity:</th>
<th>Yes</th>
<th>No/UTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>Native Hawaiian or Pacific Islander</td>
<td></td>
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<td></td>
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<tr>
<td>Black or African American</td>
<td>Native Hawaiian or Chamorro</td>
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<tr>
<td>White</td>
<td>Samoan</td>
<td></td>
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</tr>
<tr>
<td>Asian</td>
<td>Other Pacific Islander</td>
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<tr>
<td>Asian Indian</td>
<td></td>
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<tr>
<td>Chinese</td>
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<tr>
<td>Filipino</td>
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<tr>
<td>Japanese</td>
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<tr>
<td>Korean</td>
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<tr>
<td>Vietnamese</td>
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<tr>
<td>Other Asian</td>
<td></td>
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</tbody>
</table>

**Attendance**

- **Attending Physician/Provider NPI:**
- **^Arrival Date/Time:**
- **Admission Date:**
- **Not admitted, transferred out another acute care facility. ( )**
- **^Patient first evaluated:**
  - ED
  - Cath Lab
  - Other
- **Date/Time of ED discharge/transfer out**
- **ED Physician**

**Cardiac Diagnosis:**

**Pre-Hospital**

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

**EMS Agency Name/Number**

**Run/Sequence number:**
Cardiac Arrest prior to Arrival? Yes No

Was bystander CPR performed? Yes No

Was therapeutic hypothermia initiated during this episode of care? Yes No

Pre-Hospital Time Tracker

^EMS First Medical Contact: MM:DD:YYYY HH:MM

Non-EMS First Medical Contact: MM:DD:YYYY HH:MM

^EMS Non-System Reason for Delay: ( )

EMS Dispatch: MM:DD:YYYY HH:MM

EMS arrive on scene: MM:DD:YYYY HH:MM

EMS depart scene: MM:DD:YYYY HH:MM

Destination Pre-arrival alert or notification: MM:DD:YYYY HH:MM

Method of 1st notification: ECG Transmission Phone call Radio

Transfers

^Transferred from other facility? Yes No

Transferring Facility:

Transfer Time Tracker

^Arrival at First hospital: MM:DD:YYYY HH:MM

Transport requested: MM:DD:YYYY HH:MM

Transport arrived Date/Time:

Transfer out: MM:DD:YYYY HH:MM

Facility the patient was transferred to: Mode of transport: Air Ambulance

Inter Facility Transport EMS Agency name/number
# ECG

1st ECG Date/Time:

1st ECG obtained: Prior to hospital arrival  After first hospital arrival

^1st ECG Non-System Reason for Delay: ( )

^STEMI or STEMI Equivalent?  Yes  No

If Yes, STEMI or STEMI equivalent first noted: First ECG  Subsequent

If No, Other ECG Findings: New or presumed new ST depression  Transient ST elevation lasting < 20 minutes

Arrival

Symptom onset Date/Time:

Heart rate documented on first medical contact

Heart failure documented on first medical contact: Yes  No

Cardiogenic shock documented on first medical contact: Yes  No

^Patient Current Medications: Dabigatran  Rivaroxaban  Apixaban  Warfarin  None  ND

Initial Serum Creatinine (mg/dL)

^Aspirin within 24 hours of arrival?  Yes  No

^Positive cardiac biomarkers in the first 24 hours?  Yes  No

^History of Smoking?  Yes  No

History of Peripheral artery disease?  Yes  No

Reperfusion

Reperfusion Candidate?  Yes  No

If no, primary reason: No ST Elevation/LBBB  Chest pain resolved  ST elevation resolved  MI diagnosis unclear  MI symptoms >12 hrs  No chest pain  Other

^Thrombolytics?  Yes  No

^If yes, Dose Start Date/Time:

^Documented non-system reason for delay-thrombolytics?  Yes  No

If no, Reason for not administering a thrombolytic
<table>
<thead>
<tr>
<th>PCI?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Interventionalist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasons for not performing PCI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PCI Time Tracker**

<table>
<thead>
<tr>
<th>Cath Lab Activation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Arrival to Cath Lab:</td>
</tr>
<tr>
<td>Attending Arrival to Cath Lab:</td>
</tr>
<tr>
<td>Team Arrival to Cath Lab:</td>
</tr>
<tr>
<td>*First PCI Date/Time</td>
</tr>
<tr>
<td>*PCI Indication</td>
</tr>
<tr>
<td>*Non-system reason for delay - PCI?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>*LVF Assessment (%)</td>
</tr>
<tr>
<td>Obtained:</td>
</tr>
<tr>
<td>LDL Not Documented ( )</td>
</tr>
<tr>
<td>*CABG During This Admission: Yes No</td>
</tr>
<tr>
<td>*LDL Cholesterol Value (mg/dl):</td>
</tr>
</tbody>
</table>

**Discharge Information**

<table>
<thead>
<tr>
<th>Discharge Date/Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Discharge Status:</td>
</tr>
<tr>
<td>*Comfort Measures Only</td>
</tr>
</tbody>
</table>

**Referrals/Counseling**

| *Patient Referred to Cardiac Rehab? Yes No |
| *Smoking Cessation Counseling? Yes No |
**Discharge Medications**

^ACEI at discharge
- Prescribed: Yes No
- Contraindicated: Yes No

^ARB at discharge
- Prescribed: Yes No
- Contraindicated: Yes No

^Aspirin at discharge
- Prescribed: Yes No
- Contraindicated: Yes No
  - Dose:
  - Frequency;

^Clopidogrel at discharge
- Prescribed: Yes No
- Contraindicated: Yes No
  - Dose:
  - Frequency;

^Prasugrel at discharge
- Prescribed: Yes No
- Contraindicated: Yes No
  - Dose:
  - Frequency;

^Ticagrelor at discharge
- Prescribed: Yes No
- Contraindicated: Yes No
  - Dose:
  - Frequency;

^Ticlopidine at discharge
- Prescribed: Yes No
- Contraindicated: Yes No

^Anticoagulation at discharge
- Prescribed: Yes No
- Contraindicated: Yes No
  - Class:
  - Warfarin
  - Direct Thrombin Inhibitor
  - Factor Xa Inhibitor
  - Medication:

^Beta Blocker at discharge
- Prescribed: Yes No
- Contraindicated: Yes No

^Statin at discharge
- Prescribed: Yes No
- Contraindicated: Yes No