

FACILITY¹⁰¹⁰
 FMC LMH RAH TQEH

Patient in Follow-up Study?¹⁰²⁰ No Yes

PART A: DEMOGRAPHICS
Surname²⁰⁰⁰:

First Name²⁰¹⁰:

Middle Name²⁰²⁰:

Medicare No²⁰³⁰: _____ **Patient UR**²⁰⁴⁰: _____

Post Code³⁰⁰⁵: _____
Postcode N/A³⁰⁰⁶:
Date of Birth²⁰⁵⁰: ____|__|dd ____|__|mm ____|__|__|__|__|yyyy

Gender²⁰⁶⁰:
 M F

Ethnicity: Caucasian²⁰⁷⁰ Indigenous/Torres Strait Islander²⁰⁷¹ Asian²⁰⁷² Hispanic²⁰⁷³
 African²⁰⁷⁴ Sub-Continent²⁰⁷⁵ Other^{2076,2077} (specify) _____

PART B: EPISODE OF CARE and CHEST PAIN EVALUATION
Arrival to Cath Facility: Date³⁰⁰⁰: ____|__|dd ____|__|mm 20|____|__|yyyy **Time**³⁰⁰¹: ____|__|hh : ____|__|mm 24 hr

Referral Source³⁰¹⁰: Emergency Department Admissions Office Current In-patient
 Transfer in From Other Acute Care Facility

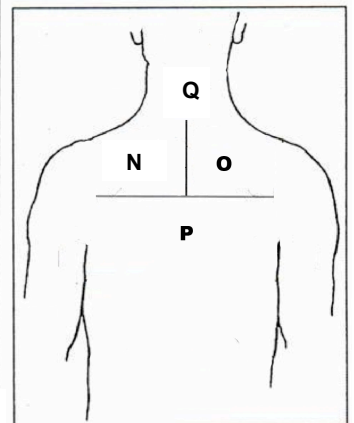
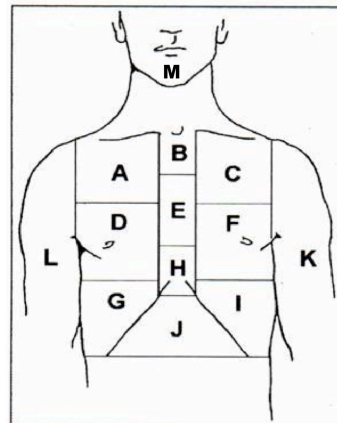
Payer for Episode of Care³⁰²⁰: Private Health Insurance Medicare Only Veteran Gold Card Other

Transport to Cath Facility³⁰⁴⁰: Self SAAS Air Ambulance MedSTAR
 Inter-hospital transfer - Air Inter-hospital transfer - road

THE FOLLOWING QUESTIONS RELATE TO THE CHEST PAIN SYMPTOMS PROMPTING THIS DIAGNOSTIC CATHETERISATION
Chest Pain Prompting this Diagnostic Catheterisation³⁰⁴¹: No Yes Unknown → If yes, complete below

Location of Chest Pain:
 (check all that apply)

<input type="checkbox"/> A ³⁰⁴²	<input type="checkbox"/> B ³⁰⁴³	<input type="checkbox"/> C ³⁰⁴⁴
<input type="checkbox"/> D ³⁰⁴⁵	<input type="checkbox"/> E ³⁰⁴⁶	<input type="checkbox"/> F ³⁰⁴⁷
<input type="checkbox"/> G ³⁰⁴⁸	<input type="checkbox"/> H ³⁰⁴⁹	<input type="checkbox"/> I ³⁰⁵⁰
<input type="checkbox"/> J ³⁰⁵¹	<input type="checkbox"/> K ³⁰⁵²	<input type="checkbox"/> L ³⁰⁵³
<input type="checkbox"/> M ³⁰⁵⁴	<input type="checkbox"/> N ³⁰⁵⁵	<input type="checkbox"/> O ³⁰⁵⁶
<input type="checkbox"/> P ³⁰⁵⁷	<input type="checkbox"/> Q ³⁰⁵⁸	<input type="checkbox"/> Other ³⁰⁵⁹
<input type="checkbox"/> Unknown ³⁰⁶⁰		


Quality of Chest Pain: Burning³⁰⁶¹ Squeezing³⁰⁶² Tightness³⁰⁶³ Sharp³⁰⁶⁴ Heavy³⁰⁶⁵ Other^{3066, 3067} _____
 Unknown³⁰⁶⁸
Precipitating Factors: Exertion³⁰⁶⁹ Meals³⁰⁷⁰ Emotional Stress³⁰⁷¹ Cold Weather³⁰⁷² Nocturnal³⁰⁷³
 Lying Down³⁰⁷⁴ Pleuritic³⁰⁷⁵ Only at Rest³⁰⁷⁶ Other^{3077, 3078} _____ Unknown³⁰⁷⁹
Relieving Factors: Rest³⁰⁸⁰ Nitrates (<5 mins)³⁰⁸¹ Nitrates (> 5 mins)³⁰⁸² Antacids³⁰⁸³
 Other^{3084, 3085} _____ Unknown³⁰⁸⁶
Associated Symptoms: Tachypnea³⁰⁸⁷ Rapid Palpitations³⁰⁸⁸ Pre-syncope/syncope³⁰⁸⁹ Post-pain fatigue³⁰⁹⁰
 Nausea/vomiting³⁰⁹¹ Sweating³⁰⁹² Chest Wall Tenderness³⁰⁹³
 Other^{3094, 3095} _____ None³⁰⁹⁶ Dyspnea³⁰⁹⁷ Unknown³⁰⁹⁸
Typical Duration³⁰⁹⁹ ≤ 15 seconds > 15 seconds ≤ 15 minutes > 15 minutes ≤ 30 minutes > 30 minutes ≤ 60 minutes
 > 60 minutes ≤ 2 hours > 2 hours ≤ 6 hours > 6 hours ≤ 12 hours > 12 hours Unknown



