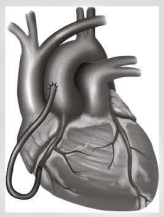

APPENDIX F: CASE REPORT FORM

NATIONAL CARDIOVASCULAR DISEASE DATABASE (NCVD) NOTIFICATION FORM

For NCVD Use only:
ID: /
Centre:

Instruction: Complete this form to notify all ACS admissions at your centre to National Cardiovascular Disease Registry. Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◯ are provided, check (√) one box only.

A. Reporting centre: _____ **B. Date of Admission (dd/mm/yy):** | | | | | | |

SECTION 1 : DEMOGRAPHICS

1. Patient Name :		**2. Local RN No (if applicable):**	
3. Identification Card Number :	*MyKad / MyKid:*		*Old IC:*
	Other ID document No:	→ *Specify type (eg.passport, armed force ID):*	
4. Gender:	◯ Male ◯ Female		
5a. Date of Birth:	d d m m y y	**5b. Age on admission:**	Auto Calculated
6. Ethnic Group:	◯ Malay ◯ Orang Asli ◯ Murut ◯ Iban ◯ Chinese ◯ Kadazan ◯ Bajau ◯ Other M'sian, specify : ..... ◯ Indian ◯ Melanau ◯ Bidayuh ◯ Foreigner, specify country of origin:		
7. Contact Number	*(1):*	*(2):*	

SECTION 2 : STATUS BEFORE EVENT

1. Smoking Status:	◯ Never	◯ Former (quit >30 days)	◯ Current (any tobacco use within last 30 days)
2. Status of Aspirin Use:	◯ None	◯ Used less than 7 days previously	◯ Used more than or equal to 7 days previously

3. Premorbid or past medical history :

a) Dyslipidaemia	◯ Yes	◯ No	◯ Not known	h) New onset angina (Less than 2 weeks)	◯ Yes ◯ No ◯ Not known
b) Hypertension	◯ Yes	◯ No	◯ Not known		
c) Diabetes	◯ Yes	◯ No	◯ Not known	i) Heart failure	◯ Yes ◯ No ◯ Not known
d) Family history of premature cardiovascular disease	◯ Yes	◯ No	◯ Not known	j) Chronic lung disease	◯ Yes ◯ No ◯ Not known
				k) Renal disease	◯ Yes ◯ No ◯ Not known
e) Myocardial infarction history	◯ Yes	◯ No	◯ Not known	l) Cerebrovascular disease	◯ Yes ◯ No ◯ Not known
f) Documented CAD > 50% stenosis	◯ Yes	◯ No	◯ Not known	m) Peripheral vascular disease	◯ Yes ◯ No ◯ Not known
g) Chronic Angina (onset more than 2 weeks ago)	◯ Yes	◯ No	◯ Not known	n) None of the above	☐

SECTION 3 : ONSET

1a. Date of onset of ACS symptoms:	d d m m y y	**1b. Time of onset of ACS symptoms:**	h h m m (24hr) ☐ Not available
2a. Date Patient presented :	d d m m y y	**2b. Time Patient presented :**	h h m m (24hr) ☐ Not available
3. Was patient transferred from another centre?	◯ Yes ◯ No		

SECTION 4 : CLINICAL PRESENTATION & EXAMINATION

1. Number of distinct episodes of angina in past 24 hours:		☐ Not available			
2. Heart rate at presentation:		(beats / min)			
3. Blood pressure at presentation:	**a. Systolic:**	(mmHg)	**b. Diastolic:**	(mmHg)	
4. Anthropometric :	**a. Height:**	(cm) ☐ Not available	**BMI:**	Auto Calculated	
	b. Weight:	(kg) ☐ Not available			
	c. Waist Circumference:	(cm) ☐ Not available	**WHR:**	Auto Calculated	
	d. Hip Circumference:	(cm) ☐ Not available			
5. Killp classification code :	◯ I ◯ II ◯ III ◯ IV ◯ Not stated / inadequately described				

SECTION 5 : ELECTROCARDIOGRAPHY (ECG)

1. ECG abnormalities type *(Check one or more boxes)*	☐ ST-segment elevation ≥ 1mm (0.1 mV) in ≥ 2 contiguous limb leads ☐ ST-segment elevation ≥ 2mm (0.2 mV) in ≥ 2 contiguous frontal leads or chest leads ☐ ST-segment depression ≥ 0.5mm (0.05 mV) in ≥ 2 contiguous leads ☐ T-wave inversion ≥ 1mm (0.1 mV)	☐ Bundle branch block (BBB) ☐ Non-specific ☐ None ☐ Not stated / inadequately described
2. ECG abnormalities location : *(Check one or more boxes)*	☐ Inferior leads: II, III, aVF ☐ Anterior leads: V1 to V4 ☐ Lateral leads: I, aVL, V5 to V6 ☐ True posterior: V1 V2	☐ Right ventricle: ST elevation in lead V4R ☐ None ☐ Not stated / inadequately described

a. Patient Name :		b. Local RN No (If applicable):	
c. Identification Card Number :			

