APPENDIX E: CASE REPORT FORM

NATIONAL CARDIOVASCULAR DISEASE DATABASE (NCVD) For NCVD Use only: **NOTIFICATION FORM** ID. Instruction: Complete this form to notify all ACS admissions at your centre to National Cardiovascular Disease Centre: Registry. Where check boxes \blacksquare are provided, check (\checkmark) one or more boxes. Where radio buttons provided, check ($\sqrt{}$) one box only B. Date of Admission (dd/mm/yy): A. Reporting centre: **SECTION 1: DEMOGRAPHICS** 2. Local RN No (if applicable): 3. Identification Card MyKad / MyKid: Old IC: Number: Other ID Specify type (eg.passport, armed force ID): document No. 4. Gender: Male Female 5a. Date of Birth: 5b. Age on admission: Auto Calculated 6. Ethnic Group: Orang Asli Iban Malay Murut Other M'sian, specify: Chinese Kadazan Bajau Indian Melanau Bidayuh Foreigner, specify country of origin: 7. Contact Number (1): **SECTION 2: STATUS BEFORE EVENT** 1. Smoking Status: Never Former (quit >30 days) Current (any tobacco use within last 30 days) None 2. Status of Aspirin Use: Used less than 7 days previously Used more than or equal to 7 days previously 3. Premorbid or past medical history: Yes No a) Dyslipidaemia Not known h) New onset angina Yes No Not known (Less than 2 weeks) Yes No Not known b) Hypertension Yes No Not known Yes No Not known c) Diabetes i) Heart failure d) Family history of premature Yes No Not known Yes No Not known j) Chronic lung disease cardiovascular disease Yes No Not known k) Renal disease Yes No Not known e) Myocardial infarction history I) Cerebrovascular disease Yes No Not known Yes f) Documented CAD > 50% stenosis No No Not known Not known m) Peripheral vascular disease Yes g) Chronic Angina (onset more than Yes No Not known n) None of the above 2 weeks ago) **SECTION 3: ONSET** 1a. Date of onset of ACS symptoms: 1b. Time of onset of ACS symptoms: Not available (24hr) 2a. Date Patient presented : 2b. Time Patient presented : Not available (24hr) 3. Was patient transferred from another centre? Yes No **SECTION 4: CLINICAL PRESENTATION & EXAMINATION** 1. Number of distinct episodes of Not available angina in past 24 hours: 2. Heart rate at presentation: (beats / min) 3. Blood pressure at presentation: a. Systolic: b. Diastolic: (mmHg) (mmHg 4. Anthropometric : a. Height: BMI: Not available (cm) Auto Calculated b. Weight: Not available (kg) c. Waist Circumference: WHR: Not available (cm) Auto Calculated d. Hip Circumference: Not available (cm) 5. Kilip classification code: ■ II O III Not stated / inadequately described (I ■ IV SECTION 5 : ELECTROCARDIOGRAPHY (ECG) 1. ECG abnormalities type ST-segment elevation ≥ 1mm (0.1 mV) in ≥ 2 contiguous limb leads Bundle branch block (BBB) (Check one or more boxes) ST-segment elevation ≥ 2mm (0.2 mV) in ≥ 2 contiguous frontal leads Non-specific or chest leads ST-segment depression ≥ 0.5mm (0.05 mV) in ≥ 2 contiguous leads

Lateral leads: I, aVL, V5 to V6 Not stated / inadequately described True posterior: V1 V2 NCVD copy

T-wave inversion ≥ 1mm (0.1 mV)

Inferior leads: II, III, aVF

Anterior leads: V1 to V4

2. ECG abnormalities

(Check one or more boxes)

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location:

Not stated / inadequately

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described

Right ventricle: ST elevation in lead V4R

None

| a. Patient Nam | ie: | | | | | | | | | b. Lo | cal RN No (if applicabl | le): | |
|--|-----------|---|---------|-----------------------------|----------|----------------|-----------------|-------------------|-------------------|---------------|-------------------------------|--------|---------------------|
| c. Identification | n Card N | lumber : | | | | | | | | | | | |
| SECTION 6 | 6 : BA | SELINE INVE | STIGA | TIONS | | (Val | ues ol | btaine | d within 48 h | hours | from admission) | | |
| 0_011011 | | | | Absolute | e value | | | | Unit | _ | ference upper limits | Che | eck (√) if not done |
| 1. Peak CK-ME | 3 | | | | | | | | Unit/L | | •• | | Not done |
| 2. Peak CK | | | | | | | | | Unit/L | | | (| Not done |
| 3. Peak | a. T r | ı T: | -ve | O -ve | OR | | | ng/n | nL or mcg/L | | | (| Not done |
| Troponin: | b. T r | ı I: | +ve | O -ve | OR | | | ng/n | nL or mcg/L | | | (| Not done |
| 4. Lipid profile | a. To | tal cholesterol: | | | | | | | mmol/L | | | (| Not done |
| (Fasting): | b. HD | | | | | | | | mmol/L | | | (| Not done |
| | c. LD | | | | | | | | mmol/L | | | (| Not done |
| | | glycerides: | | | | | | | mmol/L | | | | Not done |
| 5. Fasting Blo | | | | | | | | | mmol/L | | | | Not done |
| 6. Left Ventric | ular Eje | ction Fraction: | | | | | | | % | | | (| Not done |
| SECTION 7 | 7 : CLI | INICAL DIAG | NOSIS | AT AD | MIS | SION | | | | | | | |
| 1. Acute coron | ary syn | drome stratum: | | ⊚ STE | EMI | | | | | II | | | ◯ UA |
| 2a. TIMI risk so | core UA | P / NSTEMI: | | | ļ | Auto Ca | alculat | ed | 2b. TIM | II risk | score STEMI: | | Auto Calculated |
| SECTION 8 | 8 : FIB | RINOLYTIC | ΓHERAI | PY | (Fo | llowin | g Sec | tion is | applicable i | for ST | EMI only) | | |
| 1. Fibrinolytic | therapy | status : | | ⊚ Give | en at tl | nis cen | tre | | → (/ | Please | e proceed to 2, 3, 4 be | low) | |
| | | | | . – | en at a | nother | centre | e prior | to transfer he | | , , , , , , | , | |
| | | | | | - | | | - | to primary ar | ngiopla | asty | | |
| | | | | | - | Missed | | - | is | | | | |
| | | | | | - | patient Contra | | | | | | | |
| | | 2. Fibrinolytic dru | g used: | 0 | eptokin | | | | Others | s (t-PA | A, r-PA, TNK t-PA) | | |
| if you check 'G at this centre' | Siven | 3. Intravenous | | a. Date: | <u>'</u> | | | | | . Time | | | |
| above | | fibrinolytic ther | | | | d c | d m | m y | / y | | h h m m | (24h | r) |
| | | 4. Door to needle | time: | | | (min | s) Aut | o Calcı | ılated - (time pt | t preser | nted to time of intravenous | fb ty) | |
| SECTION 9 | 9 : INV | ASIVE THER | APEUT | IC PR | OCE | DUR | ES | | | | | | |
| | | cardiac catheteriaty your centre? | zation | ⊚ No | | | No - | Transf | erred to anoth | her cei | ntre | | Yes |
| 2. Did patient u | undergo | percutaneous | | ① Yes | ; | | No | | Not | t applic | cable | | |
| admission? | ervenuc | on on this | | │ | | | | | Urgent | | Point POI | | |
| (If No or Not | Applica | ble, Please skip 5 | . 6 & | ◯ a. I | For ST | ЕМІ | | I → | Orgent | | Primary PCI Rescue PCI | | |
| 7b below) | | , | , | | | | | | | | Facilitated PCI | | |
| | | | | | | | | | Elective | \rightarrow | Routine hospital practi | ce? (| Yes No |
| | | | | (b. I | For NS | STEMI | / UA | | Urgent | | | | |
| | | | | | | | | | Elective | \rightarrow | Routine hospital practi | ce? (| Yes No |
| 3a. Number of | f disease | ed vessels: | | 0 0 | | 0 | 1 | | <u>0</u> 2 | | 3 | | |
| 3b. Left Main S | Stem inv | olvement: | | ① Yes | i | | No | | | | | | |
| 4. Culprit arter | y: | | | □ LAE |) | 0 | LCx | | ⊚ RC | Α | ⊚ LM | | Bypass Graft |
| 5. First balloor (for STEMI - | | | | a. Date: | | | | | b | . Time | e: | (24h | ur) |
| 6. Door to ball (for STEMI - | oon time | e (mins): | | | | Auto | L m L Calcul | ml y lated - (| time pt present | ted to ti | ime of first angio balloon in | 」` | • |
| 7a(i). TIMI flow | classifi | cation pre-PCI: | | ① 0 | | | I | | (i) II | | ⊚ III | | |
| 7a(ii). Intra-cor | ronary T | hrombus present | ? | ① Yes | ; | | No | | | | | | |
| 7b. TIMI flow | classifi | cation post-PCI: | | ① 0 | | 0 | I | | (i) II | | (i) III | | |
| 8. PCI type: | | | | Ang | jioplas | ty | a) 🔳 | Direc | ct stenting | | | | |
| | | | | Ster | | → | b) [| | dilatation don | е | | | |
| | | | | | - | | c) 🔲 | | t type: 'Drug- | - |) ' | | |
| | | | | d) Stent type: 'Bare-metal' | | | | | | | | | |
| Did patient ι admission? | undergo | CABG on this | | Yes No. | ; | → | a. Dat | e of C | ABG: | d i | m m y y | | |

