

### A. DEMOGRAPHICS

Last Name <sup>2000</sup> :	<b>Mansfield</b>	First Name <sup>2010</sup> :	<b>Elizabeth</b>	Middle Name <sup>2020</sup> :	<b>Kathleen</b>
SSN <sup>2030</sup> :	- - <b>X</b> SSN N/A <sup>2031</sup>	Patient ID <sup>2040</sup> :	<b>666555</b> (auto)	Other ID <sup>2045</sup> :	<b>727</b>
Birth Date <sup>2050</sup> :	<b>9/24/1955</b>	Sex <sup>2060</sup> :	O Male <b>X</b> Female		
Race:	<input type="checkbox"/> White <sup>2070</sup> <b>X</b> Black/African American <sup>2071</sup> <input type="checkbox"/> Asian <sup>2072</sup> (check all that apply) <input type="checkbox"/> American Indian/Alaskan Native <sup>2073</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2074</sup>				
Hispanic or Latino Ethnicity <sup>2076</sup> :	<b>X</b> No O Yes				

### B. EPISODE OF CARE

Arrival Date/Time <sup>3000,3001</sup> :	<b>1/27/2014 0500</b>	Patient Zip Code <sup>3005</sup> :	<b>10000</b>	<input type="checkbox"/> Zip Code N/A <sup>3006</sup>
Admit Source <sup>3010</sup> :	<b>X</b> Emergency department O Transfer in from another acute care facility O Other			
Insurance Payors:	<input type="checkbox"/> Private Health Insurance <sup>3020</sup> <input type="checkbox"/> Medicare <sup>3021</sup> <input type="checkbox"/> Medicaid <sup>3022</sup> <input type="checkbox"/> Military Health Care <sup>3023</sup> (check all that apply) <input type="checkbox"/> State-Specific Plan (non-Medicaid) <sup>3024</sup> <input type="checkbox"/> Indian Health Service <sup>3025</sup> <input type="checkbox"/> Non-US Insurance <sup>3026</sup> <b>X</b> None <sup>3027</sup>			
HIC # <sup>3030</sup> :	<b>100000801</b>			

### C. HISTORY AND RISK FACTORS (ON ARRIVAL TO CATHPCI FACILITY)

Current/Recent Smoker (< 1 year) <sup>4000</sup> :	O No <b>X</b> Yes	Height <sup>4055</sup> :	<b>175</b>	(cm)
Hypertension <sup>4005</sup> :	O No <b>X</b> Yes	Weight <sup>4060</sup> :	<b>57</b>	(kg)
Dyslipidemia <sup>4010</sup> :	O No <b>X</b> Yes	Currently On Dialysis <sup>4065</sup> :	O No <b>X</b> Yes	
Family History of Premature CAD <sup>4015</sup> :	O No <b>X</b> Yes	Cerebrovascular Disease <sup>4070</sup> :	O No <b>X</b> Yes	
Prior MI <sup>4020</sup> :	O No <b>X</b> Yes	Peripheral Arterial Disease <sup>4075</sup> :	O No <b>X</b> Yes	
Prior Heart Failure <sup>4025</sup> :	O No <b>X</b> Yes	Chronic Lung Disease <sup>4080</sup> :	O No <b>X</b> Yes	
Prior Valve Surgery/Procedure <sup>4030</sup> :	O No <b>X</b> Yes	Diabetes Mellitus <sup>4085</sup> :	O No <b>X</b> Yes	
Prior PCI <sup>4035</sup> :	O No <b>X</b> Yes	→If Yes, Diabetes Therapy <sup>4090</sup> :	O None O Diet <b>X</b> Oral	
→If Yes, Most Recent PCI Date <sup>4040</sup> :	<b>3/28/2013</b>		O Insulin O Other	
Prior CABG <sup>4045</sup> :	O No <b>X</b> Yes			
→If Yes, Most Recent CABG Date <sup>4050</sup> :	<b>5/5/2010</b>			

