APPENDIX G: CASE REPORT FORM

NATIONAL CARDIOVASCULAR DISEASE DATABASE- PCI REGISTRY NOTIFICATION FORM

For NCVD Use only:
ID: /
Centre:

Instruction: Complete this form to notify all PCI admissions at your centre to NCVD PCI Registry. Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.

A. Centre Code: **Or Reporting centre name:** **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

5. Nationality: ◉ Malaysian ◉ Non Malaysian

6a. Date of Birth: (dd/mm/yy)

6b. Age on admission: Auto Calculated

7. Ethnic Group:
◉ Malay ◉ Sikh ◉ Melanau ◉ Bidayuh ◉ Foreigner, specify country of origin: .....
◉ Chinese ◉ Orang Asli ◉ Murut ◉ Iban
◉ Indian ◉ Kadazan Dusun ◉ Bajau ◉ Other M'sian, specify : .....

8. Contact Number *(1):* *(2):*

9. Admission Status:
◉ Referral ◉ Emergency Department ◉ Out of hospital cardiac arrest
◉ Elective ◉ Transfer from other facility ◉ Other, specify : .....

SECTION 2 : STATUS BEFORE EVENT

1. Smoking Status: ◉ Never ◉ Former (quit >30 days) ◉ Current (any tobacco use within last 30 days) ◉ Not Available

2. Premorbid or past medical history :

a) Dyslipidaemia	◉ Yes	◉ No	◉ Not known	f) Documented CAD	◉ Yes	◉ No	◉ Not known
b) Hypertension	◉ Yes	◉ No	◉ Not known	g) New onset angina (less than 2 weeks)	◉ Yes	◉ No	◉ Not known
c) Diabetes	◉ Yes	◉ No	◉ Not known → ☐ OHA ☐ Insulin	h) Congestive Heart failure (more than 2 weeks prior)	◉ Yes	◉ No	◉ Not known
d) Family history of premature cardiovascular disease	◉ Yes	◉ No	◉ Not known	i) Chronic lung disease	◉ Yes	◉ No	◉ Not known
e) Myocardial infarction history	◉ Yes	◉ No	◉ Not known	j) Cerebrovascular disease	◉ Yes	◉ No	◉ Not known
				k) Peripheral vascular disease	◉ Yes	◉ No	◉ Not known
				l) Chronic renal failure	◉ Yes	◉ No	◉ Not known

SECTION 3 : CLINICAL EXAMINATION and BASELINE INVESTIGATION

1. Anthropometric : **a. Height:** (cm) ☐ Not Available **b. Weight:** (kg) ☐ Not Available **c. BMI:** Auto Calculated

2. Heart rate (at start of PCI): (beats / min)

3. Blood pressure (at start of PCI): **a. Systolic:** (mmHg) **b. Diastolic:** (mmHg)

4. Baseline creatinine : micromol/L ☐ Not Available

5. Total cholesterol: mmol/L ☐ Not Available

6. LDL levels: mmol/L ☐ Not Available

7. Baseline ECG : (check where applicable)
☐ STEMI → ◉ Anterior ◉ Non-anterior
☐ NSTEMI
☐ Sinus rhythm ☐ Atrial Fibrillation ☐ 2nd /3rd AVB ☐ LBBB ☐ RBBB

SECTION 4 : PREVIOUS INTERVENTIONS

1. Previous PCI : ◉ Yes ◉ No
→ Date of most recent PCI (dd/mm/yy): / /
☐ Not Available

2. Previous CABG: ◉ Yes ◉ No
→ Date of most recent CABG (dd/mm/yy): / /
☐ Not Available

a. Patient Name :		b. Centre Code:	
c. Identification Card Number :		d. Local RN No (if applicable):	