No

| c. Identification Card Number : | | | | | | |
|---------------------------------|------------------------------|-----------------|--|-----------------|----------------|------------------|
| SECTION 10 : PHARMACO | LOGICAL TH | ERAPY | (used / g | iven during adr | nission) | |
| Group | Given pre | admission | Given duri | ng admission | Given af | ter discharge |
| 1. ASA | ○ Yes | ○ No | Yes | ○ No | ○ Yes | ○ No |
| 2. ADP antagonist | | No | Yes | No | Yes | ⊚ No |
| . GP receptor inhibitor | ○ Yes | No No | Yes | No | | |
| . Unfrac Heparin | ○ Yes | ⊚ No | Yes | ○ No | | |
| . LMWH | ○ Yes | ○ No | Yes | ○ No | | |
| . Beta blocker | ○ Yes | ⊚ No | Yes | No | Yes | ○ No |
| ACE Inhibitor | ○ Yes | ⊚ No | Yes | ○ No | Yes | ⊚ No |
| Angiotensin II receptor blocker | ○ Yes | ⊚ No | Yes | No | Yes | ⊚ No |
| . Statin | ○ Yes | ⊚ No | Yes | No | Yes | ⊚ No |
| 0. Other lipid lowering agent | ○ Yes | ⊚ No | Yes | ○ No | Yes | ⊚ No |
| 1. Diuretics | ○ Yes | ⊚ No | Yes | No | Yes | ○ No |
| 2. Calcium antagonist | ○ Yes | ○ No | Yes | ○ No | Yes | ○ No |
| 3. Oral Hypoglycaemic agent | ○ Yes | ○ No | Yes | ○ No | Yes | ○ No |
| I. Insulin | ○ Yes | ○ No | Yes | ○ No | Yes | ○ No |
| Anti-arrhythmic agent | ○ Yes | ○ No | Yes | ○ No | Yes | ○ No |
| ECTION 11 : IN-HOSPITA | I CLINICAL (| NITCOME | 2 | | | |
| Number of overnight stays | a. CCU | JO I COIVIL | <u>, </u> | | | dava |
| , | b. ICU / CICU: | | | | | days |
| Outcome: | Discharge | nd. | | | | days |
| | a. Date | | | | (dd/mm/yy) | |
| | | al number of ov | vernight stays | | (dd/IIIII/yy) | Auto Calculated |
| | | | | | | , tato calculato |
| | a. Date | ed to another o | entre | | 7 | |
| | | ne of Centre : | | | (dd/mm/yy) | |
| | | | | | | |
| | Died a. Date | | | | 7 | |
| | b. Caus | | Cardiovascular | | (dd/mm/yy) | |
| | Deat | ·h . | lon Cardiovascular | ular | | |
| | | | Other, specify: | | | == |
| Final diagnosis at discharge: | Q wave M | l | | | | |
| | non-Q wav | ve MI | | | | |
| | Unstable a | angina | | | | |
| | Stable and | - | | | | |
| | ○ Non-cardia | ac | | | | |
| . Bleeding Complication | | | | | | |
| (TIMI Criteria): | Minor | | | | | |
| | ○ None | | | | | |
| | | | | | | |

b. Local RN No (if applicable):

a. Patient Name :

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 \bigcirc Not stated / Inadequately described

NATIONAL CARDIOVASCULAR DISEASE DATABASE **FOLLOW UP FORM AT 30 DAYS**

| For NC | VD 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 | ar | re provided, check | (V) |) one or more boxes. | Where radio button | are | e provided, | check (| √) | one b | ox on | ly |
|-------------------|----|--------------------|-----|----------------------|--------------------|-----|-------------|---------|----|-------|-------|----|
| | | | | | | | | | | | | |

