

Baseline

Record ID

Baseline filling in by

Baseline filled on

Enrollment

Year of birth

Age

Gender ☐ Male ☐ Female

Informed consent obtained ☐ Yes ☐ No

Enrollment date Date rage should be updated to March-April 2024

Error! No future date

Date of admission to Cardiology/CCU department

Error! No future date

Ward ☐ Cardiology ☐ CCU

1. Demographics, History and Risk Factors

Origin ☐ Israeli jew ☐ Israeli Arab  
☐ Other israeli ☐ Tourist  
☐ Other ☐ Unknown

Education level ☐ Elementary ☐ High school  
☐ Higher education ☐ Unknown

Marital status ☐ Single ☐ Married / Attached  
☐ Divorced ☐ Widow  
☐ Unknown

Kupat holim ☐ Clalit ☐ Maccabi ☐ Meuhedet  
☐ Leumit ☐ IDF ☐ Other

Other health care

Height (cm)

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Weight (kg)

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BMI

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**Prior Cardiovascular History**

	Yes	No	NA
ACS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CABG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiomyopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cardiomyopathy type

☐ Ischemic ☐ Non-ischemic

	Yes	No	NA
CHF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic renal failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PAD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke/TIA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prosthetic valve

☐ Biological ☐ Mechanical  
☐ No ☐ NA

	Yes	No	NA
TAVR/TAVI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atrial fibrillation/flutter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Atrial fibrillation/flutter type

☐ CAF ☐ PAF

Cardiovascular implantable electronic device - CIED

☐ Yes ☐ No ☐ NA

CIED type

☐ Pacemaker ☐ ICD  
☐ CRT-D

	Yes	No	NA
Any malignancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active malignancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thyroid disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thyroid disease type

☐ Hypo ☐ Hyper

~~COVID 19 vaccine status~~

- ☐ ~~Not vaccinated~~  
☐ ~~Vaccinated with 1 dose~~  
☐ ~~Vaccinated with 2 doses~~  
☐ ~~Vaccinated with 3 doses~~  
☐ ~~Unknown~~

Other life limiting disease

☐ Yes   ☐ No   ☐ NA
**Risk Factors for CAD**

Smoking

☐ Never   ☐ Past   ☐ Current

Family history of CAD

☐ Yes   ☐ No   ☐ NA

Dyslipidemia

☐ Yes   ☐ No   ☐ NA

Hypertension

☐ Yes   ☐ No   ☐ NA

Diabetes

☐ Yes   ☐ No   ☐ NA

Diabetes newly diagnosed

☐ Yes

Diabetes type

☐ I   ☐ II

Menopause (if applicable)

☐ Yes   ☐ No   ☐ NA  
 (women younger than 55)

Illicit drug use

☐ Yes   ☐ No   ☐ NA

History of pregnancy complications (e.g diabetes, hypertension, pre/eclampsia)

- ☐ No  
☐ Diabetes  
☐ Hypertension  
☐ Pre/eclampsia  
☐ NA  
 (Women younger than 60)

**2. Onset, 1st Medical Contact Information & Pre-Hospital Information**

Symptom onset date

\_\_\_\_\_

Error! No future date

Error! Onset after enrollment!

Symptom onset time

\_\_\_\_\_

Presenting Symptoms

- ☐ Typical angina  
☐ Dyspnea  
☐ Atypical chest pain  
☐ Syncope  
☐ Palpitations  
☐ Abdominal pain  
☐ Aborted SCD

Aborted SCD type

- ☐ CPR only   ☐ DC shock

First medical contact

- ☐ Home visit   ☐ HMO Out Pts. clinic /  
 "Moked"   ☐ ED   ☐ Regular ambulance  
 Mobile ICU   ☐ In-patient  
☐ Other hospital

First medical contact date

\_\_\_\_\_

Error! No future date

Error! Onset after medical contact!