SECTION 5 : CARDIAC STATUS AT PCI ROCEDURE

1. Congestive Heart Failure : (recent 2 weeks)	○ Yes ○ No	**2. NYHA:**	○ NYHA I ○ NYHA II ○ NYHA III ○ NYHA IV
3. Killip class : (AMI only)	○ I ○ II ○ III ○ IV ○ Not Applicable/ Not Available	**4. Functional ischaemia:**	○ Not applicable ○ Positive ○ Negative ○ Equivocal
5. Cardiogenic shock:	○ Yes ○ No	**6. IABP:**	○ Yes ○ No
7. Acute Coronary Syndrome:	○ Yes ○ No → ○ STEMI ○ NSTEMI ○ UA	**8a. Angina type:**	○ None ○ Atypical ○ Chronic Stable Angina ○ UAP
8b. ACS symptom onset :	○ <6 hours ○ >24 hours - 7 days ○ 6-24 hours ○ Not Available	**9. Canadian Cardiovascular Score (CCS):**	○ CCS 0 ○ CCS 1 ○ CCS 2 ○ CCS 3 ○ CCS 4
10. STEMI Event : (Please complete if <24 hours since onset of STEMI symptoms)	a) STEMI time of onset in 24 hr clock (hh:mm):		□□ : □□
	b) Time of arrival at first hospital (hh:mm) : (For patients transferred only)		□□ : □□ ☐ Not Applicable
	c) Time of arrival at PCI hospital (hh:mm) :		□□ : □□
	d) Time of first balloon inflation/ stent/ aspiration (hh:mm) :		□□ : □□
11. EF Status (at time of PCI procedure) (Do not use '>' or '<' symbol)			□□ % ☐ Not Available

SECTION 6 : CATH LAB VISIT

1. Date of procedure: (dd/mm/yy)	□□ / □□ / □□	
2a. PCI status:	○ Elective → 2b. Staged PCI: ○ Yes ○ No ○ Not Available	○ Urgent (NSTEMI/UA) ○ Rescue ○ Primary
3. Cath/PCI same lab visit:	○ Yes ○ No	
4. Medication:	a) Thrombolytics	○ Yes → ○ <3hrs ○ 3-6hrs ○ 6-12hrs ○ 12-24hrs ○ 1-7days ○ >7days ○ No
	b) IIb / IIIa Blockade	○ Yes → ○ Prior ○ After ○ During ○ No
	c) Heparin	○ Yes → ○ Prior ○ After ○ During ○ No
	d) LMWH	○ Yes → ○ Prior ○ After ○ During ○ No
	e) Ticlopidine	○ Yes → ○ Prior ○ After ○ During ○ No
	f) Bivalirudin	○ Yes → ○ Prior ○ After ○ During ○ No
	g) Aspirin	○ Yes → ○ Prior ○ After ○ During ○ No
	h) Clopidogrel	○ Yes → ○ Prior ○ After ○ During → ○ <6 hrs ○ 6-24 hrs ○ >24 - 72 hrs ○ >72 hrs; First / load dose: ○ 75mg ○ 300mg ○ 600mg ○ ≥ 1200mg; ○ No

5. Planned duration of clopidogrel/ticlopidine:	○ 1 month ○ 3 months ○ 6 months ○ 12 months ○ >12 months ○ Not Available	**6a. Percutaneous entry:**	○ Brachial ○ Radial ○ Femoral ○ Multiple site
6b. French size (Guiding catheter)	○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ Other,specify: _____	**6c. Closure device:**	○ No ○ Seal ○ Suture ○ Other,specify: _____
7. Extent of coronary disease:	☐ Single vessel disease ☐ Multiple vessel disease ☐ Graft ☐ Left Main		
8a. Fluoroscopy time:	□□□.□ minutes ☐ Not Available	**8b. Total Dose:**	□□□.□ mGy ☐ Not Available
9a. Contrast type :	○ Ionic → ○ HEXABRIX 320 ○ Other, specify: _____	○ Non-Ionic → ○ IOPAMIRO 300 ○ IOPAMIRO 370 ○ ULTRAVIST 300 ○ ULTRAVIST 370 ○ XENETIX 300 ○ XENETIX 350 ○ VISIPAQUE 320 ○ OMNIPAQUE 300 ○ OMNIPAQUE 350 ○ Other, specify: _____	
9b. Contrast Volume :	□□□ ml ☐ Not Available		

a. Patient Name :		b. Centre Code:	
c. Identification Card Number :		d. Local RN No (if applicable):	

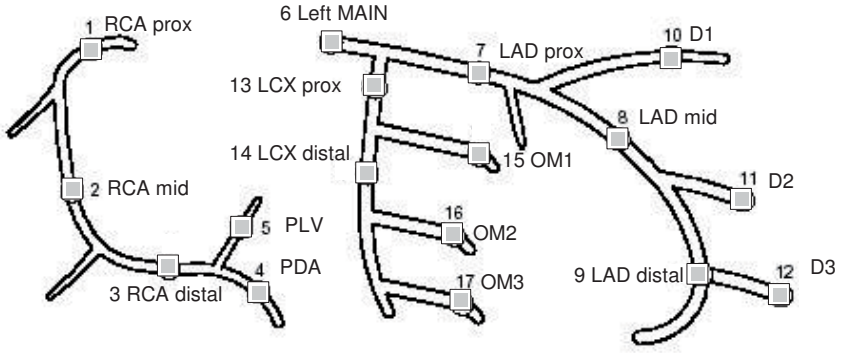
Instruction: Please check one lesion code per page (Section 7: PCI Procedure Details)