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PART C: HISTORY and RISK FACTORS (ON ARRIVAL TO CATH FACILITY)

Smoking History ^{4000:}	Pack Years ⁴⁰⁰¹ (Note 1)	Height ^{4055:}	_ _ _ _ _ _ cm <input type="radio"/> Unk
Current <input type="radio"/>	_ _ _ _	Weight ^{4060:}	_ _ _ _ _ _ kg cm <input type="radio"/> Unk
Recent (< one year) <input type="radio"/>		Currently on dialysis ^{4065:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
Former <input type="radio"/>		Cerebrovascular Disease ^{4070:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
No Smoking History <input type="radio"/>		Peripheral Arterial Disease ^{4075:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
Unknown <input type="radio"/>		Diabetes Mellitus ^{4085:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk → If yes,
Hypertension ^{4005:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk	Diabetes Diagnosed this Admission ^{4086:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk → If yes,
Dyslipidemia ^{4010:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk	Diabetes Therapy ^{4090:}	<input type="radio"/> None <input type="radio"/> Diet <input type="radio"/> Oral <input type="radio"/> Insulin <input type="radio"/> Other <input type="radio"/> Unk
Family Hx of Premature CAD ^{4015:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk	Prior Diagnosis/Treatment	
Prior MI ^{4020:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk	Condition Active ⁴⁰⁹⁷	
Prior Heart Failure ^{4025:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk	Gastroesophageal Reflux ^{4091:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
Prior Valve Surgery/Procedure ^{4030:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk	Irritable Bowl Syndrome ^{4092:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
Prior PCI ^{4035:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk	Gall Bladder Disease ^{4093:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
→ If yes, Most Recent PCI Date ^{4035:}	_ _ _ _ dd _ _ _ _ mm _ _ _ _ _ _ _ _ yyyy <input type="radio"/> Unk	Depression ^{4094:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
		Chronic Lung Disease ^{4095:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
Prior CABG ^{4045:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk	Asthma ^{4096:}	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unk
→ If yes, Most Recent CABG Date ^{4050:}	_ _ _ _ dd _ _ _ _ mm _ _ _ _ _ _ _ _ yyyy <input type="radio"/> Unk		

PRE-ADMISSION MEDICATIONS: (INDICATE ALL MEDICATIONS ON ARRIVAL TO CATH FACILITY) (Additional Medication Page Attached)

Cardiovascular Medications	No	Yes	Unk		Generic Name ⁴¹¹⁰ Dose ^{4111, 4112}	Indication ⁴¹¹⁵⁻⁴¹²⁵
Anti-platelet agents? ⁴¹⁰⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> TIA/Stroke <input type="checkbox"/> CAD <input type="checkbox"/> Other <input type="checkbox"/> UNK
Second Anti-platelet agent? ⁴¹⁰¹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> TIA/Stroke <input type="checkbox"/> CAD <input type="checkbox"/> Other <input type="checkbox"/> UNK
Statin? ⁴¹⁰²	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> Cholesterol Lowering <input type="checkbox"/> 2° Prevention <input type="checkbox"/> UNK
ACE Inhibitor? ⁴¹⁰³	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> Hypertension <input type="checkbox"/> Heart Failure <input type="checkbox"/> CHD <input type="checkbox"/> Other <input type="checkbox"/> UNK
Angiotensin Receptor Blocker? ⁴¹⁰⁴	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> Hypertension <input type="checkbox"/> Heart Failure <input type="checkbox"/> Other <input type="checkbox"/> UNK
Calcium Channel Blocker? ⁴¹⁰⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> Angina <input type="checkbox"/> Hypertension <input type="checkbox"/> Other <input type="checkbox"/> UNK
Beta Blocker? ⁴¹⁰⁶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> Angina <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Heart Failure <input type="checkbox"/> Post MI <input type="checkbox"/> Hypertension <input type="checkbox"/> Other <input type="checkbox"/> UNK
Long-Acting Nitrates? ⁴¹⁰⁷	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> Angina <input type="checkbox"/> Other <input type="checkbox"/> UNK

Other Medications ⁴¹³⁰ No Yes Unknown → If yes, complete below

Type ⁴¹³¹	Generic Name ⁴¹³²	Dose ^{4133, 4134}	Therapeutic Class ⁴¹³⁵
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			

Note 1: Pack Years ⁴⁰⁰¹ = (number cigarettes smoked per day X number of years smoked)/20

Example: Patient has smoked 15 cigarettes a day for 40 years, Pack Years = (15 x 40)/20 = 30