First medical contact time

\_\_\_\_\_

Mode of transportation

Mobile ICU

- ☐ Mobile ICU   ☐ Regular ambulance  
☐ Private car / independently  
☐ Not relevant (e.g. in-patient)

Reason ambulance not used

- ☐ Ambulance not available  
☐ Patient's decision   ☐ Advice from medical  
 staff   ☐ Other

### Treatments Before Hospitalization - Mobile Intensive Care Unit (NATAN/ATAN)

Check all drugs given from beginning of symptoms till admission to hospital not including chronic drugs

- ☐ Aspirin  
☐ Clopidogrel  
☐ Prasugrel  
☐ Ticagrelor  
☐ Heparin  
☐ LMWH  
☐ Narcotics - Morphine  
☐ Narcotics - Fentanyl

### Procedures before hospitalization

ECG

- ☐ Yes   ☐ No   ☐ NA

ECG time

\_\_\_\_\_

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Check all procedures before admission to hospital

- ☐ Oxygen mask
- ☐ Oxygen nasal cannula
- ☐ Non-invasive ventilation (CPAP, BIPAP)
- ☐ CPR (chest compressions)
- ☐ DC shock - AED
- ☐ DC shock - manual
- ☐ External pacing
- ☐ Intubation/Ventilation

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First arrival to

- ☐ ED
- ☐ Directly to CCU
- ☐ Directly to cath lab
- ☐ Directly to cardiology ward
- ☐ Directly to internal medicine ward
- ☐ Other

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First arrival details

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First arrival date and time

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Error! No future date

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Error! Onset or medical contact after 1st arrival!

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ED Treatment Check all drugs administered at ED

- ☐ Aspirin
- ☐ Clopidogrel
- ☐ Prasugrel
- ☐ Ticagrelor
- ☐ Heparin
- ☐ LMWH

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ED Procedures Check all procedures performed at ED

- ☐ ECG
- ☐ CPR (chest compression)
- ☐ DC shock - AED
- ☐ External pacing
- ☐ Intubation / Ventilation

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First hospitalized in

- ☐ CCU    ☐ Cardiology ward
- ☐ Chest pain unit    ☐ Internal medicine ward
- ☐ Other

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First hospitalized date and time

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ARR\_1WRD

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Error! No future date

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Error! 1st arrival! after 1st hospitalization

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Date transferred to CCU / Cardiology

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1WRD_CCU	<div></div>
days to CCU	<div></div>
Error! No future date	
Error! 1st hospitalization after transfer	

3. Vital Signs on First Medical Contact

Killip class	<div><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4</div>
Heart Rate (bpm)	<div></div>
Systolic blood pressure (mmHg)	<div></div>
Diastolic blood pressure (mmHg)	<div></div>
SpO2 on room air (%)	<div></div>
SpO2 with supplementary oxygen (%)	<div></div>
1st ECG recorded time	<div></div>
ARR-ECG	<div></div>
ECG_1WRD	<div></div>
Error! No future date	
Error! 1st ECG after onset	
Performed at	<div><div><input type="radio"/> Home</div><div><input type="radio"/> Ambulance</div><div><input type="radio"/> ED</div><div><input type="radio"/> Hospital ward</div><div><input type="radio"/> Primary clinic / "Moked"</div></div>

Rhythm

- ☐ NSR  
☐ AF  
☐ S. tachycardia  
☐ S. bradycardia  
☐ VT/VF  
☐ Asystole  
☐ 2-3 degree AV block  
☐ Pacemaker  
☐ Other

Other rhythm

ECG pattern

- ☐ Normal  
☐ No new ST-T changes  
☐ ST elevation  
☐ New onset of LBBB  
☐ ST depression  
☐ T inversion  
☐ Undetermined ECG findings (LBBB, Pacing, Severe LVH)  
☐ New onset of RBBB

High risk NSTEMI

- ☐ Yes ☐ No

#### 4. Primary Reperfusion Therapy in STE-ACS

Primary reperfusion (Thrombolysis or P. PCI)

