

### A. DEMOGRAPHICS

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

### B. EPISODE OF CARE

<b>Arrival Date/Time</b> <sup>3000,3001</sup> :	<b>Patient Zip Code</b> <sup>3005</sup> :	<input type="checkbox"/> Zip Code N/A <sup>3006</sup>
<b>Admit Source</b> <sup>3010</sup> :	<input type="radio"/> Emergency department	<input type="radio"/> Transfer in from another acute care facility <input type="radio"/> Other
<b>Insurance Payors:</b> (check all that apply)	<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>	<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> <input type="checkbox"/> None <sup>3027</sup>
<b>HIC #</b> <sup>3030</sup> :		

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

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

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

#### CLINICAL EVALUATION LEADING TO THE PROCEDURE

<b>CAD Presentation</b> <sup>5000</sup> :	<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, <b>Symptom Onset Date/Time</b> <sup>5005,5006</sup> (7 days): _____		<input type="checkbox"/> Time Estimated <sup>5007</sup> <input type="checkbox"/> Time Not Available <sup>5008</sup>	
→If STEMI, <b>Thrombolytics</b> <sup>5010</sup> : <input type="radio"/> No <input type="radio"/> Yes		→If Yes, <b>Start Date/Time</b> <sup>5015,5016</sup> :	
<b>Anginal Classification w/in 2 Weeks</b> <sup>5020</sup> :	<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
<b>Anti-Anginal meds w/in 2 Weeks</b> <sup>5025</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, <b>Type</b> (check all that apply):	
	<input type="checkbox"/> Beta Blockers <sup>5026</sup> <input type="checkbox"/> Ca Channel Blockers <sup>5027</sup> <input type="checkbox"/> Long Acting Nitrates <sup>5028</sup> <input type="checkbox"/> Ranolazine <sup>5029</sup> <input type="checkbox"/> Other <sup>5030</sup>		
<b>Heart Failure w/in 2 Weeks</b> <sup>5040</sup> :	<input type="radio"/> No <input type="radio"/> Yes		
→If Yes, <b>NYHA Class w/in 2 Weeks</b> <sup>5045</sup> : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV			
<b>Cardiomyopathy or LV Systolic Dysfunction</b> <sup>5050</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Cardiogenic Shock w/in 24 Hours</b> <sup>5060</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Pre-operative Evaluation Before Non-Cardiac Surgery</b> <sup>5055</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>Cardiac Arrest w/in 24 Hours</b> <sup>5065</sup> :	<input type="radio"/> No <input type="radio"/> 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 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
<b>Stress Echocardiogram</b> <sup>5210,5211,5212</sup> :	<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
<b>Stress Testing w/SPECT MPI</b> <sup>5220,5221,5222</sup> :	<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
<b>Stress Testing w/CMR</b> <sup>5230,5231,5232</sup> :	<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
<b>Cardiac CTA</b> <sup>5240,5241</sup> :	<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
<b>Coronary Calcium Score</b> <sup>5250</sup> :	<input type="radio"/>	<input type="radio"/>	→ If Yes,	<b>Calcium Score:</b> <sup>5251</sup> _____		

### PROCEDURE INFORMATION

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

### MECHANICAL VENTRICULAR SUPPORT

<b>IABP</b> <sup>5330</sup> :	<input type="radio"/> No <input 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 type="radio"/> Inserted after PCI has begun
<b>Other Mechanical Ventricular Support</b> <sup>5340</sup> :	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>Timing</b> <sup>5345</sup> :	<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:

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

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

<b>Operator's Name</b> <sup>6000, 6005, 6010</sup> :	<b>Operator's NPI</b> <sup>6015</sup> :
<b>Diagnostic Coronary Angiography</b> <sup>6020</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Left Heart Cath</b> <sup>6025</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Cardiac Transplant Evaluation</b> <sup>6030</sup> :	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>Type</b> <sup>6035</sup> :	<input 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 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 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)

<b>Lesion Counter</b> <sup>7100</sup> :	<b>1</b>	<b>2</b>
<b>Segment Number(s)</b> <sup>7105</sup> :	_____, _____, _____, _____, _____	_____, _____, _____, _____, _____
If CAD Presentation <sup>5000</sup> is 'STEMI', 'Non-STEMI', or 'Unstable angina', <b>Culprit Lesion</b> <sup>7110</sup> :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
<b>Stenosis Immediately Prior to Rx</b> <sup>7115</sup> :	_____ %	_____ %
→ If 100%, <b>Chronic Total Occlusion</b> <sup>7120</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If 40-70%, <b>IVUS</b> <sup>7125</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If 40-70%, <b>FFR</b> <sup>7130</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>FFR Ratio</b> <sup>7135</sup> :	_____	_____
<b>Pre-procedure TIMI Flow</b> <sup>7140</sup> :	<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
<b>Prev Treated Lesion</b> <sup>7145</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>Timeframe</b> <sup>7150</sup> :	<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, <b>Treated with Stent</b> <sup>7155</sup> :	<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, <b>In-Stent Restenosis</b> <sup>7160</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>In-Stent Thrombosis</b> <sup>7165</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
<b>Stent Type</b> <sup>7170</sup> :	<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
<b>Lesion in Graft</b> <sup>7175</sup> :	<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, <b>Location in Graft</b> <sup>7180</sup> :	<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal	<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal
<b>Lesion Complexity</b> <sup>7185</sup> :	<input type="radio"/> Non-High/Non-C <input type="radio"/> High/C	<input type="radio"/> Non-High/Non-C <input type="radio"/> High/C
<b>Lesion Length (mm)</b> <sup>7190</sup> :	_____ mm	_____ mm
<b>Thrombus Present</b> <sup>7195</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
<b>Bifurcation Lesion</b> <sup>7200</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
<b>Guidewire Across Lesion</b> <sup>7205</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, <b>Stenosis Post-Procedure</b> <sup>7210</sup> :	_____ %	_____ %
→ If Yes, <b>Post-Procedure TIMI Flow</b> <sup>7215</sup> :	<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, <b>Device(s) Deployed</b> <sup>7220</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