If needed, record here number of cigarettes per day _____ and number of years smoked _____



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PART D: CATH LAB VISIT (Complete for each cath lab visit)

CLINICAL EVALUATION LEADING TO PROCEDURE (to completed by Physician)

Procedure Indication^{5000:} No symptoms, no angina Symptoms unlikely to be ischaemic Stable Angina
 Unstable Angina Non-STEMI (NSTEMI) STEMI

Other indications: **Cardiomyopathy or LVSD** ^{5050:} No Yes
Pre-Op Evaluation before non-cardiac surgery ^{5055:} No Yes
 Other^{5056, 5057} → If yes, Indicate: _____

Cardiogenic Shock w/in 24 hours ^{5060:} No Yes Unk **Cardiac arrest w/in 24hrs** ^{5065:} No Yes Unk

Angina Classification w/in 2 weeks ^{5020:} No Symptoms CCSC I CCSC II CCSC III CCSC IV Unk

Anti-Anginal medications w/in 2 weeks ^{5025:} No Yes Unk → If yes, **Type** (check all that apply):

Beta-blockers⁵⁰²⁶ Calcium Channel Blockers⁵⁰²⁷ Long Acting Nitrates⁵⁰²⁸ Perhexilene⁵⁰²⁹
 Other⁵⁰³⁰ → If yes, Indicate: _____

Heart Failure w/in 2 weeks ^{5040:} No Yes Unk
→ If yes, **NYHA Class w/in 2 weeks** ^{5045:} NYHA I NYHA II NYHA III NYHA IV Unk

GRACE Risk Score At Admission: (For ACS only, Procedure Indication = Unstable Angina, NSTEMI or STEMI)

Age ^{5070:} |__| |__| |__| years **Heart Rate** ^{5071:} |__| |__| |__| bpm **Systolic BP** ^{5072:} |__| |__| |__| mmHg

Cardiac Arrest ⁵⁰⁷⁵ No Yes Unk **ST-segment deviation** ⁵⁰⁷⁶ No Yes Unk

Creatinine Pre Procedure ^{5077:} |__| |__| |__| umol/L **Elevated Cardiac Markers** ⁵⁰⁷⁸ No Yes Unk

Killip Class ^{5080:} I (no CHF) II (rales and/or JVD) III (pulmonary odema) IV (cardiogenic shock) Unk

Stress or Imaging Studies Performed ⁵¹⁰⁰ (w/in last 6 months): No Yes Unknown → If yes, **specify test performed:**

Test Performed	No	Yes	Unk		Result		Risk/Extent of Ischaemia
Standard Exercise Stress Test ^{5200,5201,5202:} (w/o imaging)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Unavailable	→ If positive,	<input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Echocardiogram <small>5210,5211,5212</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Unavailable	→ If positive,	<input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Testing w/SPECT MPI <small>5220,5221,5222</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Unavailable	→ If positive,	<input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Testing w/CMR <small>5230,5231,5232</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Unavailable	→ If positive,	<input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Cardiac CTA ^{5240,5241}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,	<input type="radio"/> No disease <input type="radio"/> 1 VD <input type="radio"/> 2 VD <input type="radio"/> 3 VD <input type="radio"/> Indeterminate <input type="radio"/> Unavailable		

PROCEDURE INFORMATION

Procedure Date ^{5300:} |__| |__| |dd| |__| |__| |mm| |__| |__| |__| |__| |yyyy| **Procedure Time** ^{5301:} |__| |__| |hh| |__| |__| |mm| 24 hr

Diagnostic Cath ^{5310:} No Yes **PCI** ^{5305:} No Yes **Able to image coronary arteries** ⁵³¹¹ No Yes

Fluoro Time/Dose ^{5321/5322:} **Time:** |__| |__| |__| |__| mins **OR Dose:** |__| |__| |__| |__| cGycm2 **Contrast Vol** ^{5325:} |__| |__| |__| ml

Other Procedure (in conj with Dx Cath/PCI) ⁵³¹⁵ No Yes Unk → If yes, **Doppler** ^{5316:} No Yes Unk
Pressure Wire ^{5317:} No Yes Unk
IVUS ^{5318:} No Yes Unk
Spasm Provocation ^{5319:} No Yes Unk

MECHANICAL VENTRICULAR SUPPORT

IABP ^{5330:} No Yes Unknown
→ If yes, **Timing** ^{5335:} In place at start of procedure Inserted during procedure and prior to PCI Inserted after PCI has begun Unk

Other mechanical ventricular support^{5340:} No Yes Unknown
→ If yes, **Timing** ^{5345:} In place at start of procedure Inserted during procedure and prior to PCI Inserted after PCI has begun Unk



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ARTERIAL ACCESS:

Arterial Access Site	Operator Name ⁵³⁵⁶ :	Closure Method ⁵³⁵⁸ :
FEMORAL		
Right ⁵³⁵⁰ : <input type="radio"/> Successful <input type="radio"/> Unsuccessful <input type="radio"/> Not Attempted		<input type="radio"/> Manual Press <input type="radio"/> Device → Device Name ⁵³⁵⁹ <input type="radio"/> Other <input type="radio"/> N/A <input type="radio"/> Unk
Left ⁵³⁵¹ : <input type="radio"/> Successful <input type="radio"/> Unsuccessful <input type="radio"/> Not Attempted		<input type="radio"/> Manual Press <input type="radio"/> Device → Device Name ⁵³⁵⁹ <input type="radio"/> Other <input type="radio"/> N/A <input type="radio"/> Unk
BRACHIAL		
Right ⁵³⁵² : <input type="radio"/> Successful <input type="radio"/> Unsuccessful <input type="radio"/> Not Attempted		<input type="radio"/> Manual Press <input type="radio"/> Device → Device Name ⁵³⁵⁹ <input type="radio"/> Other <input type="radio"/> N/A <input type="radio"/> Unk
Left ⁵³⁵³ : <input type="radio"/> Successful <input type="radio"/> Unsuccessful <input type="radio"/> Not Attempted		<input type="radio"/> Manual Press <input type="radio"/> Device → Device Name ⁵³⁵⁹ <input type="radio"/> Other <input type="radio"/> N/A <input type="radio"/> Unk
RADIAL		
Right ⁵³⁵⁴ : <input type="radio"/> Successful <input type="radio"/> Unsuccessful <input type="radio"/> Not Attempted		<input type="radio"/> Manual Press <input type="radio"/> Device → Device Name ⁵³⁵⁹ <input type="radio"/> Other <input type="radio"/> N/A <input type="radio"/> Unk
Left ⁵³⁵⁵ : <input type="radio"/> Successful <input type="radio"/> Unsuccessful <input type="radio"/> Not Attempted		<input type="radio"/> Manual Press <input type="radio"/> Device → Device Name ⁵³⁵⁹ <input type="radio"/> Other <input type="radio"/> N/A <input type="radio"/> Unk

COMPLETE if NSTEMI/STEMI Only

If NSTEMI/STEMI, Pain Onset Date ⁵⁴⁰⁰ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴⁰¹ : __ _ hh : __ _ mm 24 hr	N/A ⁵⁵⁰⁰
If NSTEMI, Hospital Arrival Date ⁵⁴⁰² : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴⁰³ : __ _ hh : __ _ mm 24 hr	N/A
If STEMI, Reperfusion Strategy ⁵⁴⁰⁴ : <input type="radio"/> Thrombolysis <input type="radio"/> PCI <input type="radio"/> Thrombolysis and PCI <input type="radio"/> None First Medical Contact ⁵⁴⁰⁵ : <input type="radio"/> Non-Cath Facility <input type="radio"/> SAAS <input type="radio"/> Cath Facility	

If STEMI First Medical Contact is Non-Cath Facility →

Arrival to Non-Cath Facility Date ⁵⁴¹⁰ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴¹¹ : __ _ hh : __ _ mm 24 hr	N/A
First ECG at Non-Cath Facility Date ⁵⁴¹² : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴¹³ : __ _ hh : __ _ mm 24 hr	N/A
Diagnostic ECG at Non-Cath Facility Date ⁵⁴¹⁴ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴¹⁵ : __ _ hh : __ _ mm 24 hr	N/A
Thrombolytic Therapy at Non-Cath Facility ⁵⁴¹⁶ : <input type="radio"/> No <input type="radio"/> Yes → If yes Date ⁵⁴¹⁷ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴¹⁸ : __ _ hh : __ _ mm 24 hr	N/A

If STEMI First Medical Contact is SAAS →

SAAS Arrival Date ⁵⁴²⁰ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴²¹ : __ _ hh : __ _ mm 24 hr	N/A
First ECG (SAAS) Date ⁵⁴²² : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴²³ : __ _ hh : __ _ mm 24 hr	N/A
Diagnostic ECG (SAAS) Date ⁵⁴²⁴ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴²⁵ : __ _ hh : __ _ mm 24 hr	N/A

If STEMI First Medical Contact is Cath Facility →

Cath Facility Arrival Date ⁵⁴³⁰ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴³¹ : __ _ hh : __ _ mm 24 hr	N/A
First ECG at Cath Facility Date ⁵⁴³² : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴³³ : __ _ hh : __ _ mm 24 hr	N/A
Diagnostic ECG at Cath Facility Date ⁵⁴³⁴ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴³⁵ : __ _ hh : __ _ mm 24 hr	N/A

If STEMI → (COMPLETE FOR ALL STEMI)

Procedure Team On Site ⁵⁴⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes	
Cath Facility Arrival Date ⁵⁴⁴¹ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴⁴² : __ _ hh : __ _ mm 24 hr	N/A
Diagnostic ECG Date ⁵⁴⁴³ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴⁴⁴ : __ _ hh : __ _ mm 24 hr	N/A
Code Activated Date ⁵⁴⁴⁵ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴⁴⁶ : __ _ hh : __ _ mm 24 hr	N/A
→ Indicate source of Code Activation ⁵⁴⁴⁷ : <input type="radio"/> SAAS <input type="radio"/> Cath Facility <input type="radio"/> Code Not Activated <input type="radio"/> Other	
Cath Lab Arrival Date ⁵⁴⁴⁸ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴⁴⁹ : __ _ hh : __ _ mm 24 hr	N/A
Wire Across Date ⁵⁴⁵⁰ : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴⁵¹ : __ _ hh : __ _ mm 24 hr	N/A
1st Device Activation Date ⁵⁴⁵² : __ _ dd __ _ mm 20 __ _ yy Time ⁵⁴⁵³ : __ _ hh : __ _ mm 24 hr	N/A