### D. CATH LAB VISIT (COMPLETE FOR EACH CATH LAB VISIT)

#### CLINICAL EVALUATION LEADING TO THE PROCEDURE

CAD Presentation <sup>5000</sup> :	<input type="checkbox"/> No Sxs, no angina (14 days) <input type="checkbox"/> Sx unlikely to be ischemic (14 days) <input type="checkbox"/> Stable angina (42 days) <input type="checkbox"/> Unstable angina (60 days) <input type="checkbox"/> Non-STEMI (7 days) <b>X</b> STEMI (7 days)		
→If STEMI or Non-STEMI, Symptom Onset Date/Time <sup>5005,5006</sup> (7 days):	<b>1/26/2014 2300</b>	<b>X</b> Time Estimated <sup>5007</sup>	<input type="checkbox"/> Time Not Available <sup>5008</sup>
→If STEMI, Thrombolytics <sup>5010</sup> :	O No <b>X</b> Yes	→If Yes, Start Date/Time <sup>5015,5016</sup> :	<b>1/26/2014 2320</b>
Anginal Classification w/in 2 Weeks <sup>5020</sup> :	O No symptoms O CCS I O CCS II <b>X</b> CCS III O CCS IV		
Anti-Anginal meds w/in 2 Weeks <sup>5025</sup> :	O No <b>X</b> Yes → If Yes, Type (check all that apply):		
	<input checked="" type="checkbox"/> Beta Blockers <sup>5026</sup> <input checked="" type="checkbox"/> Ca Channel Blockers <sup>5027</sup> <input checked="" type="checkbox"/> Long Acting Nitrates <sup>5028</sup> <input checked="" type="checkbox"/> Ranolazine <sup>5029</sup> <input checked="" type="checkbox"/> Other <sup>5030</sup>		
Heart Failure w/in 2 Weeks <sup>5040</sup> :	O No <b>X</b> Yes		
→If Yes, NYHA Class w/in 2 Weeks <sup>5045</sup> :	O Class I O Class II <b>X</b> Class III O Class IV		
Cardiomyopathy or LV Systolic Dysfunction <sup>5050</sup> :	O No <b>X</b> Yes	Cardiogenic Shock w/in 24 Hours <sup>5060</sup> :	O No <b>X</b> Yes
Pre-operative Evaluation Before Non-Cardiac Surgery <sup>5055</sup> :	O No <b>X</b> Yes	Cardiac Arrest w/in 24 Hours <sup>5065</sup> :	<b>X</b> No O Yes

**Stress or Imaging Studies Performed**<sup>5100</sup>:  No  Yes → If Yes, Specify Test Performed:

Test Performed	No	Yes	Result	Risk/Extent Of Ischemia
<b>Standard Exercise Stress Test</b> <sup>5200,5201,5202</sup> : (w/o imaging)	<input type="radio"/>	<input checked="" type="radio"/> → If Yes,	<input type="radio"/> Negative <input checked="" type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input checked="" type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
<b>Stress Echocardiogram</b> <sup>5210,5211,5212</sup> :	<input type="radio"/>	<input checked="" type="radio"/> → If Yes,	<input type="radio"/> Negative <input checked="" type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input checked="" type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
<b>Stress Testing w/SPECT MPI</b> <sup>5220,5221,5222</sup> :	<input checked="" type="radio"/>	<input type="radio"/> → If Yes,	<input checked="" type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
<b>Stress Testing w/CMR</b> <sup>5230,5231,5232</sup> :	<input type="radio"/>	<input checked="" type="radio"/> → If Yes,	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminant <input checked="" type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
<b>Cardiac CTA</b> <sup>5240,5241</sup> :	<input type="radio"/>	<input checked="" type="radio"/> → If Yes,	<input type="radio"/> No disease <input checked="" type="radio"/> 1VD <input type="radio"/> 2VD <input type="radio"/> 3VD <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	
<b>Coronary Calcium Score</b> <sup>5250</sup> :	<input type="radio"/>	<input checked="" type="radio"/> → If Yes,	<b>Calcium Score:</b> <sup>5251</sup> <u>105</u>	

