

A. DEMOGRAPHICS

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

B. EPISODE OF CARE

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

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

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

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

CLINICAL EVALUATION LEADING TO THE PROCEDURE

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

Stress or Imaging Studies Performed⁵¹⁰⁰: No Yes → If Yes, Specify Test Performed:

Test Performed	No	Yes		Result		Risk/Extent Of Ischemia
Standard Exercise Stress Test ^{5200,5201,5202} : (w/o imaging)	<input type="radio"/>	<input type="radio"/>	→ If Yes,	<input type="radio"/> Negative <input type="radio"/> Indeterminant	<input type="radio"/> Positive <input type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Echocardiogram ^{5210,5211,5212} :	<input type="radio"/>	<input type="radio"/>	→ If Yes,	<input type="radio"/> Negative <input type="radio"/> Indeterminant	<input type="radio"/> Positive <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 ^{5220,5221,5222} :	<input type="radio"/>	<input type="radio"/>	→ If Yes,	<input type="radio"/> Negative <input type="radio"/> Indeterminant	<input type="radio"/> Positive <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 ^{5230,5231,5232} :	<input type="radio"/>	<input type="radio"/>	→ If Yes,	<input type="radio"/> Negative <input type="radio"/> Indeterminant	<input type="radio"/> Positive <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"/>	→ If Yes,	<input type="radio"/> No disease <input type="radio"/> Indeterminant	<input type="radio"/> 1VD <input type="radio"/> Unavailable	<input type="radio"/> 2VD <input type="radio"/> 3VD
Coronary Calcium Score ⁵²⁵⁰ :	<input type="radio"/>	<input type="radio"/>	→ If Yes,	Calcium Score: ⁵²⁵¹ _____		

PROCEDURE INFORMATION

Procedure Date/Time ^{5300/5301} :	Fluoro Time/Dose ^{5320,5321} :	minutes	OR	mGy
PCI ⁵³⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Contrast Volume ⁵³²⁵ :		
Diagnostic Cath ⁵³¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes			
Other Procedure (in conj w/Dx Cath or PCI) ⁵³¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes			

MECHANICAL VENTRICULAR SUPPORT

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

ARTERIAL ACCESS:

Arterial Access Site ⁵³⁵⁰ :	<input type="radio"/> Femoral <input type="radio"/> Brachial <input type="radio"/> Radial <input type="radio"/> Other					
Closure Method(s) ⁵³⁵⁵ :	<table border="1"> <tr><td>1</td><td rowspan="4"><input type="checkbox"/> Method Not Documented⁵³⁵⁶</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> </table>	1	<input type="checkbox"/> Method Not Documented ⁵³⁵⁶	2	3	4
1	<input type="checkbox"/> Method Not Documented ⁵³⁵⁶					
2						
3						
4						

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

Operator's Name ^{6000, 6005, 6010} :	Operator's NPI ⁶⁰¹⁵ :
Diagnostic Coronary Angiography ⁶⁰²⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Left Heart Cath ⁶⁰²⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Cardiac Transplant Evaluation ⁶⁰³⁰ :	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Type ⁶⁰³⁵ :	<input type="radio"/> Donor for cardiac transplant <input type="radio"/> Candidate to receive a cardiac transplant <input type="radio"/> Post cardiac transplant follow up
Diag Cath Status ⁶⁰⁴⁰ :	<input type="radio"/> Elective <input type="radio"/> Urgent <input type="radio"/> Emergency <input type="radio"/> Salvage
Rx Recommendation ⁶⁰⁴⁵ : (after diagnostic cath)	<input type="radio"/> None <input type="radio"/> Medical therapy and/or counseling <input 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

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

Lesion Counter ⁷¹⁰⁰ :	1	2
Segment Number(s) ⁷¹⁰⁵ :	_____, _____, _____, _____, _____	_____, _____, _____, _____, _____
If CAD Presentation ⁵⁰⁰⁰ is 'STEMI', 'Non-STEMI', or 'Unstable angina', 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 ⁷¹¹⁵ :	_____ %	_____ %
→ If 100%, Chronic Total Occlusion ⁷¹²⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If 40-70%, IVUS ⁷¹²⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If 40-70%, FFR ⁷¹³⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, FFR Ratio ⁷¹³⁵ :	_____	_____
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
Prev Treated Lesion ⁷¹⁴⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Timeframe ⁷¹⁵⁰ :	<input type="radio"/> < 1 month <input type="radio"/> 1-5 months <input type="radio"/> 6-12 months	<input type="radio"/> < 1 month <input type="radio"/> 1-5 months <input type="radio"/> 6-12 months
→ If Yes, Treated with Stent ⁷¹⁵⁵ :	<input type="radio"/> No <input type="radio"/> > 2 years <input type="radio"/> Time unknown	<input type="radio"/> No <input type="radio"/> > 2 years <input type="radio"/> Time unknown
→ If Yes, In-Stent Restenosis ⁷¹⁶⁰ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, In-Stent Thrombosis ⁷¹⁶⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Stent Type ⁷¹⁷⁰ :	<input type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Type unknown	<input type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Type unknown
Lesion in Graft ⁷¹⁷⁵ :	<input type="radio"/> Not in Graft <input type="radio"/> Vein <input type="radio"/> LIMA <input type="radio"/> Other artery	<input type="radio"/> Not in Graft <input type="radio"/> Vein <input type="radio"/> LIMA <input type="radio"/> Other artery
→ If Vein, LIMA, Other, Location in Graft ⁷¹⁸⁰ :	<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal	<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
Lesion Length (mm) ⁷¹⁹⁰ :	_____ mm	_____ mm
Thrombus Present ⁷¹⁹⁵ :	<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
Guidewire Across Lesion ⁷²⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<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	<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	<input type="radio"/> No <input type="radio"/> Yes