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E. DIAGNOSTIC CATHETERISATION PROCEDURE (COMPLETE FOR EACH DIAGNOSTIC CATH)

Supervising Consultant Name ⁶⁰⁰⁰: _____

Primary Operator Name ⁶⁰¹⁰: _____

Left Heart Cath ⁶⁰²⁵: No Yes **Right Heart Cath** ⁶⁰²⁶: No Yes

→ If Right Cath **Yes**,

Mean RA Pressure ⁶⁰²⁷ |__||__||__| mmHg Mean PCW Pressure ⁶⁰³⁰ |__||__||__| mmHg

Mean PA Pressure ⁶⁰²⁸ |__||__||__| mmHg Diastolic Arterial BP ⁶⁰³¹ |__||__||__| mmHg

Systolic RV pressure ⁶⁰²⁹ |__||__||__| mmHg Systolic Arterial BP ⁶⁰³² |__||__||__| mmHg

Cardiac Transplantation Evaluation ⁶⁰³⁴: No Yes

→ If yes, **Type** ⁶⁰³⁵: Donor for cardiac transplant Candidate to receive cardiac transplant Post cardiac transplant follow-up

Diagnostic Cath Status ⁶⁰⁴⁰: Elective Urgent Emergency Salvage

F. CORONARY ANGIOGRAPHY FINDINGS (COMPLETE FOR EACH CATH LAB VISIT)

BEST ESTIMATE OF CORONARY ANATOMY

Dominance ⁶¹⁰⁰: Left Right Co-dominant Unknown

Coronary Territory	Native Artery Percent Stenosis in ≥ 2mm vessels	Grafts Supplying Coronary Territory Percent Stenosis ^{Note 2}
Left Main	__ __ __ % ⁶¹¹⁰ <input type="checkbox"/> Not Available ⁶¹¹¹	
Prox LAD	__ __ __ % ⁶¹²⁰ <input type="checkbox"/> Not Available ⁶¹²¹	__ __ __ % ⁶¹⁷⁰ <input type="checkbox"/> Not Available ⁶¹⁷¹
Mid/Distal LAD, Diag Branches	__ __ __ % ⁶¹³⁰ <input type="checkbox"/> Not Available ⁶¹³¹	__ __ __ % ⁶¹⁸⁰ <input type="checkbox"/> Not Available ⁶¹⁸¹
Circ, OMs, LPDA, LPL Branches	__ __ __ % ⁶¹⁴⁰ <input type="checkbox"/> Not Available ⁶¹⁴¹	__ __ __ % ⁶¹⁹⁰ <input type="checkbox"/> Not Available ⁶¹⁹¹
RCA, RPDA, RPL, AM Branches	__ __ __ % ⁶¹⁵⁰ <input type="checkbox"/> Not Available ⁶¹⁵¹	__ __ __ % ⁶²⁰⁰ <input type="checkbox"/> Not Available ⁶²⁰¹
Ramus	__ __ __ % ⁶¹⁶⁰ <input type="checkbox"/> Not Available ⁶¹⁶¹	__ __ __ % ⁶²¹⁰ <input type="checkbox"/> Not Available ⁶²¹¹
Aberrant	__ __ __ % ⁶¹⁶⁵ <input type="checkbox"/> Not Available ⁶¹⁶⁶	__ __ __ % ⁶²¹⁵ <input type="checkbox"/> Not Available ⁶²¹⁶

Other Disease Findings ⁶²⁵⁰: No CAD (smooth) Minor plaques <50% Small Vessel CAD ≥ 50% None

If MI, indicate **Infarct Related artery** ⁶²⁵¹: Left Main Proximal LAD Mid/Distal LAD Circ RCA Other Unknown

Extent of Coronary Disease ⁶²⁵²: 1 Vessel Disease 2 Vessel Disease 3 Vessel Disease **Left Main** ⁶²⁵³: No Yes

Principal Cardiac Diagnoses:

Atherosclerotic CAD ⁶³⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes	Congenital Heart Disease ⁶³⁰⁸ : <input type="radio"/> No <input type="radio"/> Yes
Slow Flow ⁶³⁰¹ : <input type="radio"/> No <input type="radio"/> Yes	1^o Pulmonary Hypertension ⁶³⁰⁹ : <input type="radio"/> No <input type="radio"/> Yes
Variant Angina ⁶³⁰² : <input type="radio"/> No <input type="radio"/> Yes	Myocarditis ⁶³¹⁰ : <input type="radio"/> No <input type="radio"/> Yes
Takotsubo ⁶³⁰³ : <input type="radio"/> No <input type="radio"/> Yes	Pericarditis ⁶³¹¹ : <input type="radio"/> No <input type="radio"/> Yes
Muscle Bridge ⁶³⁰⁴ : <input type="radio"/> No <input type="radio"/> Yes	Microvascular Disease ⁶³¹² : <input type="radio"/> No <input type="radio"/> Yes
Cardiomyopathy ⁶³⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes	→ If Microvascular Disease Yes ,
Valvular Heart Disease ⁶³⁰⁶ : <input type="radio"/> No <input type="radio"/> Yes	Cardiac Syndrome X ⁶³¹³ : <input type="radio"/> No <input type="radio"/> Yes
Spontaneous Coronary Dissection ⁶³⁰⁷ : <input type="radio"/> No <input type="radio"/> Yes	Microvascular Angina ⁶³¹⁴ : <input type="radio"/> No <input type="radio"/> Yes
Other ⁶³¹⁵ : <input type="radio"/> No <input type="radio"/> Yes	→ If yes, Indicate: _____