SECTION 6 : BASELINE INVESTIGATIONS (Values obtained within 48 hours from admission)

		Absolute values	Unit	Reference upper limits	Check (√) if not done
1. Peak CK-MB			Unit/L		◯ Not done
2. Peak CK			Unit/L		◯ Not done
3. Peak Troponin:	a. T n T:	◯ +ve ◯ -ve OR	ng/mL or mcg/L		◯ Not done
	b. T n I:	◯ +ve ◯ -ve OR	ng/mL or mcg/L		◯ Not done
4. Lipid profile (Fasting):	a. Total cholesterol:		mmol/L		◯ Not done
	b. HDL-C:		mmol/L		◯ Not done
	c. LDL-C:		mmol/L		◯ Not done
	d. Triglycerides:		mmol/L		◯ Not done
5. Fasting Blood Glucose:			mmol/L		◯ Not done
6. Left Ventricular Ejection Fraction:			%		◯ Not done

SECTION 7 : CLINICAL DIAGNOSIS AT ADMISSION

1. Acute coronary syndrome stratum:	◯ STEMI	◯ NSTEMI	◯ UA
2a. TIMI risk score UAP / NSTEMI:	Auto Calculated	2b. TIMI risk score STEMI:	Auto Calculated

SECTION 8 : FIBRINOLYTIC THERAPY (Following Section is applicable for STEMI only)

1. Fibrinolytic therapy status :	◯ Given at this centre → (Please proceed to 2, 3, 4 below) ◯ Given at another centre prior to transfer here ◯ Not given-proceeded directly to primary angioplasty ◯ Not given-Missed thrombolysis ◯ Not given-patient refusal ◯ Not given- Contraindicated	
Fill in (2), (3), (4) only if you check 'Given at this centre' in (1) above	2. Fibrinolytic drug used:	◯ Streptokinase ◯ Others (t-PA, r-PA, TNK t-PA)
	3. Intravenous fibrinolytic therapy :	a. Date: d d m m y y — b. Time: h h m m (24hr)
	4. Door to needle time:	(mins) Auto Calculated - (time pt presented to time of intravenous fb ty)

SECTION 9 : INVASIVE THERAPEUTIC PROCEDURES

1. Did patient undergo cardiac catheterization on this admission at your centre?	◯ No ◯ No - Transferred to another centre ◯ Yes
2. Did patient undergo percutaneous coronary intervention on this admission? (If No or Not Applicable, Please skip 5, 6 & 7b below)	◯ Yes ◯ No ◯ Not applicable ◯ a. For STEMI → ◯ Urgent → ◯ Primary PCI ◯ Rescue PCI ◯ Facilitated PCI ◯ Elective → Routine hospital practice? ◯ Yes ◯ No ◯ b. For NSTEMI / UA → ◯ Urgent ◯ Elective → Routine hospital practice? ◯ Yes ◯ No
3a. Number of diseased vessels:	◯ 0 ◯ 1 ◯ 2 ◯ 3
3b. Left Main Stem Involvement:	◯ Yes ◯ No
4. Culprit artery:	◯ LAD ◯ LCx ◯ RCA ◯ LM ◯ Bypass Graft
5. First balloon inflation: (for STEMI - Urgent PCI only)	a. Date: d d m m y y — b. Time: h h m m (24hr)
6. Door to balloon time (mins): (for STEMI - Urgent PCI only)	Auto Calculated - (time pt presented to time of first angio balloon inflation)
7a(i). TIMI flow classification pre-PCI:	◯ 0 ◯ I ◯ II ◯ III
7a(ii). Intra-coronary Thrombus present?	◯ Yes ◯ No
7b. TIMI flow classification post-PCI:	◯ 0 ◯ I ◯ II ◯ III
8. PCI type:	◯ Angioplasty ◯ Stenting → a) ☐ Direct stenting; b) ☐ Pre-dilatation done; c) ☐ Stent type: 'Drug-eluting'; d) ☐ Stent type: 'Bare-metal'
9. Did patient undergo CABG on this admission?	◯ Yes → a. Date of CABG: d d m m y y ◯ No

a. Patient Name :		b. Local RN No (If applicable):	
c. Identification Card Number :			