### PROCEDURE INFORMATION

<b>Procedure Date/Time</b> <sup>5300/5301</sup> : <b>1/27/2014 0520</b>	<b>Fluoro Time/Dose</b> <sup>5320,5321</sup> : <b>30</b> minutes <b>OR</b> <b>2</b> mGy
<b>PCI</b> <sup>5305</sup> : <input type="radio"/> No <input checked="" type="radio"/> Yes	<b>Contrast Volume</b> <sup>5325</sup> : <b>200</b>
<b>Diagnostic Cath</b> <sup>5310</sup> : <input type="radio"/> No <input checked="" type="radio"/> Yes	
<b>Other Procedure (in conj w/Dx Cath or PCI)</b> <sup>5315</sup> : <input type="radio"/> No <input checked="" type="radio"/> Yes	

### MECHANICAL VENTRICULAR SUPPORT

<b>IABP</b> <sup>5330</sup> : <input type="radio"/> No <input checked="" type="radio"/> Yes	→ If Yes, <b>Timing</b> <sup>5335</sup> : <input type="radio"/> In place at start of procedure <input type="radio"/> Inserted during procedure and prior to PCI <input checked="" type="radio"/> Inserted after PCI has begun
<b>Other Mechanical Ventricular Support</b> <sup>5340</sup> : <input type="radio"/> No <input checked="" type="radio"/> Yes	→ If Yes, <b>Timing</b> <sup>5345</sup> : <input type="radio"/> In place at start of procedure <input checked="" type="radio"/> Inserted during procedure and prior to PCI <input type="radio"/> Inserted after PCI has begun

### ARTERIAL ACCESS:

<b>Arterial Access Site</b> <sup>5350</sup> : <input type="radio"/> Femoral <input checked="" type="radio"/> Brachial <input type="radio"/> Radial <input type="radio"/> Other	
<b>Closure Method(s)</b> <sup>5355</sup> :	<input type="checkbox"/> Method Not Documented <sup>5356</sup>
1 <b>9 Perclose ProGlide</b>	
2	
3	
4	

### E. DIAGNOSTIC CATHETERIZATION PROCEDURE (COMPLETE FOR EACH DIAGNOSTIC CATH)

<b>Operator's Name</b> <sup>6000, 6005, 6010</sup> : <b>Joe Jackson</b>	<b>Operator's NPI</b> <sup>6015</sup> : <b>1234567890</b>
<b>Diagnostic Coronary Angiography</b> <sup>6020</sup> : <input type="radio"/> No <input checked="" type="radio"/> Yes	
<b>Left Heart Cath</b> <sup>6025</sup> : <input type="radio"/> No <input checked="" type="radio"/> Yes	
<b>Cardiac Transplant Evaluation</b> <sup>6030</sup> : <input type="radio"/> No <input checked="" type="radio"/> Yes	→ If Yes, <b>Type</b> <sup>6035</sup> : <input checked="" type="radio"/> Donor for cardiac transplant <input type="radio"/> Candidate to receive a cardiac transplant <input type="radio"/> Post cardiac transplant follow up
<b>Diag Cath Status</b> <sup>6040</sup> : <input type="radio"/> Elective <input checked="" type="radio"/> Urgent <input type="radio"/> Emergency <input type="radio"/> Salvage	
<b>Rx Recommendation</b> <sup>6045</sup> : (after diagnostic cath) <input type="radio"/> None <input type="radio"/> Medical therapy and/or counseling <input checked="" type="radio"/> PCI w/o planned CABG <input type="radio"/> CABG (including planned hybrid CABG/PCI procedures) <input type="radio"/> Other cardiac therapy without CABG or PCI	