Rx Recommendation ⁶⁰⁴⁵: None Medical therapy and/or counseling PCI w/o planned CABG

(after diagnostic cath) CABG (including planned hybrid CABG/PCI procedures) Other cardiac therapy without CABG or PCI

Note 2: CABG Date⁹⁰²⁰ must be less than or equal to Procedure Date/Time^{5300/5301} or Prior CABG⁴⁰⁴⁵ = "Yes" to complete these elements



Coronary Angiogram Database of South Australia Diagnostic Catheterisation and Percutaneous Coronary Intervention Registry

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

Supervising Consultant Name ⁷⁰⁰⁰: _____

Primary Operator Name ⁷⁰¹⁰: _____

PCI Status ⁷⁰²⁰: Elective Urgent Emergency Salvage

Pre-PCI LVEF ⁷⁰²⁵: _____ % Pre-PCI LVEF Not Assessed ⁷⁰²⁶ **Cardiogenic Shock at start of PCI** ⁷⁰³⁰: No Yes

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

If Immediate PCI for STEMI:

Non-system reason for Delay in PCI ⁷⁰³⁶:

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

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

	1	2
Lesion Counter ⁷¹⁰⁰ : _____	_____	_____
Segment Number(s) ⁷¹⁰⁵ : _____	_____	_____
If CAD Presentation ⁵⁰⁰⁰ is STEMI, NSTEMI or Unstable Angina, indicate if Culprit Lesion ⁷¹¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Stenosis immediately Prior to Rx ⁷¹⁰⁵ : _____ % → If 100%, Chronic Total Occlusion ⁷¹²⁰ : <input type="radio"/> No <input type="radio"/> Yes → If 40-70%, IVUS ⁷¹²⁵ : <input type="radio"/> No <input type="radio"/> Yes → If 40-70%, FFR ⁷¹³⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, FFR Ratio ⁷¹³⁵ : _____	_____ % <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes _____	_____ % <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes _____
Pre-procedure TIMI Flow ⁷¹⁴⁰ : <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Previously Treated Lesion ⁷¹⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Time Frame ⁷¹⁵⁰ : <input type="radio"/> < 1month <input type="radio"/> 1-5 months <input type="radio"/> 6-12 months <input type="radio"/> 1-2 years <input type="radio"/> > 2 years <input type="radio"/> Unknown → If Yes, Treated with Stent ⁷¹⁵⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, In-Stent Restenosis ⁷¹⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes In-Stent Thrombosis ⁷¹⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes Stent Type ⁷¹⁷⁰ : <input type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Unknown	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> < 1month <input type="radio"/> 1-5 months <input type="radio"/> 6-12 months <input type="radio"/> 1-2 years <input type="radio"/> > 2 years <input type="radio"/> Unknown <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Unknown	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> < 1month <input type="radio"/> 1-5 months <input type="radio"/> 6-12 months <input type="radio"/> 1-2 years <input type="radio"/> > 2 years <input type="radio"/> Unknown <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Unknown
Lesion in Graft ⁷¹⁷⁵ : <input type="radio"/> Not in Graft <input type="radio"/> Vein <input type="radio"/> LIMA <input type="radio"/> Other → If Vein, LIMA or Other, Location in Graft ⁷¹⁸⁰ : <input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal	<input type="radio"/> Not in Graft <input type="radio"/> Vein <input type="radio"/> LIMA <input type="radio"/> Other <input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal	<input type="radio"/> Not in Graft <input type="radio"/> Vein <input type="radio"/> LIMA <input type="radio"/> Other <input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal
Lesion Complexity ⁷¹⁸⁵ : <input type="radio"/> Non-High/Non-C <input type="radio"/> High/C	<input type="radio"/> Non-High/Non-C <input type="radio"/> High/C	<input type="radio"/> Non-High/Non-C <input type="radio"/> High/C
Lesion Length (mm) ⁷¹⁹⁰ : _____ mm	_____ mm	_____ mm
Thrombus Present ⁷¹⁹⁵ : <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Bifurcation Lesion ⁷²⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Guidewire Across Lesion ⁷²⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Stenosis Post-Procedure ⁷²¹⁰ : _____ % → If Yes, Post-procedure TIMI Flow ⁷²¹⁵ : <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 → If Yes, Device(s) Deployed ⁷²²⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Device Deployed Yes,	<input type="radio"/> No <input type="radio"/> Yes _____ % <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes _____ % <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> No <input type="radio"/> Yes
Device 1 Intracoronary Device Used ⁷²²⁵ : _____ Device Name & Type Device Diameter ⁷²³⁵ : _____ mm Device Length ⁷²⁴⁰ : _____ mm	_____ Device Name & Type _____ mm _____ mm	_____ Device Name & Type _____ mm _____ mm
Device 2 Intracoronary Device Used ⁷²²⁵ : _____ Device Name & Type Device Diameter ⁷²³⁵ : _____ mm Device Length ⁷²⁴⁰ : _____ mm	_____ Device Name & Type _____ mm _____ mm	_____ Device Name & Type _____ mm _____ mm