SECTION 7: PCI PROCEDURE DETAILS

1. Total no.of lesion treated :

NATIVE

Coronary segment number, lesion codes 1-17



Document intermediate lesions as lesion code 15

GRAFT

Graft PCI lesion codes 18-25. Also record grafted native coronary vessel

Graft	Target Vessel
18 LIMA	
19 RIMA	
20 SVG 1	
21 SVG 2	
22 SVG 3	
23 RAD 1	
24 RAD 2	
25 RAD 3	

Complete for all intervene. Complete and attach additional lesion column if necessary.

2. Lesion Code: (1-25) ____ ____ to ____ ____ *(if applicable)*

3. Coronary lesion: ◉ De novo ◉ Acute stent thrombosis → a.Type: ◉ Acute ◉ Sub acute ◉ Late ◉ Restenosis (No prior stent) ◉ In stent restenosis → b.Prior stent type: ◉ DES ◉ BMS ◉ Others _____

4. Lesion type: ◉ A ◉ B1 ◉ B2 ◉ C

5. Location in graft: (complete for graft PCI only) ◉ Ostial ◉ Mid ◉ Native ◉ Proximal ◉ Distal ◉ Anastomosis

6. Lesion description: ☐ Ostial ☐ Bifurcation *(if intervention involved sidebranch, please record as a second lesion)* ☐ CTO < 3mo ☐ CTO > 3mo ☐ Thrombus ☐ Not Applicable

7. Pre-stenosis % : ____ ____ ____ TIMI Flow (pre): → ◉ TIMI-0 ◉ TIMI-1 ◉ TIMI-2 ◉ TIMI-3

8. Post-stenosis % : ____ ____ ____ TIMI Flow (post): → ◉ TIMI-0 ◉ TIMI-1 ◉ TIMI-2 ◉ TIMI-3

9. Estimated lesion length: ____ ____ mm

10. Acute closure: ◉ Yes ◉ No

11. Dissection: ◉ Yes ◉ No

12. Perforation: ◉ Yes ◉ No

13. No Reflow: ◉ Yes → ◉ Transient ◉ Persistent ◉ No

14. Lesion Result: ◉ Successful ◉ Unsuccessful

15. Stent details for lesion:

	a. Stent Code	b. Length (mm)	c. Diameter(mm)	Others, specify:
#1			.	
#2			.	
#3			.	
#4			.	
#5			.	
#6			.	

16. Maximum balloon size / pressure:

a) Maximum balloon size used: ____ . ____ ____ mm

b) Maximum stent / balloon deploy pressure: ____ ____ atm

17. Intracoronary devices used:

☐ Unsuccessful ☐ Balloon only ☐ Bare Metal Stent ☐ Drug Eluting Balloon ☐ Distal Embolic Protection → ◉ Filter ◉ Balloon ◉ Proximal

☐ Cutting balloon ☐ DES ☐ Flowire

☐ IVUS ☐ Rotablator ☐ Other, specify: _____

18. Direct stenting:-

◉ Yes ◉ No ◉ Not available

a. Patient Name :		b. Centre Code:	
c. Identification Card Number :		d. Local RN No (if applicable):	

SECTION 8 : IN HOSPITAL OUTCOME (after procedure)

1. Outcome:

a. Periprocedural MI	◯ Yes ◯ No ◯ Not Available
b. Emergency Reintervention / PCI:	◯ Yes ◯ No i) Stent thrombosis: ◯ Yes ◯ No ii) Dissection: ◯ Yes ◯ No iii) Perforation: ◯ Yes ◯ No iv) Others,specify: _____ ◯ Yes ◯ No
c. Bail-out CABG	◯ Yes ◯ No
d. Cardiogenic shock (after procedure)	◯ Yes ◯ No
e. Arrhythmia (VT/VF/Brady)	◯ Yes ◯ No
f. TIA / Stroke	◯ Yes ◯ No
g. Tamponade	◯ Yes ◯ No
h. Contrast reaction	◯ Yes ◯ No
i. New onset / worsened heart failure	◯ Yes ◯ No
j. New renal impairment	◯ Yes ◯ No ◯ Not Available
k.Max post procedural rise in creatinine	◯ Yes ◯ No ◯ Not Available a) ☐☐☐.☐ micromol/L b) Date (dd/mm/yy): ☐☐/☐☐/☐☐ c) Autocalculate: (days) ☐☐☐