### F. BEST ESTIMATE OF CORONARY ANATOMY (COMPLETE FOR EACH CATH LAB VISIT)

Dominance<sup>6100</sup>:  Left  Right  Co-dominant

Coronary Territory	Native Artery Percent Stenosis in $\geq 2$ mm vessels	Grafts Supplying Coronary Territory (Note 1) Percent Stenosis
Left Main	<u>40</u> % <sup>6110</sup> <input type="checkbox"/> Not Available <sup>6111</sup>	
Prox LAD	<u>30</u> % <sup>6120</sup> <input type="checkbox"/> Not Available <sup>6121</sup>	<u>80</u> % <sup>6170</sup> <input type="checkbox"/> Not Available <sup>6171</sup>
Mid/Distal LAD, Diag Branches	<u>40</u> % <sup>6130</sup> <input type="checkbox"/> Not Available <sup>6131</sup>	<u>90</u> % <sup>6180</sup> <input type="checkbox"/> Not Available <sup>6181</sup>
Circ, OMs, LPDA, LPL Branches	<u>50</u> % <sup>6140</sup> <input type="checkbox"/> Not Available <sup>6141</sup>	<u>95</u> % <sup>6190</sup> <input type="checkbox"/> Not Available <sup>6191</sup>
RCA, RPDA, RPL, AM Branches	<u>60</u> % <sup>6150</sup> <input type="checkbox"/> Not Available <sup>6151</sup>	<u>85</u> % <sup>6200</sup> <input type="checkbox"/> Not Available <sup>6201</sup>
Ramus	<u>70</u> % <sup>6160</sup> <input type="checkbox"/> Not Available <sup>6161</sup>	<u>75</u> % <sup>6210</sup> <input type="checkbox"/> Not Available <sup>6211</sup>

### G. PCI PROCEDURE (COMPLETE FOR EACH CATH LAB VISIT IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)

Operator's Name<sup>7000,7005,7010</sup>: **Joe Jackson**

Operator's NPI<sup>7015</sup>:

PCI Status<sup>7020</sup>:  Elective  Urgent  Emergency  Salvage

Pre-PCI LVEF<sup>7025</sup>: **40** %  Pre-PCI LVEF Not Assessed<sup>7026</sup>

Cardiogenic Shock at Start of PCI<sup>7030</sup>:  No  Yes

PCI Indication<sup>7035</sup>:  Immediate PCI for STEMI  PCI for STEMI (Unstable, >12 hrs from Sx onset)  
 PCI for STEMI (Stable, >12 from hrs Sx onset)  PCI for STEMI (stable after successful full-dose Thrombolysis)  
 Rescue PCI for STEMI (after failed full-dose lytics)  PCI for high risk Non-STEMI or unstable angina  
 Staged PCI  Other

→ If Immediate PCI for STEMI, STEMI or STEMI Equivalent First Noted<sup>7040</sup>:  First ECG  Subsequent ECG

→ If Subsequent ECG, Subsequent ECG with STEMI or STEMI Equivalent Date/Time<sup>7045, 7046</sup>: 1/27/2014 0427

→ If Immediate PCI for STEMI, First Device Activation Date/Time<sup>7050,7051</sup>: 01/27/2014 0540

→ If Immediate PCI for STEMI, Transferred In for Immediate PCI for STEMI<sup>7055</sup>:  No  Yes

→ If Yes, Date/Time ED Presentation at Referring Facility<sup>7060,7061</sup>: 1/27/2014 0415

→ If Immediate PCI for STEMI, Non-System Reason for Delay in PCI<sup>7065</sup>:

- Difficult vascular access  Cardiac arrest and/or need for intubation before PCI  
 Patient delays in providing consent for the procedure  Difficulty crossing the culprit lesion during the PCI procedure  
 Other  None

### PROCEDURE MEDICATIONS (ADMINISTERED WITHIN 24 HOURS PRIOR TO AND DURING THE PCI PROCEDURE)

Category	Medication <sup>9500</sup>	Administered <sup>9510</sup>
Anticoagulants	Fondaparinux	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Low Molecular Weight Heparin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Unfractionated Heparin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Aspirin	Aspirin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Direct Thrombin Inhibitors	Bivalirudin	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Direct Thrombin Inhibitor (other)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Glycoprotein IIb/IIIa Inhibitors	GP IIb/IIIa (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Thienopyridines	Clopidogrel	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Ticlopidine	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Prasugrel	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input checked="" type="radio"/> Blinded

Note 1: CABG Date<sup>9020</sup> must be less than Procedure Date/Time<sup>5300/5301</sup> or Prior CABG<sup>4045</sup> = "Yes" to complete these elements.