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

Lesion Counter ⁷¹⁰⁰ :	1	2
→ Intracoronary Devices (continued)		
Device 3 Intracoronary Device Used ⁷²²⁵:	_____ Device Name & Type	_____ Device Name & Type
Device Diameter ⁷²³⁵:	_ _ _ _ . _ _ _ _ mm	_ _ _ _ . _ _ _ _ mm
Device Length ⁷²⁴⁰:	_ _ _ _ mm	_ _ _ _ mm
Device 4 Intracoronary Device Used ⁷²²⁵:	_____ Device Name & Type	_____ Device Name & Type
Device Diameter ⁷²³⁵:	_ _ _ _ . _ _ _ _ mm	_ _ _ _ . _ _ _ _ mm
Device Length ⁷²⁴⁰:	_ _ _ _ mm	_ _ _ _ mm

INTRAPROCEDURE EVENTS (COMPLETE FOR EACH PCI ATTEMPTED OR PERFORMED)

Significant Dissection ⁷²⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes	Perforation ⁷²⁵⁰ : <input type="radio"/> No <input type="radio"/> Yes	No Re-flow ⁷²⁵⁵ : <input type="radio"/> No <input type="radio"/> Yes
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PART I. PROCEDURE MEDICATIONS (COMPLETE FOR EACH CATH LAB VISIT)

(ADMINISTERED WITHIN 24 HOURS PRIOR TO AND DURING CATH PROCEDURE)

Category	Medication ⁹⁵⁰⁰	Administered ⁹⁵¹⁰	Route ⁹⁵¹¹
Anticoagulants	Low Molecular Weight Heparin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
	Unfractionated Heparin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
Aspirin	Aspirin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
	Bivalirudin	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
Direct Thrombin Inhibitors	Direct Thrombin Inhibitor (other)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
Glycoprotein IIb/IIIa Inhibitors	GP IIb/IIIa (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
Thienopyridines	Clopidogrel	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
Other Agents	Glyceryl Trinitrate	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
	Adenosine	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
	Verapamil	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
	Atropine	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
	Aramine	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
	Inotropes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other
	Prasugrel	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> IV <input type="radio"/> IC <input type="radio"/> Other

PART J. LABS (COMPLETE FOR EACH CATH LAB VISIT)

Pre-Procedure (performed at your facility)	Post-Procedure (post procedure only)
CK-MB ⁷³⁰⁰ _____ ug/L <input type="checkbox"/> CK-MB Not Applicable ⁷³⁰¹ <input type="checkbox"/> CK-MB Drawn & Normal ⁷³⁰²	CK-MB ⁷³²⁵ _____ ug/L <input type="checkbox"/> CK-MB Not Applicable ⁷³²⁶ Peak value 6-24 hrs <input type="checkbox"/> CK-MB Drawn & Normal ⁷³²⁷
Troponin T ⁷³¹⁰ _____ ng/L <input type="checkbox"/> Not Drawn ⁷³¹¹ <input type="checkbox"/> TnT drawn & Normal ⁷³¹²	Troponin T ⁷³³⁵ _____ ng/L <input type="checkbox"/> Not Drawn ⁷³³⁶ Peak value 6-24 hrs <input type="checkbox"/> TnT drawn & Normal ⁷³³⁷
Creatinine ⁷³¹⁵ _____ umol/L <input type="checkbox"/> Not Drawn ⁷³¹⁶	Creatinine ⁷³⁴⁰ _____ umol/L <input type="checkbox"/> Not Drawn ⁷³⁴¹ Highest value
Haemoglobin ⁷³²⁰ _____ g/L <input type="checkbox"/> Not Drawn ⁷³²¹	Haemoglobin ⁷³⁴⁵ _____ g/L <input type="checkbox"/> Not Drawn ⁷³⁴⁶ Lowest within 72 hrs

PART K. INTRA and POST-PROCEDURE EVENTS (COMPLETE FOR EACH CATH LAB VISIT)