| A. Name of reporting | centre: | | | | | | | | | | | | | |
|--|-------------------------------|----------------|---------------|-----------|---------|--------------|-----------|--------|-------------------|-----------|----------|-----------|--------|--------------|
| B. Patient Name : | Hj/Hjh/Dato'/[| Dr. | | | | | | | | | | | | |
| C. Identification | MyKad / MyK | Kid: | | - | | - | | | | Old IC |): | | | |
| Card Number : | Other ID docu | ument No: | | | Spe | ecify ty | /pe (eg.p | assp | ort, ar | med fo | orce ID |): | | |
| D. Date of Follow up | Notification | : | | | (dd/mm/ | /yy) | | | | | | <u> </u> | | |
| | | | S | ECTIO | N 1: O | UTC | OME | | | | | | | |
| 1. Outcome: | | 1. Alive | | | | | | | | | | | | |
| | | 2. Died | | → | a. Date | e of d | eath: | | | | | | | (dd/mm/yy) |
| | | | | | b. Cau | ıse | () C | ardio | vascu | ılar | | Noi | n Card | iovascular |
| | | | | | of D | eath: | | ther,s | | | | | | |
| | | 3. Transferre | ed to | _ | a. Date | e of la | st follow | v-up: | | | | | | (dd/mm/yy) |
| | | another co | | | | | Centre : | | | | | | | (dd//////yy) |
| | | | | | | | | | _ | | | | | |
| | 4 | 4. Lost to Fo | llow up: | | a. Date | e of la | st follow | v-up: | | | | | | (dd/mm/yy) |
| 2. Cardiovascular readr | nission: | 1. ACS | | → | a. Date | e: | | | | | (dd/m | m/yy) | | |
| | | | | | b. ACS | S Stra | tum: | | ST | ЕМІ | | ISTEM | II 🔘 | UA |
| | | 2. Heart failu | ıre | → | a. Date | e : | | | | | (dd/m | m/yy) | | |
| | | 3. Revascula | | → | a. Date | a · | | | | | | m (1 m s) | | |
| | | o. revascan | 21120tio11 | | | | Revascul | lariza | tion ' | | (dd/m | пиуу) | | |
| | | | | PCI | — S | | Urger | | | (Ele | ective | | | |
| | | | | CAB | g → ˈ | | Urger | | | Ele | | | | |
| | | | | | | | Orger | | 1 | | COLIVE | | | |
| | 4. Stroke a. Date: (dd/mm/yy) | | | | | | | | | | | | | |
| | SE(| CTION 2: C | CLINICAL | HISTO | RY AN | ID E | (AMINA | TIOI | 10) <i>V</i> | OIT | NAL) | | | |
| , | CS classification | on) | ○ No | | |) Clas | | | Class | | | Class | | Class IV |
| 2. Functional capacity: | (NYHA class | sification) | ○ No | 1 B' (!! | | | | NYHA | III | ○ NYHA IV | | | | |
| | a. Systolic: | | | | | mmH | 9 | | | | | | | mmHg |
| - | a. Weight: | • | | | | kg | b. Wa | aist c | ircun | nferen | ice: | | | cm |
| | c. Hip circumf | | | | | cm | | | | | | | | |
| 1 Linid profile. | | <u>SI</u> | ECTION 3: | | STIGA | <u> TION</u> | | | <u>(L)</u> | | | | | |
| 1. Lipid profile: | | | vai | ues | | | Ur | | | | | | | |
| a. Total cholesterol: b. HDL-C: | | | | | | | mm | | | | | | | |
| c. LDL-C: | | | | | | | mm | | | | | | | |
| d. Triglycerides: | | | | | | | mm | | | | | | | |
| 2. Left Ventricular Eject | ion Fraction: | | | | | | mm | | | | | | | |
| | | | CECTION | 4. BAEI | | ONC | | | ` | | | | | |
| Group | <u> </u> | | SECTION Given | 4: IVIEI | JICATI | UNS | (OPTIC | | <u>-≀</u> roup | | | | | Given |
| 1. ASA | | ① Y | | (N | 0 | 9. S | tatin | | Сир | | | | Yes | ○ No |
| 2. ADP antagonist | | ① Y | | (N | | | Other lip | oid lo | werir | ng age | nt | | Yes | ◎ No |
| 3. GP receptor inhibitor | | ① Y | | ○ N | | | Diuretics | | | 3 - 3 - | | |) Yes | ○ No |
| 4. Warfarin | | ○ Y | | (N | | | Calcium | | gonis | st | | _ |) Yes | <u> </u> |
| 5. LMWH | | ○ Y | | ◎ N | | | Oral Hyp | | | | ent | |) Yes | ○ No |
| Beta blocker Yes | | | | ◎ N | | | Insulin | | | | | _ |) Yes | ○ No |
| 7. ACE Inhibitor | | ① Y | | (N | | 15. | Anti-arrh | nythn | nic ag | gent | | | Yes | ⊚ No |
| 8. Angiotensin II receptor blocker Yes | | | | (N | | | | | | | | | | |
| | | ECTION 5: | | | |) CO | UNSFL | LING | (OF | TION | IAL) | | | |
| 1. Was patient referred | | | | Yes | A FILL | | J.1966 | | <u> </u> | | <u> </u> | | | |
| 2 Has natient stonned: | | | | Voc | | | | | | | | | | |

NATIONAL CARDIOVASCULAR DISEASE DATABASE FOLLOW UP FORM AT 1 YEAR

| For NC' | /D Use only: |
|---------|--------------|
| ID: | 1 |
| | |
| 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 \blacksquare are provided, check (\lor) one or more boxes. Where radio button \bigcirc are provided, check (\lor) one box only.