2. Vascular Complications:

a. Bleeding	◯ Yes ◯ No ◯ Major (Any intracranial bleed or other bleeding ≥ 5g/dL Hb drop) ◯ Minor (Non-CNS bleeding with 3-5g/dL Hb drop) ◯ Minimal (Non-CNS bleeding, non-overt bleeding, <3g/dL Hb drop) Bleeding site: ◯ Retroperitoneal ◯ Others, specify: _____ ◯ Percutaneous entry site
b. Access site occlusion	◯ Yes ◯ No
c. Loss of distal pulse	◯ Yes ◯ No
d. Dissection	◯ Yes ◯ No
e. Pseudoaneurysm	◯ Yes ◯ No ◯ Ultrasound compression ◯ Others, specify: ◯ Surgery _____

SECTION 9 : OUTCOME AT DISCHARGE

1. Outcome:

◯ Alive →

a) Date of Discharge (dd/mm/yy): ☐☐/☐☐/☐☐

b) Medication:

	Yes	No		Yes	No
Aspirin	◯	◯	Ace Inhibitor	◯	◯
Clopidogrel	◯	◯	ARB	◯	◯
Ticlodipine	◯	◯	Warfarin	◯	◯
Statin	◯	◯	Others, specify _____	◯	◯
Beta blocker	◯	◯			

◯ Death →

a) Date of Death (dd/mm/yy): ☐☐/☐☐/☐☐

b) Primary cause of death:
◯ Cardiac ◯ Renal ◯ Others, specify:
◯ Infection ◯ Neurological
◯ Vascular ◯ Pulmonary _____

c) Location of death: ◯ In Lab ◯ Out of Lab

◯ Transferred to other centre: →

a) Date of transfer (dd/mm/yy): ☐☐/☐☐/☐☐

b) Name of centre: _____

NATIONAL CARDIOVASCULAR DISEASE DATABASE - PCI REGISTRY
FOLLOW UP AT 30 DAYS

For NCVD Use only:

ID: ____ / ____
Centre: ____

Instruction: *This form is to be completed at patient follow up* ***after 30 days of 1st admission.*** *Following performed by telephone interview. Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.*

Ai. Name of Reporting centre:		**Aii. Or Reporting centre code:**	
B. Patient Name :			
C. Identification Card Number :	*MyKad / MyKid:* ☐☐☐☐☐☐ - ☐☐ - ☐☐☐☐	*Old IC:*	
	Other ID document No: →	*Specify type (eg.passport, armed force ID):*	
D. Date of Follow Up: (dd/mm/yy)	☐☐ / ☐☐ / ☐☐		

SECTION 1 : OUTCOME

1. Outcome:

◉ Alive →

b) Medication:

	Yes	No	Unknown
Aspirin	◉	◉	◉
Clopidogrel	◉	◉	◉
Ticlopidine	◉	◉	◉
Others, specify: _____	◉	◉	◉

◉ Death →

a) Date of Death (dd/mm/yy): ☐☐ / ☐☐ / ☐☐

b) Cause of death:
- ◉ Cardiac
- ◉ Non cardiac
- ◉ Others, specify: _____

◉ Transferred to other centre: →

a) Date of transfer (dd/mm/yy): ☐☐ / ☐☐ / ☐☐

b) Name of centre: _____

◉ Lost to follow up →

a) Date of last follow up (dd/mm/yy): ☐☐ / ☐☐ / ☐☐

2. Smoking Status: ◉ Never ◉ Former (quit >30 days) ◉ Current (any tobacco use within last 30 days) ◉ Not Available

3. Readmission:

◉ Yes →
◉ No

a) Date of readmission (dd/mm/yy): ☐☐ / ☐☐ / ☐☐

b) Readmission location: _____

c) Readmission Reason: →

◉ CHF	◉ Arrhythmia	◉ CABG
◉ AMI	◉ PCI – planned	◉ Others, specify
◉ Recurrent angina	◉ PCI – unplanned	_____

NATIONAL CARDIOVASCULAR DISEASE DATABASE - PCI REGISTRY
FOLLOW UP AT 6 AND 12 MONTHS

For NCVD Use only:

ID: ____ / ____
Centre: ____

Instruction: *This form is to be completed at patient follow up* ***6 and 12 months of 1st admission.*** *Following performed by telephone interview. Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only.*

Ai. Name of Reporting centre:		**Aii. Reporting centre code:**	
B. Patient Name :			
C. Identification Card Number :	*MyKad / MyKid:* ☐☐☐☐☐☐ - ☐☐ - ☐☐☐☐	*Old IC:*	
	Other ID document No:	*Specify type (eg.passport, armed force ID):*	
D. Type of Follow Up:	◉ 6 months ◉ 12 months	**E. Date of Follow Up (dd/mm/yy):**	☐☐ / ☐☐ / ☐☐

SECTION 1 : OUTCOME

1. Outcome:

◉ Alive →

a) Medication:

	Yes	No	Unknown		Yes	No	Unknown
Aspirin	◉	◉	◉	Ace Inhibitor	◉	◉	◉
Clopidogrel	◉	◉	◉	ARB	◉	◉	◉
Ticlodipine	◉	◉	◉	Warfarin	◉	◉	◉
Statin	◉	◉	◉	Others, specify _____	◉	◉	◉
Beta blocker	◉	◉	◉				

◉ Death →

a) Date of Death (dd/mm/yy): ☐☐ / ☐☐ / ☐☐

b) Cause of death: ◉ Cardiac ◉ Non cardiac ◉ Others, specify: _____

◉ Transferred to other centre: →

a) Date of transfer (dd/mm/yy): ☐☐ / ☐☐ / ☐☐

b) Name of centre: _____

◉ Lost to follow up →

a) Date of last follow up (dd/mm/yy): ☐☐ / ☐☐ / ☐☐

SECTION 2 : SMOKING STATUS

1. Smoking Status: ◉ Never ◉ Former (quit >30 days) ◉ Current (any tobacco use within last 30 days) ◉ Not Available

SECTION 3 : READMISSION (Within 12 months after 1st notification)

1. Has patient been readmitted to hospital? ◉ Yes ◉ No

	Date of Readmission	Readmission location:	Readmission reason:	CCS	Angiography	AMI	PCI	CABG
1	☐☐ / ☐☐ / ☐☐ (dd/mm/yy)		◉ CHF ◉ AMI ◉ Recurrent angina ◉ Arrhythmia ◉ PCI – planned ◉ PCI – unplanned ◉ CABG ◉ Others, specify _____	◉ CCS 0 ◉ CCS 1 ◉ CCS 2 ◉ CCS 3 ◉ CCS 4 ◉ Not Available	◉ Yes ◉ No ◉ Not Applicable	◉ No ◉ STEMI ◉ NSTEMI ◉ Not Applicable	◉ No ◉ TVR ◉ Non TVR ◉ Not Applicable ◉ TLR → Lesion Code (1-25): ☐☐	◉ Yes → TVR: ◉ Yes ◉ No ◉ No ◉ Not Applicable
2	☐☐ / ☐☐ / ☐☐ (dd/mm/yy)		◉ CHF ◉ AMI ◉ Recurrent angina ◉ Arrhythmia ◉ PCI – planned ◉ PCI – unplanned ◉ CABG ◉ Others, specify _____	◉ CCS 0 ◉ CCS 1 ◉ CCS 2 ◉ CCS 3 ◉ CCS 4 ◉ Not Available	◉ Yes ◉ No ◉ Not Applicable	◉ No ◉ STEMI ◉ NSTEMI ◉ Not Applicable	◉ No ◉ TVR ◉ Non TVR ◉ Not Applicable ◉ TLR → Lesion Code (1-25): ☐☐	◉ Yes → TVR: ◉ Yes ◉ No ◉ No ◉ Not Applicable
3	☐☐ / ☐☐ / ☐☐ (dd/mm/yy)		◉ CHF ◉ AMI ◉ Recurrent angina ◉ Arrhythmia ◉ PCI – planned ◉ PCI – unplanned ◉ CABG ◉ Others, specify _____	◉ CCS 0 ◉ CCS 1 ◉ CCS 2 ◉ CCS 3 ◉ CCS 4 ◉ Not Available	◉ Yes ◉ No ◉ Not Applicable	◉ No ◉ STEMI ◉ NSTEMI ◉ Not Applicable	◉ No ◉ TVR ◉ Non TVR ◉ Not Applicable ◉ TLR → Lesion Code (1-25): ☐☐	◉ Yes → TVR: ◉ Yes ◉ No ◉ No ◉ Not Applicable