- ☐ Yes ☐ No ☐ NA

Primary reperfusion time

ARR-REP

ECG\_REP

Error! No future date

Error! Primary reperfusion after arrival

Type of reperfusion

- ☐ Angiography ☐ Thrombolysis

Angiography followed by

- ☐ Primary PCI ☐ Urgent CABG  
☐ No intervention

Reasons for not performing primary reperfusion (thrombolysis or primary angio) for ST Elevation or New LBBB

- ☐ Spontaneous reperfusion  
☐ Late arrival at hospital  
☐ Died before decision  
☐ Contraindication to thrombolysis  
☐ PPCI considered not indicated / justified  
☐ Patient refusal  
☐ Takotsubo syndrome  
☐ Normal coronaries

Reason why PPCI considered not indicated\justified	<input type="radio"/> Renal faliure <input type="radio"/> Bleeding risk <input type="radio"/> Known coronary anatomy <input type="radio"/> Other
Bleeding risk assessed by calculator	<input type="radio"/> Yes <input type="radio"/> No
Clinical judgement	<input type="radio"/> Yes <input type="radio"/> No
Calculator type	<input type="radio"/> ARC-HBR <input type="radio"/> PRECISE-DAPT <input type="radio"/> CRUSADE <input type="radio"/> TIMI <input type="radio"/> HASBLED

### Thrombolytic Therapy (TLx)

TLx agent	<input type="radio"/> Streptokinase <input type="radio"/> Alteplase (tPA)
TLx judged to be clinically successful	<input type="radio"/> Yes <input type="radio"/> No

### Primary PCI / Angiography

Vascular access	<input type="radio"/> Radial <input type="radio"/> Femoral <input type="radio"/> Both
Infarct related artery	<input type="radio"/> LMCA <input type="radio"/> LAD <input type="radio"/> LCx <input type="radio"/> RCA <input type="radio"/> SVG <input type="radio"/> Ramus <input type="radio"/> NA <input type="radio"/> Other graft
LM stenosis > 50% or FFR < 0.8 or iFR < 0.9	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
LM stenosis / protection	<input type="radio"/> Unprotected <input type="radio"/> Protected by CABG
Number of diseased vessels (according to primary angiography)	<input type="radio"/> None <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> NA
Most relevant	<input type="radio"/> LMCA <input type="radio"/> LAD <input type="radio"/> Cx <input type="radio"/> RCA <input type="radio"/> SVG
TIMI grade flow -before revascularization (first injection)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
PCI for additional non infarct related artery lesion(s)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
IIb/IIIa antagonist	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA



### Oral anti-platelet therapy

Aspirin	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Aspirin timing	<input type="radio"/> Before <input type="radio"/> During / after PPCI <input type="radio"/> Unknown
Clopidogrel	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Clopidogrel timing	<input type="radio"/> Before <input type="radio"/> During / after PPCI <input type="radio"/> Unknown
Prasugrel	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Prasugrel timing	<input type="radio"/> Before <input type="radio"/> During / after PPCI <input type="radio"/> Unknown
Ticagrelor	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Ticagrelor timing	<input type="radio"/> Before <input type="radio"/> During / after PPCI <input type="radio"/> Unknown

### Anticoagulants

Heparin	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Bivalirudin (Angiomax)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Stent	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Aspiration device	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Mechanical circulatory support use	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Mechanical circulatory support type	<input type="radio"/> IABP <input type="radio"/> IMPELLA <input type="radio"/> ECMO
Mechanical circulatory support timing	<input type="radio"/> Before <input type="radio"/> During / after PPCI

	Yes	No	NA
Inotropes / Vasopressors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ECMO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other hemodynamic support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other hemodynamic support details

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Angiographic Complications

- ☐ No complications
- ☐ Coronary perforation
- ☐ Occlusion of significant side branch
- ☐ Distal embolization
- ☐ Coronary dissection
- ☐ Vascular complication - other
- ☐ Tamponade
- ☐ Other