Intracoronary Device(s) Used ⁷²²⁵	Associated Lesion(s) ⁷¹⁰⁰	Diameter ⁷²³⁵	Length ⁷²⁴⁰
1	_____, _____, _____		
2	_____, _____, _____		
3			
4			
5			

INTRAPROCEDURE EVENTS	Significant Dissection ⁷²⁴⁵ : <input type="radio"/> No <input type="radio"/> Yes	Perforation ⁷²⁵⁰ : <input type="radio"/> No <input type="radio"/> 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)
CK-MB ⁷³⁰⁰ _____ ng/mL <input type="checkbox"/> CK Not Applicable ⁷³⁰¹ <input type="checkbox"/> CK Drawn and Normal ⁷³⁰²	CK-MB ⁷³²⁵ _____ ng/mL <input type="checkbox"/> CK Not Applicable ⁷³²⁶ (peak value 6-24 hrs) <input type="checkbox"/> CK Drawn and Normal ⁷³²⁷
Troponin I ⁷³⁰⁵ _____ ng/mL <input type="checkbox"/> Not Drawn ⁷³⁰⁶	Troponin I ⁷³³⁰ _____ ng/mL <input type="checkbox"/> Not Drawn ⁷³³¹ (peak value 6-24 hrs)
Troponin T ⁷³¹⁰ _____ ng/mL <input type="checkbox"/> Not Drawn ⁷³¹¹	Troponin T ⁷³³⁵ _____ ng/mL <input type="checkbox"/> Not Drawn ⁷³³⁶ (peak value 6-24 hrs)
Creatinine ⁷³¹⁵ _____ mg/dL <input type="checkbox"/> Not Drawn ⁷³¹⁶	Creatinine ⁷³⁴⁰ _____ mg/dL <input type="checkbox"/> Not Drawn ⁷³⁴¹ (highest value)
Hemoglobin ⁷³²⁰ _____ g/dL <input type="checkbox"/> Not Drawn ⁷³²¹	Hemoglobin ⁷³⁴⁵ _____ g/dL <input type="checkbox"/> Not Drawn ⁷³⁴⁶ (lowest w/in 72 hrs)

J. 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, Hematoma 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"/> >5-10 <input type="radio"/> >10cm	
→If Yes, Hemorrhagic Stroke ⁸⁰²¹ :	<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 Req 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		
→If Yes, Hgb Prior to Transfusion ⁸⁰⁴¹ :	_____ g/dL		

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

CABG ⁹⁰⁰⁰ :	<input type="radio"/> No <input type="radio"/> Yes		
→ If Yes, CABG Status ⁹⁰⁰⁵ :	<input type="radio"/> Elective <input type="radio"/> Urgent <input type="radio"/> Emergency <input type="radio"/> Salvage		
→ If Yes, CABG Indication ⁹⁰¹⁰ :	<input type="radio"/> PCI complication <input type="radio"/> PCI failure without clinical deterioration <input type="radio"/> Treatment of CAD without PCI immediately preceding CABG <input type="radio"/> PCI/CABG hybrid procedure		
→If Yes, Location ⁹⁰¹⁵ :	<input type="radio"/> At your facility <input type="radio"/> Transferred to other facility		
→If At your facility, CABG Date/Time ^{9020,9021} :			
Other Major Surgery ⁹⁰²⁵ :	<input type="radio"/> No <input type="radio"/> Yes	LVEF ⁹⁰³⁰ :	% <input type="checkbox"/> LVEF Not Assessed ⁹⁰³¹
Discharge Date ⁹⁰³⁵ :			
Discharge Status ⁹⁰⁴⁰ :	<input type="radio"/> Alive <input type="radio"/> Deceased		
→If Alive, Discharge Location ⁹⁰⁴⁵ :	<input type="radio"/> Home <input type="radio"/> Extended care/TCU/rehab <input type="radio"/> Other acute care hospital <input type="radio"/> Nursing home <input type="radio"/> Hospice <input type="radio"/> Other <input type="radio"/> Left against medical advice (AMA)		
→If Alive, Cardiac Rehabilitation Referral ⁹⁰⁵⁰ :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Ineligible		
→If Deceased, Death in Lab ⁹⁰⁵⁵ :	<input type="radio"/> No <input type="radio"/> Yes		
→If Deceased, Primary Cause of Death ⁹⁰⁶⁰ :	<input type="radio"/> Cardiac <input type="radio"/> Neurologic <input type="radio"/> Renal <input type="radio"/> Vascular <input type="radio"/> Infection <input type="radio"/> Valvular <input type="radio"/> Pulmonary <input type="radio"/> Unknown <input type="radio"/> Other		
Hospital Status ⁹⁰⁶⁵ :	<input type="radio"/> Outpatient <input type="radio"/> Outpatient converted to inpatient <input type="radio"/> Inpatient		

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

Category	Medication ⁹⁵⁰⁵	Administered ⁹⁵¹⁰
<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)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
ARBs	ARB (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
Beta Blockers	Beta Blocker (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Lipid Lowering Agents	Statin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Non-Statin (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 type="radio"/> Blinded