### H. LESIONS AND DEVICES (COMPLETE FOR EACH PCI ATTEMPTED OR PERFORMED)

<b>Lesion Counter</b> <sup>7100</sup> :	<b>1</b>		<b>2</b>	
<b>Segment Number(s)</b> <sup>7105</sup> :	91750005		91748002 91751009	
If CAD Presentation <sup>5000</sup> is 'STEMI', 'Non-STEMI', or 'Unstable angina', <b>Culprit Lesion</b> <sup>7110</sup> :	O No <input checked="" type="checkbox"/> Yes O Unknown		O No O Yes <input checked="" type="checkbox"/> Unknown	
<b>Stenosis Immediately Prior to Rx</b> <sup>7115</sup> :	65 %		90 %	
→ If 100%, <b>Chronic Total Occlusion</b> <sup>7120</sup> :	<input checked="" type="checkbox"/> No O Yes		<input checked="" type="checkbox"/> No O Yes	
→ If 40-70%, <b>IVUS</b> <sup>7125</sup> :	O No <input checked="" type="checkbox"/> Yes		O No <input checked="" type="checkbox"/> Yes	
→ If 40-70%, <b>FFR</b> <sup>7130</sup> :	O No <input checked="" type="checkbox"/> Yes		O No <input checked="" type="checkbox"/> Yes	
→ If Yes, <b>FFR Ratio</b> <sup>7135</sup> :	.62		.53	
<b>Pre-procedure TIMI Flow</b> <sup>7140</sup> :	O 0 <input checked="" type="checkbox"/> 1 O 2 O 3		<input checked="" type="checkbox"/> 0 O 1 O 2 O 3	
<b>Prev Treated Lesion</b> <sup>7145</sup> :	O No <input checked="" type="checkbox"/> Yes		O No <input checked="" type="checkbox"/> Yes	
→ If Yes, <b>Timeframe</b> <sup>7150</sup> :	O < 1 month O 1-5 months <input checked="" type="checkbox"/> 6-12 months		O < 1 month O 1-5 months <input checked="" type="checkbox"/> 6-12 months	
→ If Yes, <b>Treated with Stent</b> <sup>7155</sup> :	O No <input checked="" type="checkbox"/> Yes		O No <input checked="" type="checkbox"/> Yes	
→ If Yes, <b>In-Stent Restenosis</b> <sup>7160</sup> :	O No <input checked="" type="checkbox"/> Yes		O No <input checked="" type="checkbox"/> Yes	
<b>In-Stent Thrombosis</b> <sup>7165</sup> :	O No <input checked="" type="checkbox"/> Yes		O No <input checked="" type="checkbox"/> Yes	
<b>Stent Type</b> <sup>7170</sup> :	<input checked="" type="checkbox"/> DES O Non-DES O Type unknown		<input checked="" type="checkbox"/> DES O Non-DES O Type unknown	
<b>Lesion in Graft</b> <sup>7175</sup> :	<input checked="" type="checkbox"/> Not in Graft O Vein O LIMA O Other artery		<input checked="" type="checkbox"/> Not in Graft O Vein O LIMA O Other artery	
→ If Vein, LIMA, Other, <b>Location in Graft</b> <sup>7180</sup> :	O Aortic O Body O Distal		O Aortic O Body O Distal	
<b>Lesion Complexity</b> <sup>7185</sup> :	O Non-High/Non-C <input checked="" type="checkbox"/> High/C		<input checked="" type="checkbox"/> Non-High/Non-C O High/C	
<b>Lesion Length (mm)</b> <sup>7190</sup> :	8 mm		15 mm	
<b>Thrombus Present</b> <sup>7195</sup> :	O No <input checked="" type="checkbox"/> Yes		O No <input checked="" type="checkbox"/> Yes	
<b>Bifurcation Lesion</b> <sup>7200</sup> :	O No <input checked="" type="checkbox"/> Yes		O No <input checked="" type="checkbox"/> Yes	
<b>Guidewire Across Lesion</b> <sup>7205</sup> :	O No <input checked="" type="checkbox"/> Yes		O No <input checked="" type="checkbox"/> Yes	
→ If Yes, <b>Stenosis Post-Procedure</b> <sup>7210</sup> :	30 %		20 %	
→ If Yes, <b>Post-Procedure TIMI Flow</b> <sup>7215</sup> :	O 0 O 1 O 2 <input checked="" type="checkbox"/> 3		O 0 O 1 O 2 <input checked="" type="checkbox"/> 3	
→ If Yes, <b>Device(s) Deployed</b> <sup>7220</sup> :	O No <input checked="" type="checkbox"/> Yes		O No O Yes	