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

<b>INTRAPROCEDURE EVENTS</b>	<b>Significant Dissection</b> <sup>7245</sup> : <input type="radio"/> No <input type="radio"/> Yes	<b>Perforation</b> <sup>7250</sup> : <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)

<b>Pre-Procedure</b> (performed at your facility)	<b>Post-Procedure</b> (post-procedure only)
<b>CK-MB</b> <sup>7300</sup> _____ ng/mL <input type="checkbox"/> <u>CK</u> Not Applicable <sup>7301</sup> <input type="checkbox"/> <u>CK</u> Drawn and Normal <sup>7302</sup>	<b>CK-MB</b> <sup>7325</sup> _____ ng/mL <input type="checkbox"/> <u>CK</u> Not Applicable <sup>7326</sup> (peak value 6-24 hrs) <input type="checkbox"/> <u>CK</u> Drawn and Normal <sup>7327</sup>
<b>Troponin I</b> <sup>7305</sup> _____ ng/mL <input type="checkbox"/> Not Drawn <sup>7306</sup>	<b>Troponin I</b> <sup>7330</sup> _____ ng/mL <input type="checkbox"/> Not Drawn <sup>7331</sup> (peak value 6-24 hrs)
<b>Troponin T</b> <sup>7310</sup> _____ ng/mL <input type="checkbox"/> Not Drawn <sup>7311</sup>	<b>Troponin T</b> <sup>7335</sup> _____ ng/mL <input type="checkbox"/> Not Drawn <sup>7336</sup> (peak value 6-24 hrs)
<b>Creatinine</b> <sup>7315</sup> _____ mg/dL <input type="checkbox"/> Not Drawn <sup>7316</sup>	<b>Creatinine</b> <sup>7340</sup> _____ mg/dL <input type="checkbox"/> Not Drawn <sup>7341</sup> (highest value)
<b>Hemoglobin</b> <sup>7320</sup> _____ g/dL <input type="checkbox"/> Not Drawn <sup>7321</sup>	<b>Hemoglobin</b> <sup>7345</sup> _____ 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)	<input type="radio"/> No <input type="radio"/> Yes	<b>Bleeding Event w/in 72 Hours</b> <sup>8050</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Cardiogenic Shock</b> <sup>8005</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→If Yes, <b>Bleeding at Access Site</b> <sup>8055</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Heart Failure</b> <sup>8010</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→If Yes, <b>Hematoma at Access Site</b> <sup>8060</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>CVA/Stroke</b> <sup>8015</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→If Yes, <b>Size</b> <sup>8061</sup> : <input type="radio"/> <3cm <input type="radio"/> 3-5cm <input type="radio"/> >5-10 <input type="radio"/> >10cm	
→If Yes, <b>Hemorrhagic Stroke</b> <sup>8021</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→If Yes, <b>Retroperitoneal Bleeding</b> <sup>8070</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Tamponade</b> <sup>8025</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→If Yes, <b>GI Bleed</b> <sup>8080</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>New Requirement for Dialysis</b> <sup>8030</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→If Yes, <b>GU Bleed</b> <sup>8090</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>Other Vascular Complications Req Rx</b> <sup>8035</sup> :	<input type="radio"/> No <input type="radio"/> Yes	→If Yes, <b>Other Bleed</b> <sup>8100</sup> :	<input type="radio"/> No <input type="radio"/> Yes
<b>RBC/Whole Blood Transfusion</b> <sup>8040</sup> :	<input type="radio"/> No <input type="radio"/> Yes		
→If Yes, <b>Hgb Prior to Transfusion</b> <sup>8041</sup> :	_____ g/dL		

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

<b>CABG</b> <sup>9000</sup> :	<input type="radio"/> No <input type="radio"/> Yes		
→ If Yes, <b>CABG Status</b> <sup>9005</sup> :	<input type="radio"/> Elective <input type="radio"/> Urgent <input type="radio"/> Emergency <input type="radio"/> Salvage		
→ If Yes, <b>CABG Indication</b> <sup>9010</sup> :	<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, <b>Location</b> <sup>9015</sup> :	<input type="radio"/> At your facility <input type="radio"/> Transferred to other facility		
→If At your facility, <b>CABG Date/Time</b> <sup>9020,9021</sup> :			
<b>Other Major Surgery</b> <sup>9025</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<b>LVEF</b> <sup>9030</sup> :	% <input type="checkbox"/> LVEF Not Assessed <sup>9031</sup>
<b>Discharge Date</b> <sup>9035</sup> :			
<b>Discharge Status</b> <sup>9040</sup> :	<input type="radio"/> Alive <input type="radio"/> Deceased		
→If Alive, <b>Discharge Location</b> <sup>9045</sup> :	<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, <b>Cardiac Rehabilitation Referral</b> <sup>9050</sup> :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Ineligible		
→If Deceased, <b>Death in Lab</b> <sup>9055</sup> :	<input type="radio"/> No <input type="radio"/> Yes		
→If Deceased, <b>Primary Cause of Death</b> <sup>9060</sup> :	<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		
<b>Hospital Status</b> <sup>9065</sup> :	<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 <sup>9505</sup>	Administered <sup>9510</sup>
<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
	Ticagrelor	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded