

APPENDIX F: GLOSSARY

Access site occlusion	Indicates whether an access site occlusion occurred at the site of percutaneous entry during the procedure or after the laboratory visit, but before any subsequent laboratory visits. This is defined as total obstruction of the artery usually by thrombus (but may have other causes) usually at the site of access, requiring surgical repair. Occlusions may be accompanied by absence of palpable pulse or Doppler
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
Baseline creatinine	The amount of serum creatinine in the blood at admission. Records the absolute result of the most recent serum creatinine measurement, in micromol/L to two decimal points
Blood pressure (Diastolic) at start of PCI	The person's measured diastolic blood pressure in mmHg (at start of PCI)
Blood pressure (Systolic) at start of PCI	The person's measured systolic blood pressure in mmHg (at start of PCI)
Canadian Cardiovascular Score (CCS)	Indicates the Canadian Cardiovascular Angina Classification Score (CCS) of a patient which is categorised as: 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

Cardiogenic shock	<p>Indicates if the patient fulfilled the clinical criteria for cardiogenic shock as follows:</p> <ol style="list-style-type: none"> a. hypotension (a systolic BP of <90mmHg for at least 30 minutes or the need for supportive measures to maintain a systolic BP of > 90mmHg) b. end-organ hypoperfusion (cool extremities or a urine output of less than 30ml/h, and a heart rate >60 beats per minute) c. the haemodynamic criteria are a cardiac index of no more than 2.2l/min per square meter of body-surface area and a pulmonary-capillary wedge pressure of at least 15mmHg
Cath/PCI same lab visit	<p>Indicates if the patient had a PCI at the same time as the diagnostic coronary angiogram. Elective patients may have the diagnostic and therapeutic procedures separately. Emergency or acute patients often have their diagnostic and therapeutic procedures concurrently (Ad-hoc)</p>
Cerebrovascular disease	<p>Indicates if the patient has a history of stroke and/or transient ischaemic attack (TIA) or documented evidence of cerebrovascular disease (CT scan, MRI), prior to this admission to the hospital</p>
Chronic lung disease	<p>Indicates if the patient has a history of chronic lung disease including chronic obstructive pulmonary disease (COPD), chronic pulmonary fibrosis, cystic fibrosis or bronchiectasis, or receiving treatments for these conditions, prior to this admission to the hospital. Previous acute pneumonia and ventilation for acute respiratory distress are excluded</p>
Chronic renal failure	<p>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</p>
Congestive heart failure (more than 2 weeks prior)	<p>Indicates if the patient has a history of heart failure or documented evidence (echocardiography, MRI, nuclear imaging, ventriculography) of left ventricular systolic dysfunction prior to this admission to the hospital</p>
Congestive heart failure (recent 2 weeks)	<p>Indicates whether, within 2 weeks prior to this procedure, a physician has diagnosed that the patient is currently in congestive heart failure (CHF), the diagnosis of CHF was made before this admission,</p> <p>OR CHF can be diagnosed based on careful history and physical examination, or by one of the following criteria:</p> <ol style="list-style-type: none"> a. Paroxysmal nocturnal dyspnoea (PND) and/or fatigue b. Dyspnoea on exertion (DOE) due to heart failure c. chest x-ray (CXR) showing pulmonary congestion d. Pedal oedema or dyspnoea treated with medical therapy for heart failure

Current smoker	Patient who regularly smokes a tobacco product / products one or more times per day or has smoked within the 30 days prior to this admission
Diabetes	Indicates if the patient has a history of diabetes mellitus diagnosed prior to this admission to the hospital or currently receiving treatment for diabetes
Dissection	Indicates whether a dissection occurred at the site of percutaneous entry during the procedure or after the laboratory visit, but before any subsequent laboratory visits. A dissection is defined as a disruption of an arterial wall resulting in splitting and separation of the intimal (subintimal) layers
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
Dyslipidaemia	Indicates if the patient has a history of dyslipidaemia diagnosed prior to this admission to the hospital or currently receiving treatment for dyslipidaemia
Elective PCI	Indicates whether the patient's cardiac function has been stable in the days or weeks prior to the procedure. The procedure could be deferred without increased risk of compromised cardiac outcome
Family History of Premature Cardiovascular Disease	Indicates if the patient has a 1st degree family member (parents or siblings) who suffered a myocardial infarction and/or stroke before the age of 55 years
Former smoker	Patient who has stopped smoking tobacco products more than 30 days before this admission
Functional ischaemia	Indicates if the patient has functional ischaemia. Where a non-invasive test such as exercise or pharmacologic stress test, radionuclide, echo, CT scan was done to rule out ischaemia. The test could be performed during this admission (prior to the PCI), or it could be a test that resulted in the admission
Heart rate (at start of PCI)	Indicates the patient's heart rate in beats/minute at start of PCI
Height (in cm)	Measurement of the patient's height in cm. Indicates if the height was taken. Measurements may be taken at any time prior to discharge. However measurements taken after prolonged hospitalisation (>2 weeks) or following surgery or after prolonged intensive unit stay, may not be accurate
Hypertension	Indicates if the patient has a history of hypertension diagnosed prior to this admission to the hospital or is currently receiving treatment for hypertension, or if the blood pressure is more than 140mmHg systolic or more than 90mmHg diastolic on at least 2 occasions