| A. Name of reporting | centre: | | | | | | | | | | | | | | | | |
|---|--------------|-----------|----------|---------|--|---------------------|---------------------------------------|-----------|----------------|-------------|---------|----------|----------|----------|----------|-------------|-------|
| B. Patient Name : | Hj/Hjh/Dat | o'/Dr. | | | | | | | | | | | | | | | |
| C. Identification | MyKad / N | /lyKid: | | | | - | | - | | | | Old IC | D: | | | | |
| Card Number : | Other ID d | locumen | t No: | | | | | Specify | type | (eg.pas | sport, | armed f | orce I | ID): | | | |
| D. Date of Follow up | Notification | on: | | | | | (dd/ | mm/yy) | | | | | | | | | |
| 2. 24.0 0. 1 0.10 11 up | | 4 | | | e i | ECTIC | | | MO | _ | | | | | | | |
| 1. Outcome: | | 1. Ali | 10 | | <u> </u> | ECTIC | <u> </u> | : OUTC | OIVI | <u> </u> | | | | | | | |
| | | 2. Die | | | | - | a 1 | Date of | death | 1' | | | | | | (dd/mm/yy) | |
| | | 2. Die | u | | | | | Cause | | | diovas | aular. | | (N | lon Con | diovascular | |
| | | | | | | | - | of Death | | _ | er,spe | | | <u> </u> | ion Can | Jiovasculai | |
| | | | nsferr | | | → | a. I | Date of I | ast f | ollow-u | up: | | | | | (dd/mm/yy) | |
| | | and | other o | entre | • | b. Name of Centre : | | | | | | | | | | | |
| | | 4. Los | st to F | ollow | up: 🔳 | → | a. Date of last follow-up: (dd/mm/yy) | | | | | | | | | | |
| 2. Cardiovascular readr | nission: | 1. AC | S | | | - | a. Date: (dd/mm/yy) | | | | | | | | | | |
| | | | | | | | b. / | ACS Str | atum | 1: | | STEMI | | NSTE | MI (|) UA | |
| | | 2. He | art fail | ure | | → | a. I | Date : | | | | | (dd/ | /mm/yy) |) | | |
| | | 3. Re | vascul | larizat | ion 🔳 | - | a. I | Date : | | | | | (dd/ | /mm/yy) |) | | |
| | | | | | | | b. | Type of | Reva | ascular | izatio | n: | | | | | |
| | | | | | | | | 1. PCI | - | → [(|) Urg | gent | | (I | Elective | ! | |
| | | | | | | 2. CABG Urgent | | | | | | (I | Elective | | | | |
| 4. Stroke | | | | | | → | a. l | Date : | | | | | (dd/ | /mm/yy) |) | | |
| SECTION 2: CLINIC | | | | | | | HIS | TORY | AND | EXAI | MINA | TION | | | | | |
| 1. Angina Status: (C | CS classific | ation) | | | ⊚ No | ne | | Cla | ss I | | O Cla | ass II | (| Clas | s III | Clas | s IV |
| 2. Functional capacity: | (NYHA cl | assificat | ion) | | No | ne | | NYI | IAI | | ● NY | 'HA II | (| NYH | IA III | | IA IV |
| 3. BP | a. Systolic: | | | | | | | mml | l g | b. Dias | tolic: | | | | | m | mHg |
| 4. Anthropometric: | a. Weight: | | | | | | | kg | | b. Wais | st circ | umferer | nce: | | | cr | n |
| | c. Hip circu | ımferen | ce: | | | | cm | | | | | | | | | | |
| | | | | | SECT | ION 3 | : IN | VESTIC | ATI | <u>ONS</u> | | | | | | | |
| 1. Lipid profile: | | | | | Val | ues | | | | Unit | | | | | | | |
| a. Total cholesterol: | | | | | | | | | | mmol/ | /L | | | | | | |
| b. HDL-C: | | | | | | | | | | mmol/ | /L | | | | | | |
| c. LDL-C: | | | | | | | | | | mmol/ | /L | | | | | | |
| d. Triglycerides: | | | | | | | | | | mmol/ | /L | | | | | | |
| 2. Left Ventricular Eject | ion Fractio | n: | | | | | | | | % | | | | | | | |
| | | | | | | CTION | 4: I | MEDICA | ATIO | <u>NS</u> | | | | | | | |
| Group |) | | | | Given | | | | | | Grou | ıp | | | | Given | |
| 1. ASA | | | ○ \ | ⁄es_ | | | lo | | Stati | | | | | | Yes | |) No |
| 2. ADP antagonist | | | ○ \ | ⁄es_ | | | | | | | lowe | ring age | ent | | Yes | |) No |
| 3. GP receptor inhibitor | • | | ○ \ | ⁄es_ | | | lo | | | retics | | | | | Yes | |) No |
| 4. Warfarin | | | ○ \ | ⁄es_ | | | lo | | | cium a | | | | | Yes | |) No |
| 5. LMWH | | | | ⁄es | | ⊚ N | | | | | glyca | emic ag | ent | | Yes | | No |
| 6. Beta blocker | | | | ⁄es | | | | | . Inst | | | | | | Yes | | No |
| 7. ACE Inhibitor | | | | ⁄es | | | | 15 | . Ant | i-arrhy | thmic | agent | | | Yes | | No |
| 8. Angiotensin II receptor blocker Yes | | | | | No No | | | | | | | | | | | | |
| | | | | | | | ITA | TION A | ND | COUN | | | | | | | |
| Was patient referred to cardiac rehabilitation? | | | 0, | | | | | | ` |) No | | | | | | | |
| 2. Has patient stopped smoking? | | | ○, | Yes No | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

NATIONAL CARDIOVASCULAR DISEASE DATABASE (ACS REGISTRY) For NCVD Use only: **NOTIFICATION FORM** Centre: Instruction: Complete this form to notify all ACS admissions at your centre to NCVD ACS Registry. Where check boxes ID: \blacksquare are provided, please check ($\sqrt{}$) one or more boxes. Where radio buttons \bigcirc are provided, check ($\sqrt{}$) only one option. A. Reporting Centre: B. Date of Admission (dd/mm/yy): **SECTION 1: DEMOGRAPHICS** 1. Patient Name: 2. Hospital RN: (as per MvKad / Other ID) 3. Identification Card MyKad: Old IC No.: Number: Other ID Document No.: Specify type: (eq. Passport, armed force ID) 4. Gender: Male Female 5. Nationality: Malaysian Non Malaysian 6a. Date of birth: (dd/mm/yy) 6b. Age on admission: (write DOB as 01/01/yy if age is known) (auto calculate) 7. Ethnic Group: Malay Punjabi Melanau Bidayuh Foreigner, specify Chinese Orang Asli Murut O Iban country of origin: Indian Kadazan Dusun Baiau Other Malaysian, specify: 8. Contact Number: (2): **SECTION 2: STATUS BEFORE EVENT** 1. Smoking status: Never Former (quit >30 days) Ourrent (any tobacco use within last 30 days) Not Available 2. Status of Aspirin use: Never Used less than 7 days previously Used more than or equal to 7 days previously 3. Medical history: Yes a) Dyslipidaemia No Not known g) Chronic Angina (≥2 weeks) Yes No Not known b) Hypertension Yes No Not known h) New onset angina (<2 weeks) Yes No Not known c) Diabetes No ●No Yes Not known i) History of heart failure Yes Not known Chronic lung disease Yes No Not known OHA Insulin Non pharmacology therapy/diet therapy d) Family history of premature Yes ●No No Not known k) Chronic renal disease Yes Not known cardiovascular disease [>200 µmol(micromol) serum creatinine] (1st degree relative with either MI or stroke; <55 y/o if Male & <65 y/o if Female) e) Myocardial Infarction History Yes No Not known I) Cerebrovascular disease Yes No Not known f) Documented CAD Yes No Not known m) Peripheral vascular disease Yes No Not known (presence of >50% stenosis on CTA, angiogram or ischaemia on functional Cardiac Imaging such as nuclear, MRI, echo). Positive treadmill test or high Calcium score alone n) None of the above are not sufficient.) **SECTION 3: ONSET** 1a. Date of onset of ACS 1b. Time of onset of ACS (hh:mm) Not Available (dd/mm/vv) symptoms: symptoms: (24 hr format) 2a. Date patient presented: 2b. Time patient presented: (hh:mm) Not Available (dd/mm/yy) (24 hr format) 3. Was patient transferred from another centre? Yes No SECTION 4: CLINICAL PRESENTATION & EXAMINATION 1. Number of distinct episodes of angina in past 24h: Not Available 2. Heart rate at presentation: beats / min 3. Blood pressure at presentation: a. Systolic: mmHg b. Diastolic: mmHg 4. Anthropometric: a. Height: ■ Not Available (cm) вмі: (auto calculate) (if not measured, please tick as 'Not Available') b. Weight: (cm) Not Available c. Waist Circumference: Not Available (cm) WHR: (auto calculate) d. Hip Circumference: Not Available (cm) 5. Killip classification: Killip I (no clinical signs of heart failure) Killip II (rales or crackles in the lungs, an S₃, and elevated jugular venous pressure)

(cardiogenic shock or hypotension [measured as systolic blood pressure <90 mmHg], and evidence of peripheral