Final TIMI grade flow ☐ 0 ☐ 1 ☐ 2 ☐ 3

### 5. Additional Cardiac Interventions and Procedures in CCU/Cardiology

Coronary angiography (excluding primary PCI) ☐ Yes ☐ No ☐ NA

Angiography type ☐ During index hospitalization  
☐ Staged PCI

Vascular access ☐ Radial ☐ Femoral ☐ Both

Angiography date and time

[Thrombolysis is missing!](#)

ARR-HANGIO

Error! No future date

Error! Angiography after hospitalization

Coronary angiography followed by PCI ☐ Yes ☐ No ☐ NA

PCI date

Coronary angiography followed by CABG ☐ Yes ☐ No ☐ NA

CABG date

PCI performed to

- ☐ LM
- ☐ LAD
- ☐ RAMUS
- ☐ LCX
- ☐ RCA
- ☐ SVG
- ☐ RIMA
- ☐ LIMA
- ☐ Arterial graft
- ☐ Unknown

IIb/IIIa antagonist ☐ Yes ☐ No ☐ NA

[Bleeding assessment menu missing! \(calculators, etc\)](#)

### Oral anti-platelet therapy

Aspirin ☐ Yes ☐ No ☐ NA

Aspirin timing ☐ Before ☐ During / after PPCI  
☐ Unknown

Clopidogrel ☐ Yes ☐ No ☐ NA

Clopidogrel timing	<input type="radio"/> Before <input type="radio"/> During / after PPCI <input type="radio"/> Unknown
Prasugrel	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Prasugrel timing	<input type="radio"/> Before <input type="radio"/> During / after PPCI <input type="radio"/> Unknown
Ticagrelor	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Ticagrelor timing	<input type="radio"/> Before <input type="radio"/> During / after PPCI <input type="radio"/> Unknown
Heparin	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Bivalirudin (Angiomax)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Stent	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Aspiration device	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Mechanical circulatory support use	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Mechanical circulatory support type	<input type="radio"/> IABP <input type="radio"/> IMPELLA <input type="radio"/> ECMO
Mechanical circulatory support timing	<input type="radio"/> Before <input type="radio"/> During / after PCI
Angiographic Complications	<input type="checkbox"/> No complications <input type="checkbox"/> Coronary perforation <input type="checkbox"/> Occlusion of significant side branch <input type="checkbox"/> Distal embolization <input type="checkbox"/> Coronary dissection <input type="checkbox"/> Vascular complication (excluded bleeding) <input type="checkbox"/> Tamponade <input type="checkbox"/> Other

### Other Procedures

	Yes	No	NA
DC shock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPR (chest compression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mechanical ventilation	<input type="radio"/> Invasive <input type="radio"/> Non invasive <input type="radio"/> No <input type="radio"/> NA		
Mechanical circulatory support	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA		
Mechanical circulatory support type	<input type="radio"/> IABP <input type="radio"/> IMPELLA <input type="radio"/> ECMO		

	Yes	No	NA
Temporary pacemaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeted temperature management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal replacement therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress test / SPECT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac CT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ICD/CRT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent pacemaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Targeted Temperature Management

Target temperature (oC)

Options: 32-34, 36, 37.5, other

\_\_\_\_\_

TTM initiated

☐ Before PCI   ☐ During / after PCI

TTM methods

☐ Femoral vein catheter  
☐ Cold intravenous fluid  
☐ External cooling pads / blankets / wraps  
☐ Antipyretic medications

### EF

Echocardiography done

☐ Yes   ☐ No

EF date time

\_\_\_\_\_

ARR-EF

\_\_\_\_\_

Error! No future date

Error! 1st hospitalization after EF

EF value (%)

\_\_\_\_\_

EF category

☐ Normal (55-65%)   ☐ Preserved (50-54%)  
☐ Mild (40-49%)   ☐ Moderate (30-39%)  
☐ Severe (< 30%)

EF information is missing!