Intra Aortic Balloon Pump (IABP)	Indicates if an Intra Aortic Balloon Pump has been used during the procedure
Killip classification	<p>Identifies the Killip class, as a measure of haemodynamics compromise, of the person at the time of presentation</p> <p>Class I includes individuals with no clinical signs of heart failure</p> <p>Class II includes individuals with rales in the lungs, an S3 gallop, and elevated jugular venous pressure</p> <p>Class III describes individuals with frank pulmonary oedema</p> <p>Class IV describes individuals in cardiogenic shock</p>
Loss of distal pulse	Indicates whether a loss of the pulse distal to the arterial access site occurred (peripheralembolization). Peripheral embolization is defined as a loss of distal pulse, pain and/or discolouration (especially the toes). This can include cholesterol emboli.
Low Density Lipids (LDL) Levels	Most recent LDL-C level recorded in mmol/L
Myocardial infarction history	Indicates if the patient has a myocardial infarction history prior to this admission to the hospital
New onset angina (Less than 2 weeks)	Indicates if the patient has new angina symptoms within the past 2 weeks prior to this admission to the hospital
New York Heart Association	<p>Indicates the patient's NYHA classification as follows:</p> <ol style="list-style-type: none"> I. Patient has cardiac disease but without resulting limitations of ordinary physical activity; Ordinary physical activity (eg., 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

Percutaneous entry	Indicates the percutaneous entry location used to provide vascular access for the procedure
Peripheral vascular disease	Indicates if the patient has a history and/or documented evidence and/or has undergone treatment for peripheral vascular disease (including aortic aneurysm; peripheral artery disease, intermittent claudication and/or previous peripheral artery stenting or bypass; renal artery stenosis and/or previous renal artery stenting)
Previous CABG	Previous Coronary Artery Bypass surgery by any approach prior to the current PCI procedure
Previous PCI	Indicates if patient has had a prior Percutaneous Transluminal Coronary Angioplasty, Coronary Atherectomy, and/or Coronary Stent done at any time prior to this PCI procedure (which may include those done during the current admission)
Pseudoaneurysm	Indicates whether a pseudoaneurysm occurred at the site of percutaneous entry during the procedure or after the laboratory visit but before any subsequent laboratory visits. This does not account for pseudoaneurysms noted after discharge. Pseudoaneurysm is defined as the occurrence of a disruption and dilation of the arterial wall without identification of the arterial wall layers at the site of the catheter entry, as demonstrated by arteriography or ultrasound
Smoking status	Indicates if the patient has a history confirming any form of tobacco use in the past. This includes use of cigarettes / cigars / pipes/ tobacco chewing
Staged PCI	For an elective PCI only. Indicates if this PCI is being performed as part of a multi-vessel revascularization strategy
Time of first balloon inflation / stent / aspiration	Indicates the date and time of the intra-coronary treatment device deployment. If the exact time of first treatment device deployment is not known, the time of the start of the procedure can be taken as an indication
Urgent PCI	Indicates when all of the following conditions are met: <ul style="list-style-type: none"> - Not elective status - Not rescue status - Procedure required during same hospitalization in order to minimize chance of further clinical deterioration - Worsening, sudden chest pain, CHF, acute myocardial infarction (AMI), IABP, unstable angina
Weight (in kg)	Measurement of the patient's weight in kg. Indicates the weight taken to two decimal points. Measurements may be taken at any time prior to discharge. However measurements taken after prolonged hospitalisation (>2 weeks) or following surgery or after prolonged intensive unit stay may not be accurate