Myocardial Infarction ⁸⁰⁰⁰: (Positive Biomarkers) <input type="radio"/> No <input type="radio"/> Yes	Bleeding Event w/in 72 Hours ⁸⁰⁵⁰: <input type="radio"/> No <input type="radio"/> Yes
Cardiogenic Shock ⁸⁰⁰⁵: <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Bleeding at Access Site ⁸⁰⁵⁵: <input type="radio"/> No <input type="radio"/> Yes
Heart Failure ⁸⁰¹⁰: <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Haematoma at Access Site ⁸⁰⁶⁰: <input type="radio"/> No <input type="radio"/> Yes
CVA/Stroke ⁸⁰¹⁵: <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Size ⁸⁰⁶¹: <input type="radio"/> < 3cm <input type="radio"/> 3-5cm <input type="radio"/> >5<10cm <input type="radio"/> > 10cm
→ If Yes, Haemorrhagic Stroke ⁸⁰²⁰: <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Retroperitoneal Bleeding ⁸⁰⁷⁰: <input type="radio"/> No <input type="radio"/> Yes
Tamponade ⁸⁰²⁵: <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, GI Bleed ⁸⁰⁸⁰: <input type="radio"/> No <input type="radio"/> Yes
New Requirement for Dialysis ⁸⁰³⁰: <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, GU Bleed ⁸⁰⁹⁰: <input type="radio"/> No <input type="radio"/> Yes
Other Vascular Complications Requiring Rx ⁸⁰³⁵: <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Other Bleed ⁸¹⁰⁰: <input type="radio"/> No <input type="radio"/> Yes
RBC/Whole Blood Transfusion ⁸⁰⁴⁰: <input type="radio"/> No <input type="radio"/> Yes	Bleeding Status ⁸²⁰⁰:
→ If Yes, Hgb Prior to Transfusion ⁸⁰⁴¹: _____ g/L	(At time of Discharge from Cath Facility)
	Type 0 <input type="radio"/> Type 1 <input type="radio"/> Type 2 <input type="radio"/> Type 3 <input type="radio"/> Type 4 <input type="radio"/> Type 5 <input type="radio"/>



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PART L. DISCHARGE (COMPLETE THIS SECTION FOR EACH EPISODE OF CARE)

CABG ⁹⁰⁰⁰: No Yes

→ If Yes, **CABG Status** ⁹⁰⁰⁵: Elective Urgent Emergency Salvage

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

→ If Yes, **Procedure Location** ⁹⁰¹⁵: At this facility Transferred to other facility

→ If At this facility, **CABG Date/Time** ^{9020, 9021}: |__||__|dd |__||__|mm 20|__||__|yyyy |__||__|hh : |__||__|mm 24 hr

Other Major Surgery ⁹⁰²⁵: No Yes

LVEF ⁹⁰³⁰: |__||__| % LVEF Not Assessed ⁹³⁰¹

Participant in Clinical Trial ⁹⁰³²: No Yes Unknown

Discharge Date ⁹⁰³⁵: |__||__|dd |__||__|mm 20|__||__|yyyy

Discharge Status ⁹⁰⁴⁰: Alive Deceased

→ If Alive, **Discharge Location** ⁹⁰⁴⁵: Home Other acute care Hospice Nursing Home hospital
 Extended care/TCU/rehab Other Left against medical advice

→ If Alive, **Cardiac Rehabilitation Referral** ⁹⁰⁵⁰: No Yes Ineligible Unknown

→ If Deceased, **Death in Cath Lab** ⁹⁰⁵⁵: No Yes

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

Hospital Status ⁹⁰⁶⁵: Outpatient Outpatient converted to inpatient Inpatient

DISCHARGE MEDICATIONS: (PRESCRIBED AT DISCHARGE – COMPLETE FOR EACH EPISODE OF CARE) (Additional Medication Page Attached)

Cardiovascular Medications	No	Yes	Unk		Generic Name ⁹⁰⁸³ Dose ^{9084, 9085}	Indication ⁹⁰⁸⁶⁻⁹⁰⁹⁶
Anti-platelet agents? ⁹⁰⁷⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> TIA/Stroke <input type="checkbox"/> CAD <input type="checkbox"/> Other <input type="checkbox"/> UNK
Second Anti-platelet agent? ⁹⁰⁷⁶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> TIA/Stroke <input type="checkbox"/> CAD <input type="checkbox"/> Other <input type="checkbox"/> UNK
Statin? ⁹⁰⁷⁷	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> Cholesterol Lowering <input type="checkbox"/> 2° Prevention <input type="checkbox"/> UNK
ACE Inhibitor? ⁹⁰⁷⁸	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> Hypertension <input type="checkbox"/> Heart Failure <input type="checkbox"/> CHD <input type="checkbox"/> Other <input type="checkbox"/> UNK
Angiotensin Receptor Blocker? ⁹⁰⁷⁹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> Hypertension <input type="checkbox"/> Heart Failure <input type="checkbox"/> Other <input type="checkbox"/> UNK
Calcium Channel Blocker? ⁹⁰⁸⁰	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> Angina <input type="checkbox"/> Hypertension <input type="checkbox"/> Other <input type="checkbox"/> UNK
Beta Blocker? ⁹⁰⁸¹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> Angina <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Heart Failure <input type="checkbox"/> Post MI <input type="checkbox"/> Hypertension <input type="checkbox"/> Other <input type="checkbox"/> UNK
Long-Acting Nitrates? ⁹⁰⁸²	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→ If yes,		<input type="checkbox"/> Angina <input type="checkbox"/> Other <input type="checkbox"/> UNK

Other Medications ⁹⁰⁹⁷ No Yes Unknown → If yes, complete below

Type ⁹⁰⁹⁸	Generic Name ⁹⁰⁹⁹	Dose ^{9100, 9101}	Therapeutic Class ⁹¹⁰²
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			
<input type="radio"/> Cardiovascular <input type="radio"/> Non-Cardiovascular			

RECORD COMPLETE ⁹¹⁰⁵ **Completed by:** **Staff Initial:** ⁹¹¹⁰ **Date of Data Entry:** ⁹¹¹⁵