Intracoronary Device(s) Used <sup>7225</sup>	Associated Lesion(s) <sup>7100</sup>	Diameter <sup>7235</sup>	Length <sup>7240</sup>
1 <b>Accent Balloon - Cook Medical (85)</b>	1	5 mm	20 mm
2 <b>XIENCE V DES - RX - Multilink MiniVision (193)</b>	2	9mm	30mm
3			
4			
5			

<b>INTRAPROCEDURE EVENTS</b>	<b>Significant Dissection</b> <sup>7245</sup> : <input checked="" type="checkbox"/> No O Yes	<b>Perforation</b> <sup>7250</sup> : O No <input checked="" type="checkbox"/> Yes
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### I. LABS (COMPLETE FOR EACH CATH LAB VISIT IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)

Pre-Procedure (performed at your facility)		Post-Procedure (post-procedure only)	
<b>CK-MB</b> <sup>7300</sup> 15 ng/mL <input type="checkbox"/> CK Not Applicable <sup>7301</sup> <input type="checkbox"/> CK Drawn and Normal <sup>7302</sup>		<b>CK-MB</b> <sup>7325</sup> 9 ng/mL <input type="checkbox"/> CK Not Applicable <sup>7326</sup> (peak value 6-24 hrs) <input type="checkbox"/> CK Drawn and Normal <sup>7327</sup>	
<b>Troponin I</b> <sup>7305</sup> 4.5 ng/mL <input type="checkbox"/> Not Drawn <sup>7306</sup>		<b>Troponin I</b> <sup>7330</sup> 2.3 ng/mL <input type="checkbox"/> Not Drawn <sup>7331</sup> (peak value 6-24 hrs)	
<b>Troponin T</b> <sup>7310</sup> 0.3 ng/mL <input type="checkbox"/> Not Drawn <sup>7311</sup>		<b>Troponin T</b> <sup>7335</sup> 0.1 ng/mL <input type="checkbox"/> Not Drawn <sup>7336</sup> (peak value 6-24 hrs)	
<b>Creatinine</b> <sup>7315</sup> 2.1 mg/dL <input type="checkbox"/> Not Drawn <sup>7316</sup>		<b>Creatinine</b> <sup>7340</sup> 2.2 mg/dL <input type="checkbox"/> Not Drawn <sup>7341</sup> (highest value)	
<b>Hemoglobin</b> <sup>7320</sup> 15.6 g/dL <input type="checkbox"/> Not Drawn <sup>7321</sup>		<b>Hemoglobin</b> <sup>7345</sup> 15.0 g/dL <input type="checkbox"/> Not Drawn <sup>7346</sup> (lowest w/in 72 hrs)	