(i) Killip III

Killip IV

Not Applicable/ Not Available

(frank acute pulmonary oedema)

vasoconstriction [oliguria, cyanosis or sweating])

| a. Patient Name: | | | | b. Repo | | | | | | |
|--|--|--|---|--|--|---|---|--|---|--|
| c. Identification C | ard No.: | | | | d. Hosp | oital RN: | | | | |
| SECTION 5: BA | SELINE INVESTIG | GATION (values | obtained v | within 48 h | nours fro | om admission) | | | | |
| | | | Absolute | Value | | Unit | Reference U | pper Limit | 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: | O+ve O | -ve OR | | | ng/mL or mcg/L | | | Not done | |
| | b. T n l: | ○ +ve ○ | | | | ng/mL or mcg/L | | | Not done | |
| 4. Lipid Profile | a. Total Choleste | | | | | mmol/L | | | Not done | |
| (Fasting): | b. HDL-C: | | | | | mmol/L | | | Not done | |
| | c. LDL-C: | | | | | mmol/L | | | Not done | |
| | d. Triglyceride: | | | | | mmol/L | | | Not done | |
| 5. Fasting blood of | | | | | | mmol/L | | | Not done | |
| 6. HbA1c | | | | | | mmol/L | | | Not done | |
| | Ejection Fraction: | | | | | % | | | Not done | |
| | PARILY (FCC) | | | | 70 | | | G Not done | | |
| | ECTROCARDIOG | · , | | | (0.4.) | 0.10 | | | (DDD) | |
| 1. ECG abnormali (Check one or mor | | | ment eleva | | ` | /) in ≥ 2 contiguous/) in ≥ 2 contiguous | | ■ Bundle ■ Non-sp | branch block (BBB) pecific | |
| | | ment depre | ession ≥ 0. | 5mm (0.0 | 05mV) in ≥ 2 contigu | uous leads | None | | | |
| | | T-wave | inversion | ≥ 1mm (0. | 1mV) | | | Not sta describ | ted/ inadequately ped | |
| 2. ECG abnormali (Check one or mor | | ☐ Inferior | leads: II, II | II, aVF | | | Right ventricle | e: ST elevation | on in lead V4R | |
| (00 | | | nterior leads: V1 to V4 Interior leads: I, aVL, V5 to V6 Interior leads: I, aVL, V5 to V6 Interior leads: I, aVL, V5 to V6 | | | | | | | |
| | | _ | | | 6 | | Not stated/ ina | adequately d | lescribed | |
| | | ☐ True po | sterior: V1 | I, V2 | | | | | | |
| CECTION 7. OL | NICAL DIACNOC | SIS AT ADMISSION | ON | | | | | | | |
| SECTION 7: CL | INICAL DIAGNOS | NO AT ADMINOUN | | | | | | | | |
| | Syndrome stratum | | | | 0 |) NSTEMI | 0 | Unstable A | ngina (UA) | |
| 1. Acute Coronary | | | | auto calculat | Ĭ |) NSTEMI 2b.TIMI Risk Score | | Unstable A | ngina (UA) (auto calculate) | |
| Acute Coronary Acute Coronary Acute Coronary Acute Coronary | / Syndrome stratum | n: STEMI | (έ | | e) 2 | | | Unstable A | | |
| Acute Coronary Acute Coronary Acute Coronary Acute Coronary | y Syndrome stratum re for NSTEMI/ UA: RINOLYTIC THEI | STEMI | (έ | n is applic | e) 2 | 2b.TIMI Risk Score | for STEMI: | | | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB | y Syndrome stratum re for NSTEMI/ UA: RINOLYTIC THEI | RAPY (Followi | ing Sectionat this cent | n is applic | eable for | STEMI only) ase proceed to number | for STEMI: | | | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB | y Syndrome stratum re for NSTEMI/ UA: RINOLYTIC THEI | RAPY (Followi | ing Section at this cent | n is applicate re | e) 2 eable for Pleaser to trans | STEMI only) ase proceed to number | for STEMI: | | | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB | y Syndrome stratum re for NSTEMI/ UA: RINOLYTIC THEI | RAPY (Following Given a | ing Section at this cent at another of | n is applicate re | eable for Plea r to trans tly to prin | STEMI only) ase proceed to number fer here | for STEMI: | | | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB | y Syndrome stratum re for NSTEMI/ UA: RINOLYTIC THEI | RAPY (Following Given a Not given | ing Section at this cent at another of | re — centre prior eded directed thrombol | eable for Plea r to trans tly to prin | STEMI only) ase proceed to number fer here | for STEMI: | | | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB | y Syndrome stratum re for NSTEMI/ UA: RINOLYTIC THEI | RAPY (Following Given a | ing Section at this cent at another of en—proce en—misse en—patien | re — centre prior eded direct d thrombol | eable for Plea r to trans tly to prin | STEMI only) ase proceed to number fer here | for STEMI: | | | |
| Acute Coronary Acute Coronary Acute Coronary Section 8: FIB Fibrinolytic the | v Syndrome stratum re for NSTEMI/ UA: RINOLYTIC THEI rapy status: | RAPY (Following Given a Given a Not given | ing Section at this cent at another of en—proce en—misse en—patien en—contra | re — centre prior eded direct d thrombol | rable for (Plear to trans tly to print ysis | STEMI only) ase proceed to number fer here nary angioplasty | for STEMI: | | | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB 1. Fibrinolytic the Fill in (2) and (3) only if you | y Syndrome stratum re for NSTEMI/ UA: RINOLYTIC THEI rapy status: | RAPY (Following Given a Given a Not given | ing Section at this cent at another of en—proce en—misse en—patien en—contra | re — centre prior eded direct d thrombol | rable for (Plear to trans tly to print ysis | STEMI only) ase proceed to number fer here | for STEMI: er 2 and 3 below | | | |
| 1. Acute Coronary 2a. TIMI Risk Scot SECTION 8: FIB 1. Fibrinolytic the Fill in (2) and (3) only if you check 'Given at this pro (1) | re for NSTEMI/ UA: RINOLYTIC THEI rapy status: Fibrinolytic drug to the control of the control | Given a Given a Given a Not giv Not giv Not giv Not giv Strepto a. Date: (dd/mm/yy, | ing Section at this cent at another of en—proce en—misse en—patien en—contra | re — centre prior eded direct d thrombol at refusal aindicated / | rable for (Plear to trans tly to print ysis | 2b.TIMI Risk Score STEMI only) ase proceed to number for here many angioplasty Others (t-PA, r-PA) b. Ti | for STEMI: er 2 and 3 below | | | |
| 1. Acute Coronary 2a. TIMI Risk Scot SECTION 8: FIB 1. Fibrinolytic the Fill in (2) and (3) only if you check 'Given at this pro (1) | r Syndrome stratum re for NSTEMI/ UA: RINOLYTIC THEI rapy status: Fibrinolytic drug to | Given a Given a Given a Not giv Not giv Not giv Not giv Strepto a. Date: (dd/mm/yy, | ing Section at this cent at another of en—proce en—misse en—patien en—contra | re — centre prior eded direct ed thrombol nt refusal aindicated | rable for Please (Please It to trans It to print It | 2b.TIMI Risk Score STEMI only) ase proceed to number for here many angioplasty Others (t-PA, r-PA) b. Ti | for STEMI: er 2 and 3 below A, TNK t-PA) me: 24 hr format) | ·) | (auto calculate) | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB 1. Fibrinolytic the Fill in (2) and (3) only if you check 'Given at this centre' in no. (1) above | re for NSTEMI/ UA: RINOLYTIC THEI rapy status: Fibrinolytic drug to the control of the control | RAPY (Following STEMI) Given a Given a Not given a Not given a Not given a Strepton a. Date: (dd/mm/yy) ne: | ing Section at this cent at another of en—proce en—misse en—patien en—contra kinase (mir | re — centre prior eded direct ed thrombol nt refusal aindicated | rable for Please (Please It to trans It to print It | 2b.TIMI Risk Score STEMI only) ase proceed to number for here many angioplasty Others (t-PA, r-PA) b. Ti (in) | for STEMI: er 2 and 3 below A, TNK t-PA) me: 24 hr format) | ·) | (auto calculate) | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB 1. Fibrinolytic the Fill in (2) and (3) only if you check 'Given at this centre' in no. (1) above SECTION 9: INV | re for NSTEMI/ UA: RINOLYTIC THEI rapy status: Fibrinolytic drug to a lintravenous fibrinolytic therap Door to Needle tine ASIVE THERAPE | RAPY (Following STEMI) Given a Given a Given a Not given a Strepto a. Date: (dd/mm/yy, ne: | ing Section at this cent at another of en—proce en—misse en—patien en—contra kinase (mir | re — centre prior eded direct ed thrombol nt refusal aindicated | rable for Please (Please It to trans It to print It | STEMI only) ase proceed to number fer here mary angioplasty O Others (t-PA, r-PA b. Ti (in ated—(time patient pre | for STEMI: er 2 and 3 below A, TNK t-PA) me: 24 hr format) sented to time of | ·) | (auto calculate) (hh:mm) erapy given) | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB 1. Fibrinolytic the Till in (2) and (3) only if you check 'Given at this centre' in no. (1) above SECTION 9: INV 1. Did patient und this admission 2. Did patient und | re for NSTEMI/ UA: RINOLYTIC THEI rapy status: Fibrinolytic drug using the content of the conte | RAPY (Following Given as Onto | ing Section at this cent at another of en—proce en—misse en—contra kinase (mir | re — centre prior eded direct ed thrombol nt refusal aindicated | e) **able for ** (Pleaser to transer to tr | STEMI only) ase proceed to number fer here many angioplasty Others (t-PA, r-PA b. Ti (in ated—(time patient pre | for STEMI: er 2 and 3 below A, TNK t-PA) me: 24 hr format) sented to time of | fibrinolytic the | (auto calculate) (hh:mm) erapy given) | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB 1. Fibrinolytic the Till in (2) and (3) only if you check 'Given at this centre' in no. (1) above SECTION 9: INV 1. Did patient und this admission 2. Did patient und | re for NSTEMI/ UA: RINOLYTIC THEI rapy status: Fibrinolytic drug to be a second of the second of th | RAPY (Following Given as Onto | ing Section at this cent at another of en—proce en—misse en—patien en—contra kinase (mir | re — centre prior eded direct d thrombol at refusal aindicated / | e) **able for ** (Pleaser to transer to tr | STEMI only) ase proceed to number fer here many angioplasty Others (t-PA, r-PA b. Ti (in ated—(time patient pre | for STEMI: er 2 and 3 below A, TNK t-PA) me: 24 hr format) sented to time of No-transfe | : if fibrinolytic the erred to another eable | (auto calculate) (hh:mm) erapy given) | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB 1. Fibrinolytic the Till in (2) and (3) only if you check 'Given at this centre' in no. (1) above SECTION 9: INV 1. Did patient und this admission 2. Did patient und | re for NSTEMI/ UA: RINOLYTIC THEI rapy status: Fibrinolytic drug using the content of the conte | RAPY (Following Given as Onto | ing Section at this cent at another of en—proce en—misse en—patien en—contra kinase (mir URES Yes | re — centre prior eded direct d thrombol at refusal aindicated / | e) **able for ** (Pleaser to transer to tr | STEMI only) ase proceed to number fer here many angioplasty Others (t-PA, r-PA b. Ti (in ated—(time patient pre | for STEMI: er 2 and 3 below A, TNK t-PA) me: 24 hr format) sented to time of No-transfe Not applic Primary PCI | fibrinolytic the | (auto calculate) (hh:mm) erapy given) | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB 1. Fibrinolytic the Till in (2) and (3) only if you check 'Given at this centre' in no. (1) above SECTION 9: INV 1. Did patient und this admission 2. Did patient und | re for NSTEMI/ UA: RINOLYTIC THEI rapy status: Fibrinolytic drug using the content of the conte | RAPY (Following Given as Onto | ing Section at this cent at another of en—proce en—misse en—contra kinase (mir Yes Yes a. Fo | re — centre prior eded direct ed thrombol aindicated / | e) **Pable for * | 2b.TIMI Risk Score STEMI only) ase proceed to number fer here many angioplasty Others (t-PA, r-PA b. Ti (in ated—(time patient pre | for STEMI: er 2 and 3 below A, TNK t-PA) me: 24 hr format) sented to time of No-transfe Not applic Primary PCI | fibrinolytic the | (auto calculate) (hh:mm) crapy given) ther centre | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB 1. Fibrinolytic the Till in (2) and (3) only if you check 'Given at this centre' in no. (1) above SECTION 9: INV 1. Did patient und this admission 2. Did patient und | re for NSTEMI/ UA: RINOLYTIC THEI rapy status: Fibrinolytic drug using the content of the conte | RAPY (Following Given as Onto | ing Section at this cent at another of en—proce en—misse en—contra kinase (mir Yes Yes a. Fo | re — centre prior eded direct d thrombol at refusal aindicated / | e) **Pable for * | 2b.TIMI Risk Score STEMI only) ase proceed to number fer here mary angioplasty Others (t-PA, r-PA b. Ti (in ated—(time patient pre | for STEMI: er 2 and 3 below A, TNK t-PA) me: 24 hr format) sented to time of No-transfe Not applic Primary PCI utine hospital p | erred to anot cable D Rescue Peractice? | (auto calculate) (hh:mm) erapy given) cher centre CI Facilitated PCI Yes No | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB 1. Fibrinolytic the Fill in (2) and (3) only if you check 'Given at this centre' in no. (1) above SECTION 9: INV 1. Did patient und this admission 2. Did patient und intervention (Policy in the patient of the patient | re for NSTEMI/ UA: RINOLYTIC THEI rapy status: Fibrinolytic drug to a library status fibrinolytic therapy. Door to Needle time a library cardiac catherat your centre? ergo Percutaneous coll on this admission | RAPY (Following Given a Given a Not given a Not given a Not given a Not given a Strepto a Date: (dd/mm/yy) ne: EUTIC PROCEDITE ROCEDITE Terization on a Coronary on? | ing Section at this cent at another of en—proce en—misse en—contra kinase (mir Yes Yes a. Fo | re — centre prior eded direct ed thrombol aindicated / | e) **Pable for * | 2b.TIMI Risk Score STEMI only) ase proceed to number fer here mary angioplasty Others (t-PA, r-PA b. Ti (in ated—(time patient pre | for STEMI: er 2 and 3 below A, TNK t-PA) me: 24 hr format) sented to time of No-transfe Not applic Primary PCI utine hospital p | erred to anot cable D Rescue Peractice? | (auto calculate) (hh:mm) crapy given) ther centre | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB 1. Fibrinolytic the Fill in (2) and (3) only if you check 'Given at this centre' in no. (1) above SECTION 9: INV 1. Did patient und this admission 2. Did patient und intervention (Policy in the patient of the patient | re for NSTEMI/ UA: RINOLYTIC THEI rapy status: Fibrinolytic drug using the content of the conte | RAPY (Following Given a Given a Not given a Not given a Not given a Not given a Strepto a Date: (dd/mm/yy) ne: EUTIC PROCEDITE ROCEDITE Terization on a Coronary on? | ing Section at this cent at another of en—proce en—misse en—contra kinase (mir Yes Yes a. Fo | re — centre prior eded direct d thrombol aindicated refusal aindicated refusal arrefusal | e) **Pable for * | 2b.TIMI Risk Score STEMI only) ase proceed to number fer here mary angioplasty Others (t-PA, r-PA b. Ti (in ated—(time patient pre | for STEMI: er 2 and 3 below A, TNK t-PA) me: 24 hr format) sented to time of No-transfe Not applic Primary PCI utine hospital p | erred to anot cable Rescue Peractice? | (auto calculate) (hh:mm) erapy given) cher centre CI Facilitated PCI Yes No | |
| 1. Acute Coronary 2a. TIMI Risk Scor SECTION 8: FIB 1. Fibrinolytic the Fill in (2) and (3) only if you check 'Given at this centre' in no. (1) above SECTION 9: INV 1. Did patient und this admission 2. Did patient und intervention (Polyton Polyton Poly | re for NSTEMI/ UA: RINOLYTIC THEI rapy status: Fibrinolytic drug to a library status fibrinolytic therapy. Door to Needle time a library cardiac catherat your centre? ergo Percutaneous coll on this admission | RAPY (Following Given a Given a Not given a Date: (dd/mm/yy, ne: EUTIC PROCEDITE (dd/mm/yy, ne: EUTIC PROCE | ing Section at this cent at another of en—proce en—misse en—contra kinase | re — centre prior eded direct d thrombol at refusal aindicated r STEMI r STEMI | e) **Pable for | STEMI only) ase proceed to number for here many angioplasty Others (t-PA, r-PA in the patient presented in the patient | for STEMI: er 2 and 3 below A, TNK t-PA) me: 24 hr format) sented to time of No-transfe Not applic Primary PCI (utine hospital p utine hospital p b. Time: (in 24 hr for | erred to anot cable D Rescue Peractice? Peractice? | (auto calculate) (hh:mm) erapy given) cher centre CI | |