## 6. In Hospital Complications

### \* Specify worst Killip class

	Yes	No	NA
CHF mild-moderate *(Killip 2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary edema *(Killip 3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiogenic shock *(Killip 4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hemodynamically significant RV <sup>↓</sup> <span style="color: blue;">RV infarction</span>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-MI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post MI angina/re-ischemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stent thrombosis (definite/probable/possible)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apical thrombus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TIA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Stroke type

☐ Hemorrhagic   ☐ Ischemic

### \* Specify worst Killip Class!

	Yes	No	NA
Free wall rupture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tamponade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New MR moderate - severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pericarditis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sustained VT (> 125 bpm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary VF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary VF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New atrial fibrillation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High degree (2nd-3rd) AVB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asystole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute kidney injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sepsis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Most serious bleeding (choose one of the BARC definitions)

☐ 0   ☐ 1   ☐ 2   ☐ 3a  
☐ 3b   ☐ 3c   ☐ 4   ☐ 5a  
☐ 5b

Bleeding site

☐ Access site  
☐ Intra-cerebral hemorrhage  
☐ GI  
☐ Other

	Yes	No	NA
Minor bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any transfusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood transfusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Units

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## 7. Laboratory Tests

Troponin type ☐ I ☐ T

High sensitive Troponin ☐ Yes ☐ No ☐ NA

Unit: ng/L or pg/mL

Unit: ng/mL

First troponin value

---

First troponin value

---

First troponin elevated ☐ Yes ☐ No ☐ NA

Peak troponin value

---

Peak troponin value

---

Peak troponin elevated ☐ Yes ☐ No ☐ NA

First troponin higher than peak troponin!

troponin change percent

---

Peak CK (IU/L)

---

CK elevated ☐ Yes ☐ No ☐ NA

Lipids unit: mg/dL or mg%

Lipids unit: mmol/L

Cholesterol - total

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Cholesterol - total

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---

Cholesterol - LDL

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Cholesterol - LDL

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Cholesterol - HDL

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Cholesterol - HDL

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Triglycerides

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Triglycerides

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---

First glucose (mg/dL)

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First glucose (mmol/L)

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Hemoglobin unit: g/dL or g%

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Earliest HB

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Lowest HB

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Lowest hemoglobin higher than earliest hemoglobin!

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Discharge HB

---

---

Max CRP (mg/dL)

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Creatinine unit: mg/dL

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Creatinine unit: mmol/L

---

Earliest creatinine

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---

Earliest creatinine

---

---

Max creatinine

---

---

Max creatinine

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---

Earliest creatinine higher than max creatinine!

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Discharge creatinine

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\_\_\_\_\_

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Discharge creatinine

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\_\_\_\_\_

---

creatinine change percent

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\_\_\_\_\_

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Minimum GFR

---

\_\_\_\_\_

---

Discharge GFR

---

\_\_\_\_\_

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WBC unit: 10e3/ $\mu$ L

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Earliest WBC

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\_\_\_\_\_

---

Max WBC

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\_\_\_\_\_

---

Earliest WBC higher than max WBC!

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Platelets unit: 10e3/ $\mu$ L

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First platelets

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\_\_\_\_\_

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Last platelets

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\_\_\_\_\_

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HbA1C (%)

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\_\_\_\_\_

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Albumin unit: g/dL

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Albumin unit: g/L

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Minimum albumin

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\_\_\_\_\_

---

Minimum albumin

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\_\_\_\_\_

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Discharge albumin

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\_\_\_\_\_

---

Discharge albumin

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\_\_\_\_\_

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Urine albumin/creatinine ratio (ACR)

Lp(a)

Units are missing

## 8. Treatment

### Anti-platelets

	Chronic use before admission	Initiated during hospitalization	Discharged with
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clopidogrel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prasugrel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticagrelor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discharged with more than 1 P2Y12 inhibitor! Please check only one of them.

More than 1 P2Y12 inhibitor at hospitalization! Please verify.

P2Y12 inhibitor at discharge different from anti-platelet in hospital! Please verify!