SECTION 10 : PHARMACOLOGICAL THERAPY *(used / given during admission)*

Group	Given pre admission	Given during admission	Given after discharge
1. ASA	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
2. ADP antagonist	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
3. GP receptor inhibitor	◯ Yes ◯ No	◯ Yes ◯ No	
4. Unfrac Heparin	◯ Yes ◯ No	◯ Yes ◯ No	
5. LMWH	◯ Yes ◯ No	◯ Yes ◯ No	
6. Beta blocker	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
7. ACE Inhibitor	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
8. Angiotensin II receptor blocker	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
9. Statin	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
10. Other lipid lowering agent	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
11. Diuretics	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
12. Calcium antagonist	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
13. Oral Hypoglycaemic agent	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
14. Insulin	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No
15. Anti-arrhythmic agent	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No

SECTION 11 : IN-HOSPITAL CLINICAL OUTCOMES

1. Number of overnight stays

a. CCU		days
b. ICU / CICU:		days

2. Outcome:

◯ **Discharged**

a. Date :		(dd/mm/yy)
b. Total number of overnight stays:		Auto Calculated

◯ **Transferred to another centre**

a. Date :		(dd/mm/yy)
b. Name of Centre :		

◯ **Died**

a. Date :		(dd/mm/yy)
b. Cause of Death :	◯ Cardiovascular ◯ Non Cardiovascular ◯ Other,specify : ----------	

3. Final diagnosis at discharge:

◯ Q wave MI
◯ non-Q wave MI
◯ Unstable angina
◯ Stable angina
◯ Non-cardiac

4. Bleeding Complication (TIMI Criteria):

◯ Major
◯ Minor
◯ None
◯ Not stated / Inadequately described

NATIONAL CARDIOVASCULAR DISEASE DATABASE
FOLLOW UP FORM AT 30 DAYS

For NCVD Use only:
ID: /
Centre:

Instruction: This form is to be completed at patient follow-up 30 days (+ 2 weeks) after admission. Following may be performed by clinic visit or telephone interview.
Where check boxes ☐ are provided, check (√) one or more boxes. Where radio button ◯ are provided, check (√) one box only.

A. Name of reporting centre:			
B. Patient Name :	Hj/Hjh/Dato'/Dr.		
C. Identification Card Number :	*MyKad / MyKid:*	- -	*Old IC:*
	Other ID document No:		*Specify type (eg.passport, armed force ID):*
D. Date of Follow up Notification:	(dd/mm/yy)		

SECTION 1: OUTCOME

1. Outcome:	1. Alive ☐	
	2. Died ☐ →	**a. Date of death:** (dd/mm/yy) **b. Cause of Death:** ◯ Cardiovascular ◯ Non Cardiovascular ◯ Other,specify :
	3. Transferred to another centre : ☐ →	**a. Date of last follow-up:** (dd/mm/yy) **b. Name of Centre :**
	4. Lost to Follow up: ☐ →	**a. Date of last follow-up:** (dd/mm/yy)
2. Cardiovascular readmission:	1. ACS ☐ →	**a. Date :** (dd/mm/yy) **b. ACS Stratum:** ◯ STEMI ◯ NSTEMI ◯ UA
	2. Heart failure ☐ →	**a. Date :** (dd/mm/yy)
	3. Revascularization ☐ →	**a. Date :** (dd/mm/yy) **b. Type of Revascularization :** ☐ 1. PCI → ◯ Urgent ◯ Elective ☐ 2. CABG → ◯ Urgent ◯ Elective
	4. Stroke ☐ →	**a. Date :** (dd/mm/yy)

SECTION 2: CLINICAL HISTORY AND EXAMINATION (OPTIONAL)

1. Angina Status: (CCS classification)	◯ None	◯ Class I	◯ Class II	◯ Class III	◯ Class IV	
2. Functional capacity: (NYHA classification)	◯ None	◯ NYHA I	◯ NYHA II	◯ NYHA III	◯ NYHA IV	
3. BP	**a. Systolic:**	mmHg	**b. Diastolic:**	mmHg		
4. Anthropometric:	**a. Weight:**	kg	**b. Waist circumference:**	cm		
	c. Hip circumference:	cm				

SECTION 3: INVESTIGATIONS (OPTIONAL)

1. Lipid profile:	**Values**	**Unit**
a. Total cholesterol:		mmol/L
b. HDL-C:		mmol/L
c. LDL-C:		mmol/L
d. Triglycerides:		mmol/L
2. Left Ventricular Ejection Fraction:		%

SECTION 4: MEDICATIONS (OPTIONAL)