| a. Patient Name: | | | b. Reportii | ng Centre: | | | | | |
|---------------------------------------|---------------------|---------------------|---------------------------|------------|-----------------|--|--|--|--|
| c. Identification Card No.: | | d. Hospital RN: | | | | | | | |
| SECTION 10: PHARMACOLOGICAL T | HERAPY | | | | | | | | |
| Group | Giver | during admis | sion | Give | en at discharge | | | | |
| 1. ASA | | 0 | No | Yes | ○ No | | | | |
| 2. Ticlopidine | | 0 | No | Yes | ○ No | | | | |
| 3. Clopidogrel | O Yes | 0 | No | Yes | ⊚ No | | | | |
| 4. Prasugrel | | 0 | No | Yes | ⊚ No | | | | |
| 5. Ticagrelor | O Yes | 0 | No | Yes | ⊚ No | | | | |
| 6. Other antiplatelet | O Yes | 0 | No | Yes | ⊚ No | | | | |
| 7. GP receptor inhibitor | O Yes | 0 | No | | | | | | |
| 8. Unfrac heparin | O Yes | 0 | No | | | | | | |
| 9. LMWH | O Yes | 0 | No | | | | | | |
| 10. Fondaparinux | O Yes | 0 | No | Yes | ○ No | | | | |
| 11. Oral anticoagulant (eg. Warfarin) | | 0 | No | Yes | ⊚ No | | | | |
| 12. Beta blocker | O Yes | 0 | No | Yes | ○ No | | | | |
| 13. ACE inhibitor | O Yes | 0 | No | Yes | ○ No | | | | |
| 14. Angiotensin II receptor blocker | O Yes | 0 | No | Yes | ○ No | | | | |
| 15. Statin | O Yes | 0 | No | Yes | ○ No | | | | |
| 16. Other lipid lowering agent | O Yes | 0 | No | Yes | ○ No | | | | |
| 17. Diuretics | O Yes | 0 | No | Yes | ○ No | | | | |
| 18. Calcium antagonist | O Yes | 0 | No | Yes | ○ No | | | | |
| 19. Oral hypoglycaemic agent | O Yes | 0 | No | Yes | ○ No | | | | |
| 20. Insulin | O Yes | 0 | No | Yes | ○ No | | | | |
| 21. Anti-arrhythmic agent | | 0 | No | Yes | ○ No | | | | |
| SECTION 11 : IN HOSPITAL OUTCOM | E | | | | | | | | |
| 1. Number of overnight stays: | a. CCU (days): | | | | | | | | |
| | b. ICU/CICU (days): | | | | | | | | |
| 2. Outcome: | Discharged — | | a) Date: (dd/mm/yy) | / | / | | | | |
| | Transferred to ar | nother centre | a) Date: (dd/mm/yy) | / / | / | | | | |
| | | | b) Name of centre: | | | | | | |
| | O Died - | - | a) Date: (dd/mm/yy) | | / | | | | |
| | | | b) Cause of death: | ○ Cardiac | Non Cardiac | | | | |
| 3. Total number of overnight stays: | | (auto calculate) | | | | | | | |
| 4. Final diagnosis at discharge: | STEMI | | | | | | | | |
| | | | | | | | | | |
| | ○ UA | | | | | | | | |
| | Non Cardiac / N | on ACS | | | | | | | |
| 5. Bleeding Complication: | Major (Any int | tracranial bleed or | other bleeding ≥ 5g/dL H | Hb drop) | | | | | |
| (TIMI citeria) | Minor (Non-Ci | NS bleeding with | 3-5g/dL Hb drop) | | | | | | |
| | Minimal (Non-Cl | NS bleeding, non- | overt bleeding, < 3g/dL F | Hb drop) | | | | | |
| | None | | | | | | | | |
| | Not stated / Inac | dequately descri | bed | | | | | | |

NATIONAL CARDIOVASCULAR DISEASE DATABASE (ACS REGISTRY) FOLLOW UP FORM

| For NCVD use only: | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|
| Centre: | | | | | | | | | |
| ID | | | | | | | | | |

Instruction: This form is to be completed at patient follow-up at specified duration (30 days / 12 months) after admission. Following may be performed by telephone interview or clinic visit.

