

APPENDIX E: GLOSSARY

Acute Coronary Syndrome (ACS)	Indicates if the patient is suffering from an ACS event. ACS encompasses clinical features comprising chest pain or overwhelming shortness of breath, defined by accompanying clinical, ECG and biochemical features. ACS comprises the following: <ul style="list-style-type: none"> - Unstable Angina Pectoris (UAP) - NSTEMI - STEMI
Bleeding	The person's episode of bleeding as described by the thrombolysis in myocardial infarction (TIMI) criteria. Indicate if bleeding occurred during or after the cath. lab visit until discharge. The bleeding should require a transfusion and/or prolong the hospital stay and/or cause a drop in haemoglobin > 3.0 gm/dl.
Body Mass Index (BMI)	A measurement of the relative percentages of fat and muscle mass in the human body, in which weight in kilograms is divided by height in meters and the result used as an index of obesity (kgm ⁻²). This will be autocalculated by the system.
Canadian Cardiovascular Score (CCS)	Indicates the Canadian Cardiovascular Angina Classification Score (CCS) of a patient which is categorised as: <ul style="list-style-type: none"> Class 0; Asymptomatic Class 1; Ordinary physical activity, such as walking or climbing the stairs does not cause angina. Angina may occur with strenuous, rapid or prolonged exertion at work or recreation. Class 2; There is slight limitation of ordinary activity. Angina may occur with moderate activity such as walking or climbing stairs rapidly, walking uphill, walking or climbing stairs after meals, in the cold, in the wind, or under emotional stress, or walking more than two blocks on the level, and climbing more than one flight of stairs at normal pace under normal conditions. Class 3; There is marked limitation of ordinary physical activity. Angina may occur after walking one or two blocks on the level or climbing one flight of stairs under normal conditions at a normal pace. Class 4; There is inability to carry on any physical activity without discomfort; angina may be present at rest.
Chronic renal failure	Indicates if the patient has a history and/or documented evidence and/or have undergone treatment for chronic renal failure. Includes all patients with creatinine 200 micromol/L.
Diabetes	Indicate if the patient has diabetes as documented by following: <ol style="list-style-type: none"> 1. A history of diabetes, regardless of duration of disease, or need for antidiabetic agents, or 2. Fasting blood glucose > 7.0mmol/L, or 3. HbA1c > 6.5mmol/L
Documented CAD	Indicates if the patient has angiographically-proven coronary disease (stenosis > 50%) or has undergone percutaneous angioplasty (PCI) or coronary artery bypass graft (CABG) prior to this admission to the hospital.
Door to balloon time	The duration between time patient presented to the reporting centre to time of first intracoronary device used performed by the same centre. Applicable only to patients with STEMI undergoing urgent PCI.

Door to needle time	The duration between time patients presented to the reporting centre to time intravenous fibrinolytic therapy was administered or initiated by that same centre. Applicable only to STEMI patients receiving thrombolysis at the reporting centre.
Elective PCI	PCI performed for patients with stable CAD.
Fibrinolytic therapy status	Identifies the person's fibrinolytic therapy status. Applicable only to patients presenting with STEMI. This data may be entered by the reporting centre for patients who received thrombolysis prior to transfer. Also indicates whether and where thrombolysis were given . Only thrombolysis instituted by the participating centre will be calculated for 'Door-to-Needle' time.
Killip classification	Identifies the Killip class, as a measure of haemodynamics compromise, of the person at the time of presentation Class I includes individuals with no clinical signs of heart failure Class II includes individuals with rales in the lungs, an S3 gallop, and elevated jugular venous pressure Class III describes individuals with frank pulmonary oedema Class IV describes individuals in cardiogenic shock
Left Ventricular Ejection Fraction (LVEF)	The left ventricular ejection fraction as measured by the percentage of the blood emptied from the left ventricle at the end of the contraction. Indicate the EF status at time of PCI procedure. The most recent test within the last 6 months, including the current procedure and up to discharge following the procedure.
New York Heart Association	Indicates the patient's NYHA classification as follows: I. Patient has cardiac disease but without resulting limitations of ordinary physical activity; Ordinary physical activity (e.g. walking several blocks or climbing stairs) does not cause undue fatigue or dyspnoea. Limiting symptoms may occur with marked exertion II. Patient has cardiac disease resulting in slight limitation of ordinary physical activity. Patient is comfortable at rest. Ordinary physical activity such as walking more than 2 blocks or climbing more than one flight of stairs results in limiting symptoms (e.g., fatigue or dyspnoea) III. Patient has cardiac disease resulting in marked limitation of physical activity. Patient is comfortable at rest. Less than ordinary physical activity (e.g., walking one to two level blocks or climbing one flight of stairs) causes fatigue or dyspnoea IV. Patient has dyspnoea at rest that increases with any physical activity. Patient has cardiac disease resulting in inability to perform any physical activity without discomfort. Symptoms may be present even at rest. If any physical activity is undertaken, discomfort is increased
Smoking status	Indicate if the patient has a history confirming any form of tobacco use in the past. This includes use of cigarettes / cigars / pipes/ tobacco chewing.
Time of STEMI onset	Indicate time of STEMI onset. Please give exact time of onset of pain (or nearest half hour).
Time patient presented	Defines the time that patient presented to the reporting centre (or nearest half hour).

TIMI Risk score for STEMI	<p>Thrombolysis in myocardial infarction (TIMI) risk score for STEMI is based on following criteria: (Max 14 points)</p> <ul style="list-style-type: none"> a) S1(5b) Age ≥ 75 - 3 point, Age 65 to 74 - 2 points b) S2(2) (c)Diabetes OR (b)Hypertension OR (g)Chronic angina (onset more than 2 weeks ago) OR (h)New onset angina (Less than 2 weeks) - 1 point c) S4(3a)Systolic BP <100 mmHg - 3 points d) S4(2) Heart Rate > 100 beat per minute - 2 points e) Killip II-IV - 2 points f) S4(4b) Weight < 67 kg - 1 point g) S5(2) Anterior Leads: V1 to V4, S5(1) Bundle Branch block (BBB) - 1 point h) Time to Treatment>4 - 1 point
TIMI Risk score for NSTEMI/UA	<p>Thrombolysis in myocardial infarction (TIMI) risk score for UA/NSTEMI is based on following criteria: 1 point for each criteria below</p> <ul style="list-style-type: none"> a) Age ≥ 65 b) At least 3 risk factors (Past medical history: dyslipidaemia, HPT, diabetes, premature cardiovascular disease family history status) c) Known CAD (stenosis $\geq 50\%$) (Past medical history: Myocardial infarction history, Documented CAD $>50\%$ stenosis) d) ST (ECG) deviation ≥ 0.5mm (ECG Abnormalities Type: ST-segment elevation ≥ 1mm (0.1 mV) in ≥ 2 contiguous leads, ST-segment elevation ≥ 2mm (0.2 mV) in ≥ 2 contiguous leads, ST-segment depression ≥ 0.5mm (0.05 mV) in ≥ 2 contiguous leads (includes reciprocal changes)) e) Recent (≤ 24 hrs) Severe angina (≥ 2 angina in last 24 hrs) f) Use of anti-platelet agent (ASA) in last 7 days (Used at least one of ASA, ADP Antagonist) g) Elevated cardiac enzymes/markers: CK-MB (Peak CKMB value $>$ CKMB Reference Upper limit) and Troponin (Peak Troponin value $>$ Troponin Reference Upper limit)
Total number of overnight stays	Total number of days spent in at the reporting centre, either consecutively or intermittently.