### NOAC's

Apixaban (Eliquis)	<input type="checkbox"/> Chronic use before admission <input type="checkbox"/> Initiated during hospitalization <input type="checkbox"/> Discharged with
Chronic Apixaban (Eliquis) dose	<input type="radio"/> 5 mg BID <input type="radio"/> 2.5 mg BID
In hospital Apixaban (Eliquis) dose	<input type="radio"/> 5 mg BID <input type="radio"/> 2.5 mg BID
Discharge Apixaban (Eliquis) dose	<input type="radio"/> 5 mg BID <input type="radio"/> 2.5 mg BID
Dabigatran (Pradaxa)	<input type="checkbox"/> Chronic use before admission <input type="checkbox"/> Initiated during hospitalization <input type="checkbox"/> Discharged with
Chronic Dabigatran (Pradaxa) dose	<input type="radio"/> 150 mg BID <input type="radio"/> 110 mg BID
In hospital Dabigatran (Pradaxa) dose	<input type="radio"/> 150 mg BID <input type="radio"/> 110 mg BID
Discharge Dabigatran (Pradaxa) dose	<input type="radio"/> 150 mg BID <input type="radio"/> 110 mg BID
Rivaroxaban (Xarelto)	<input type="checkbox"/> Chronic use before admission <input type="checkbox"/> Initiated during hospitalization <input type="checkbox"/> Discharged with
Chronic Rivaroxaban (Xarelto) dose	<input type="radio"/> 20 mg <input type="radio"/> 15 mg <input type="radio"/> 2.5 mg

In hospital Rivaroxaban (Xarelto) dose	<input type="radio"/> 20 mg <input type="radio"/> 15 mg <input type="radio"/> 2.5 mg
Discharge Rivaroxaban (Xarelto) dose	<input type="radio"/> 20 mg <input type="radio"/> 15 mg <input type="radio"/> 2.5 mg
Edoxaban (Lixiana)	<input type="checkbox"/> Chronic use before admission <input type="checkbox"/> Initiated during hospitalization <input type="checkbox"/> Discharged with
Chronic Edoxaban (Lixiana) dose	<input type="radio"/> 60 mg <input type="radio"/> 30 mg
In hospital Edoxaban (Lixiana) dose	<input type="radio"/> 60 mg <input type="radio"/> 30 mg
Discharge Edoxaban (Lixiana) dose	<input type="radio"/> 60 mg <input type="radio"/> 30 mg
Chronic use of more than 1 NOAC! Please check only one of them.	
Discharged with more than 1 NOAC! Please check only one of them.	

### Other anti-coagulants

	Chronic use before admission	Initiated during hospitalization	Discharged with
Warfarin (Coumadin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enoxaparin (Clexane, Crusia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Triple therapy recommended at discharge ☐ Yes   ☐ No

Duration (days)

	Chronic use before admission	Initiated during hospitalization	Discharged with
ACE-I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARB's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARNI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discharged with ARNI and ARB's or ACE-I! Please check only one of them.

	Chronic use before admission	Initiated during hospitalization	Discharged with
Aldactone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beta blockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digoxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amiodarone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other anti-arrhythmic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nitrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diuretics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPI's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2 blockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>NSAIDS</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colchine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>Steroids</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>PDE 5 Inh (Viagra, Cialis, Levitra)</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dapagliflozine (Forxiga) for non diabetic <span style="color: blue;">Dapagliflozin</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empagliflozine (Jardiance) for non diabetic <span style="color: blue;">Empagliflozin</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal replacement therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV inotropic/vasopressor ~~RX~~ treatment during hospitalization