### J. INTRA AND POST-PROCEDURE EVENTS (COMPLETE FOR EACH CATH LAB VISIT)

<b>Myocardial Infarction</b> <sup>8000</sup> : (Positive Biomarkers)	O No <input checked="" type="checkbox"/> Yes	<b>Bleeding Event w/in 72 Hours</b> <sup>8050</sup> :	O No <input checked="" type="checkbox"/> Yes
<b>Cardiogenic Shock</b> <sup>8005</sup> :	O No <input checked="" type="checkbox"/> Yes	→If Yes, <b>Bleeding at Access Site</b> <sup>8055</sup> :	O No <input checked="" type="checkbox"/> Yes
<b>Heart Failure</b> <sup>8010</sup> :	O No <input checked="" type="checkbox"/> Yes	→If Yes, <b>Hematoma at Access Site</b> <sup>8060</sup> :	O No <input checked="" type="checkbox"/> Yes
<b>CVA/Stroke</b> <sup>8015</sup> :	O No <input checked="" type="checkbox"/> Yes	→If Yes, <b>Size</b> <sup>8061</sup> : O <3cm O 3-5cm <input checked="" type="checkbox"/> >5-10 O >10cm	
→If Yes, <b>Hemorrhagic Stroke</b> <sup>8021</sup> :	O No <input checked="" type="checkbox"/> Yes	→If Yes, <b>Retroperitoneal Bleeding</b> <sup>8070</sup> :	O No <input checked="" type="checkbox"/> Yes
<b>Tamponade</b> <sup>8025</sup> :	O No <input checked="" type="checkbox"/> Yes	→If Yes, <b>GI Bleed</b> <sup>8080</sup> :	O No <input checked="" type="checkbox"/> Yes
<b>New Requirement for Dialysis</b> <sup>8030</sup> :	O No <input checked="" type="checkbox"/> Yes	→If Yes, <b>GU Bleed</b> <sup>8090</sup> :	O No <input checked="" type="checkbox"/> Yes
<b>Other Vascular Complications Req Rx</b> <sup>8035</sup> :	O No <input checked="" type="checkbox"/> Yes	→If Yes, <b>Other Bleed</b> <sup>8100</sup> :	O No <input checked="" type="checkbox"/> Yes
<b>RBC/Whole Blood Transfusion</b> <sup>8040</sup> :	O No <input checked="" type="checkbox"/> Yes		
→If Yes, <b>Hgb Prior to Transfusion</b> <sup>8041</sup> :	<u>15</u> g/dL		

### K. DISCHARGE (COMPLETE THIS SECTION FOR EACH EPISODE OF CARE)

**CABG**<sup>9000</sup>: O No  Yes

→ If Yes, **CABG Status**<sup>9005</sup>: O Elective  Urgent O Emergency O Salvage

→ If Yes, **CABG Indication**<sup>9010</sup>: O PCI complication  PCI failure without clinical deterioration  
O Treatment of CAD without PCI immediately preceding CABG O PCI/CABG hybrid procedure

→If Yes, **Location**<sup>9015</sup>:  At your facility O Transferred to other facility

→If At your facility, **CABG Date/Time**<sup>9020,9021</sup>: **2/2/2014 0800**

**Other Major Surgery**<sup>9025</sup>:  No O Yes **LVEF**<sup>9030</sup>: **35** %  LVEF Not Assessed<sup>9031</sup>

**Discharge Date**<sup>9035</sup>: **02/03/2014**

**Discharge Status**<sup>9040</sup>:  Alive O Deceased

→If Alive, **Discharge Location**<sup>9045</sup>: O Home  Extended care/TCU/rehab O Other acute care hospital  
O Nursing home O Hospice O Other O Left against medical advice (AMA)

→If Alive, **Cardiac Rehabilitation Referral**<sup>9050</sup>: O No O Yes  Ineligible

→If Deceased, **Death in Lab**<sup>9055</sup>: O No O Yes

→If Deceased, **Primary Cause of Death**<sup>9060</sup>: O Cardiac O Neurologic O Renal O Vascular O Infection  
O Valvular O Pulmonary O Unknown O Other

**Hospital Status**<sup>9065</sup>: O Outpatient  Outpatient converted to inpatient O Inpatient

### DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE – COMPLETE FOR EACH EPISODE OF CARE IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)

Category	Medication	Administered			
<i>Discharge medications are not required for patients who expired or were discharged to 'Other acute care Hospital', 'Hospice', or 'AMA'.</i>					
ACE Inhibitors	ACE Inhibitor (any)	O No	O Yes	O Contraindicated	<input checked="" type="checkbox"/> Blinded
ARBs	ARB (any)	O No	O Yes	O Contraindicated	O Blinded
Aspirin	Aspirin (any)	O No	O Yes	<input checked="" type="checkbox"/> Contraindicated	O Blinded
Beta Blockers	Beta Blocker (any)	O No	O Yes	O Contraindicated	O Blinded
Lipid Lowering Agents	Statin (any)	O No	O Yes	O Contraindicated	O Blinded
	Non-Statin (any)	O No	O Yes	O Contraindicated	O Blinded
Thienopyridines	Clopidogrel	O No	O Yes	O Contraindicated	O Blinded
	Ticlopidine	O No	O Yes	O Contraindicated	O Blinded
	Prasugrel	O No	O Yes	O Contraindicated	O Blinded