Group	**Given**		**Group**	**Given**	
1. ASA	◯ Yes	◯ No	**9. Statin**	◯ Yes	◯ No
2. ADP antagonist	◯ Yes	◯ No	**10. Other lipid lowering agent**	◯ Yes	◯ No
3. GP receptor inhibitor	◯ Yes	◯ No	**11. Diuretics**	◯ Yes	◯ No
4. Warfarin	◯ Yes	◯ No	**12. Calcium antagonist**	◯ Yes	◯ No
5. LMWH	◯ Yes	◯ No	**13. Oral Hypoglycaemic agent**	◯ Yes	◯ No
6. Beta blocker	◯ Yes	◯ No	**14. Insulin**	◯ Yes	◯ No
7. ACE inhibitor	◯ Yes	◯ No	**15. Anti-arrhythmic agent**	◯ Yes	◯ No
8. Angiotensin II receptor blocker	◯ Yes	◯ No			

SECTION 5: REHABILITATION AND COUNSELLING (OPTIONAL)

1. Was patient referred to cardiac rehabilitation?	◯ Yes	◯ No
2. Has patient stopped smoking?	◯ Yes	◯ No

NATIONAL CARDIOVASCULAR DISEASE DATABASE
FOLLOW UP FORM AT 1 YEAR

For NCVD Use only:
ID: ____ / ____
Centre: ____

Instruction: This form is to be completed at patient follow-up 1 year ± 1 month after admission. Following may be performed by clinic visit or telephone interview.
Where check boxes ☐ are provided, check (√) one or more boxes. Where radio button ◯ are provided, check (√) one box only.

A. Name of reporting centre:			
B. Patient Name :	Hj/Hjh/Dato'/Dr.		
C. Identification Card Number :	*MyKad / MyKid:*	- -	*Old IC:*
	Other ID document No:		*Specify type (eg.passport, armed force ID):*
D. Date of Follow up Notification:	(dd/mm/yy)		

SECTION 1: OUTCOME

1. Outcome:	1. Alive ☐	
	2. Died ☐ →	**a. Date of death:** (dd/mm/yy) **b. Cause of Death:** ◯ Cardiovascular ◯ Non Cardiovascular ◯ Other,specify :
	3. Transferred to another centre : ☐ →	**a. Date of last follow-up:** (dd/mm/yy) **b. Name of Centre :**
	4. Lost to Follow up: ☐ →	**a. Date of last follow-up:** (dd/mm/yy)
2. Cardiovascular readmission:	1. ACS ☐ →	**a. Date :** (dd/mm/yy) **b. ACS Stratum:** ◯ STEMI ◯ NSTEMI ◯ UA
	2. Heart failure ☐ →	**a. Date :** (dd/mm/yy)
	3. Revascularization ☐ →	**a. Date :** (dd/mm/yy) **b. Type of Revascularization :** ☐ 1. PCI → ◯ Urgent ◯ Elective ☐ 2. CABG → ◯ Urgent ◯ Elective
	4. Stroke ☐ →	**a. Date :** (dd/mm/yy)

SECTION 2: CLINICAL HISTORY AND EXAMINATION

1. Angina Status: (CCS classification)		◯ None	◯ Class I	◯ Class II	◯ Class III	◯ Class IV
2. Functional capacity: (NYHA classification)		◯ None	◯ NYHA I	◯ NYHA II	◯ NYHA III	◯ NYHA IV
3. BP	**a. Systolic:**	mmHg	**b. Diastolic:**	mmHg		
4. Anthropometric:	**a. Weight:**	kg	**b. Waist circumference:**	cm		
	c. Hip circumference:	cm				

SECTION 3: INVESTIGATIONS

	Values	Unit
1. Lipid profile:		
a. Total cholesterol:		mmol/L
b. HDL-C:		mmol/L
c. LDL-C:		mmol/L
d. Triglycerides:		mmol/L
2. Left Ventricular Ejection Fraction:		%

SECTION 4: MEDICATIONS

Group	Given		Group	Given	
1. ASA	◯ Yes	◯ No	**9. Statin**	◯ Yes	◯ No
2. ADP antagonist	◯ Yes	◯ No	**10. Other lipid lowering agent**	◯ Yes	◯ No
3. GP receptor inhibitor	◯ Yes	◯ No	**11. Diuretics**	◯ Yes	◯ No
4. Warfarin	◯ Yes	◯ No	**12. Calcium antagonist**	◯ Yes	◯ No
5. LMWH	◯ Yes	◯ No	**13. Oral Hypoglycaemic agent**	◯ Yes	◯ No
6. Beta blocker	◯ Yes	◯ No	**14. Insulin**	◯ Yes	◯ No
7. ACE Inhibitor	◯ Yes	◯ No	**15. Anti-arrhythmic agent**	◯ Yes	◯ No
8. Angiotensin II receptor blocker	◯ Yes	◯ No			

SECTION 5: REHABILITATION AND COUNSELLING

1. Was patient referred to cardiac rehabilitation?	◯ Yes	◯ No
2. Has patient stopped smoking?	◯ Yes	◯ No