- ☐ ADRENALINE  
☐ DOBUTAMINE  
☐ DOPAMINE  
☐ LEVOSIMENDAN  
☐ MILRINONE  
☐ NORADRENALINE  
☐ VASOPRESSIN

	Chronic use before admission	Initiated during hospitalization	Discharged with
Insulin SC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glibenclamide (Gluben)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glipizide (Gluco-Rite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glimepiride (Amaryl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metformin (Glucophage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitagliptine (Januvia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saxagliptine (Onglyza)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vidagliptine (Galvus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linagliptine (Trajenta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exenatide (Byetta, Bydureon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liraglutide (Victoza)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dulaglutide (Trulicity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semaglutide (Ozempic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dapagliflozine (Forxiga)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empagliflozine (Jardiance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acarbose (Prandase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meglitinides (Repaglinide, Novonorm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TZDs (Pioglitazone - actos, Rosiglitazone - Avandia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dapagliflozin + Metformin (Xigduo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empagliflozin + Metformin (Jardiance Duo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ertugliflozin (Steglatro)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ertugliflozin + Metformin (Segluromet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liraglutide + Insulin Degludec (Xultophy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lixisenatide (Lyxumia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lixisenatide + Insulin Glargine (Suliqua)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semaglutide 2.4 mg (Wegovy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liraglutide 3 mg (Saxenda)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semglutide (oral)(Rybelsus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Lipids lowering

	Chronic use before admission	Initiated during hospitalization	Discharged with
Atorvastatin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rosuvastatin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simvastatin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pravastatin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chronic Statin dose ☐ 10 mg ☐ 20 mg ☐ 40 mg  
☐ 80 mg

In hospital atorvastatin dose ☐ 10 mg ☐ 20 mg ☐ 40 mg  
☐ 80 mg

In hospital rosuvastatin dose ☐ 10 mg ☐ 20 mg ☐ 40 mg  
☐ 80 mg

In hospital simvastatin dose ☐ 10 mg ☐ 20 mg ☐ 40 mg  
☐ 80 mg

In hospital pravastatin dose ☐ 10 mg ☐ 20 mg ☐ 40 mg  
☐ 80 mg

Discharge Statin dose ☐ 10 mg ☐ 20 mg ☐ 40 mg  
☐ 80 mg

Chronic use of more than 1 statin! Please check only one of them.

Discharged with more than 1 statin! Please check only one of them.

	Chronic use before admission	Initiated during hospitalization	Discharged with
Ezetimibe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Omacor (Omega 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Icosapent ethyl (Vascepa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PCSK9 Inhibitors

	Chronic use before admission	Initiated during hospitalization	Discharged with
Inclisiran (Leqvio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alirocumab (Praluent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evolocumab (Repatha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 9. Discharge from CCU/Cardiology Department

Status at discharge ☐ Alive ☐ Deceased

### Discharge details

Discharge date

\_\_\_\_\_

Error! No future date

Error! 1st hospitalization after discharge

Anti-platelet in hospital but not at discharge! Please verify!

Discharged to ☐ Home ☐ Internal medicine  
☐ Cardiothoracic surgery  
☐ Other ward ☐ Recovery hotel  
 (Convalescence facility)  
☐ Nursing home ☐ Other hospital

Referral to rehabilitation program ☐ Yes ☐ No

Patient referred to smoking cessation program ☐ No ☐ Course ☐ Medication

### Death details

Death date

\_\_\_\_\_

Error! No future date

Error! 1st hospitalization after death

Cause of death ☐ Non-cardiac ☐ Cardiac

Death was ☐ Non-sudden ☐ Sudden

Discharge diagnosis

☐ STE MI   ☐ NSTEMI   ☐ UAP  
☐ MINOCA - VASOSPASTIC,  
☐ Thromboembolic   ☐ Microvascular  
☐ Endothelial   ☐ Dysfunction  
☐ Takotsubo syndrome  
☐ Myocarditis   ☐ Pericarditis  
☐ PE   ☐ Other

ECG findings

☐ Anterior  
☐ Inferior  
☐ Lateral  
☐ Posterior  
☐ Right ventricle  
☐ Undetermined

Q-Waves

☐ Yes   ☐ No

Type of AMI

☐ 1   ☐ 2   ☐ 3   ☐ 4a  
☐ 4b   ☐ 5  
(according to 4th Universal Definition of Myocardial Infarction)

### CRF completion

Comments

\_\_\_\_\_

CRF completed by

\_\_\_\_\_

Signature date

\_\_\_\_\_

Error! No future date

Error! signature after 1st hospitalization or death

Errors of missing required fields

\_\_\_\_\_

Baseline validation field

\_\_\_\_\_