Where check boxes \blacksquare are provided, please check ($\sqrt{}$) one or more boxes. Where radio buttons \circledcirc are provided, check ($\sqrt{}$) only one option.

| | 1 | | | | | | | | | | Ť | | | | | | | • | | |
|--|----------------------------------|-------------------|----------|--------------|---|-------------|------------------------------|-----------|-----------------|--|---------------------------|----------|-------|------------|----------------|--------------------|------------|---------------|-------|--|
| A. Reporting Centre: | | | | | | | | | | | | | | | | | | | | |
| B. Patient Name: | | | | | | | | | | | | | | | 1 | | | | | |
| C. Identification Card | MyKa | ad: | | | | | | | | | IC: | | | | | | | | | |
| Number: | Other ID document No.: | | | | | | | | | | | pe: | , | , | (2) | | | | | |
| D. Doto of Follow Un. | | | <u> </u> | П | <u> </u> | | | | | | Passp | | | | |) 30 da | |) 12 month | ha | |
| D. <u>Date of Follow Up:</u> | | | | | (dd/mi | m/yy) | | | | E. <u>T</u> | ype o | I FOI | iow | <u>op.</u> | |) 30 ua | iys C | 7 12 11101111 | 115 | |
| SECTION 1: OUTCOME | I _ | | | | | T | | | | | | | | | | | | | | |
| 1. <u>Outcome</u> | | | | | | | | | | | | | | | | | | | | |
| | ○ Died | | | | | | a. Date o | | | | | (dd/m | m/yy) | | | | | | | |
| | | | | | | | b. Cause | of death | Cardia | c (|) No | n Ca | rdiac | | | | | | | |
| | Transferred to another centre | | | | | | a. Date: | | | (dd/mm | | | | | | | | | | |
| | | | | | | | b. Name | of centre | : | | | | | | | | | | | |
| | ⊚ L | ost to | Follo | w Up | | - | a. Date : | | | | Ī | | | (dd/m | m/vv) | | | | | |
| 2. Cardiovascular | ACS | | | | | → | a. Date: | | | | | <u>—</u> | _ | | | | | | | |
| Readmission: | | | | | | | b. ACS S | tratum | | <u>l I </u> | MI NSTEMI | | | | | UA | | | | |
| | | | - " | | | | | ilatuiii. | | T | _ | 1 1 | | | | UA | | | | |
| | Heart Failure Revascularization | | | | | | a. Date : | | | | | | | (dd/m | m/yy) | | | | | |
| | | | | | | | a. Type: | PCI | Da [*] | te: mm/yy) | | | | | |] → ◎ | Urgent | Elec | ctive | |
| | | | | | | | | CAB | a Da | te: | | | Ī | Ī | Ī | 1 → ⊚ | Urgent | | tive | |
| | Stroke | | | | | | | | (aa/ | mm/yy) | | | | | | | | | | |
| | <u> </u> | • a. Date : (dd/m | | | | | | | | m/yy) | n/yy) | | | | | | | | | |
| SECTION 2: CLINICAL HIS | STOR | Y AN | ID EX | (AMI | NATION | (OF | PTIONAL | | | | | | | | | | | | | |
| 1. Angina status: (CCS classification) | | | | | | | | | | | | | | | CCS III CCS IV | | | | | |
| 2. Functional capacity: (NYHA | ity: (NYHA classification) | | | | | 0 | None NYHA | | | | ○ NYHA II ○ I | | | | | NYHA III 🔘 NYHA IV | | | | |
| 3. Blood Pressure: | a. Systolic: | | | | | | | | Dias | | | | | mmHg | | | | | | |
| 4. Anthropometric: | a. Weight: | | | | | | | kg | | b. | Wais | t circ | umi | feren | ce: | | | cm | | |
| c. Hip circumference: | | | | | | | cm | | | | | | | | | | | | | |
| SECTION 3: INVESTIGATION | | | | | | | | | | | | | | | | | | | | |
| 1. Lipid Profile: a. Total c | | | | Cholesterol: | | | | m | mol/L | b. | HDL- | C: | | | | mmol/L | | | | |
| | | | | | | | | | mmol/L | | d. Triglycerides: | | | | | mmol/L | | | | |
| 2. Left Ventricular Ejection Fraction: | | | | | | | % 3. HbA1c | | | | | | | | mmol/L | | | | | |
| SECTION 4: MEDICATION | (OPT | ION | AL) | | | | | | | | | | | | | | | | | |
| Group | · | | | | | Giver | n | | | • | Group | | | | | | Giv | en | | |
| 1. ASA | | | | Yes | | | ⊚ No | | | Blocke | locker | | | | | 0 | Yes | ○ N | | |
| 2. Ticlopidine | | | | | | | ⊚ No | 13 | ACE | inhibit | hibitor | | | | | <u> </u> | Yes | ○ N | 10 | |
| 3. Clopidogrel | | | | | Yes | i | ○ No | 14 | Angio | otensir | ensin II receptor blocker | | | | | 0 | Yes | ○ N | 10 | |
| 4. Prasugrel | | | | Yes | | | ⊚ No | 15 | Statir | 1 | | | | | | 0 | Yes | ○ N | 10 | |
| - | | | | Yes | | ○ No 16. Ot | | | lipid | ower | ering agent | | | | 0 | | ○ N | | | |
| 6. Other antiplatelet | | | | | | | | | Diure | tics | s | | | | | 0 | | ○ N | 10 | |
| | | | | | | | | | Calci | um ani | m antagonists | | | | | 0 | Yes | | 10 | |
| 7. GP receptor inhibitor | | | | | Yes | | | 18 | Calci | | 90. | | | | | | | | | |
| 8. Heparin | | | | | Yes | | ⊚ No | 19 | Oral I | Hypog | | mic / | Ageı | nt | | 0 | Yes | ○ N | | |
| 8. Heparin 9. LMWH | | | | | YesYes | i | ○ No ○ No | 19 20 | Oral I | Hypog | lycae | | | nt | | 0 | Yes Yes | ⊚ N | lo | |
| 8. Heparin 9. LMWH 10. Fondaparinux | | | | | YesYesYes | i | ○ No ○ No ○ No | 19 20 | Oral I | Hypog | lycae | | | nt | | 0 | Yes | | lo | |
| 8. Heparin 9. LMWH | (eg. W | 'arfar | in) | | YesYes | i | ○ No ○ No | 19 20 | Oral I | Hypog | lycae | | | nt | | 0 | Yes Yes | ⊚ N | lo | |
| 8. Heparin 9. LMWH 10. Fondaparinux | | | | JNSE | YesYesYesYesYes | | ○ No ○ No ○ No ○ No | 19 20 | Oral I | Hypog | lycae | | | nt | | 0 | Yes Yes | ⊚ N | lo | |

No

Not Applicable

Yes

2. Has patient stopped smoking?