## Rysunek1

# C20 AMI patients prescribed aspirin at discharge

*Prospective data collecting sheet.*

*Please fill in the form for all patients who were treated with AMI (principal diagnosis ICD-10 I21, I22) at the time of discharge. The following data are necessary in order to include the patient into the indicator count.*

1. **Patient name** (not transmitted into the national database):…………………………………………………..
2. **Case ID:**.......................................................................................................................................
3. **Hospital registration number**:…………………………………………………………………………………………………
4. **Date of birth (YYYY-MM-DD)**:…………………………………………………………………………………………………
5. **Principal diagnosis code (ICD-10):..**………………………………………………………………………………………..
6. **Type of unit**:
   1. acute
   2. rehabilitation
7. **Is patient allergic to aspirin?**
8. no 1. yes
9. **Is there a known contraindication or intolerance of aspirin?**
10. no 1. yes
11. **Type of discharge:**
    1. transfer to another inpatient hospital
    2. discharge to home, social home
    3. patient left hospital against medical advice
    4. in hospital death
    5. other, e.g.:………………………………………………………………………………………………………………...
12. **Is there a known objection/refusal to take aspirin-containing medication?**
13. no 1. yes
14. **Was patient prescribed at discharge to take aspirin?**

0. no 1. yes

**10. Was patient prescribed to take other (non-aspirin-containing) platelet aggregation inhibitor therapy?**

0. no 1. yes

**11. Date of discharge (YYYY-MM-DD):**…………………………………………………………………………………………………