Appendix F :Case Report Form

NATIONAL CARDIOVASCULAR DISEASE DATABASE (ACS REGISTRY) NOTIFICATION FORM

For NCVD Use only:
Centre:
ID:

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

A. Reporting Centre: _____ **B. Date of Admission (dd/mm/yy):**

SECTION 1: DEMOGRAPHICS

1. Patient Name: *(as per MyKad / Other ID)*		**2. Hospital RN:**	
3. Identification Card Number:	**MyKad:**	**Old IC No.:**	
	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)*	*(write DOB as 01/01/yy if age is known)*	**6b. Age on admission:**	*(auto calculate)*
7. Ethnic Group:	◎ Malay ◎ Punjabi ◎ Melanau ◎ Bidayuh ◎ Foreigner, specify country of origin: ◎ Chinese ◎ Orang Asli ◎ Murut ◎ Iban ◎ Indian ◎ Kadazan Dusun ◎ Bajau ◎ Other Malaysian, specify:		
8. Contact Number:	*(1):*	*(2):*	

SECTION 2 : STATUS BEFORE EVENT

1. Smoking status:	◎ Never	◎ Former (quit >30 days)	◎ Current (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:

a) Dyslipidaemia	◎ Yes	◎ 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	◎ Yes	◎ No	◎ Not known	i) History of heart failure	◎ Yes	◎ No	◎ Not known
☐ OHA ☐ Insulin ☐ Non pharmacology therapy/diet therapy				j) Chronic lung disease	◎ Yes	◎ No	◎ Not known
d) Family history of premature cardiovascular disease *(1st degree relative with either MI or stroke; <55 y/o if Male & <65 y/o if Female)*	◎ Yes	◎ No	◎ Not known	k) Chronic renal disease *[>200 µmol(micromol) serum creatinine]*	◎ Yes	◎ No	◎ Not known
e) Myocardial Infarction History	◎ Yes	◎ No	◎ Not known	l) 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 are not sufficient.)				n) None of the above ☐			

SECTION 3 : ONSET

1a. Date of onset of ACS symptoms:	*(dd/mm/yy)*	**1b. Time of onset of ACS symptoms:** *(24 hr format)*	(hh:mm) ☐ Not Available
2a. Date patient presented:	*(dd/mm/yy)*	**2b. Time patient presented:** *(24 hr format)*	(hh:mm) ☐ Not Available
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: *(if not measured, please tick as 'Not Available')*	**a. Height:**		(cm) ☐ Not Available	**BMI:**		*(auto calculate)*
	b. Weight:		(cm) ☐ Not Available			
	c. Waist Circumference:		(cm) ☐ Not Available	**WHR:**		*(auto calculate)*
	d. Hip Circumference:		(cm) ☐ Not Available			

5. Killip classification:

- ◎ Killip I *(no clinical signs of heart failure)*
- ◎ Killip II *(rales or crackles in the lungs, an S_3, and elevated jugular venous pressure)*
- ◎ Killip III *(frank acute pulmonary oedema)*
- ◎ Killip IV *(cardiogenic shock or hypotension [measured as systolic blood pressure <90 mmHg], and evidence of peripheral vasoconstriction [oliguria, cyanosis or sweating])*
- ◎ Not Applicable/ Not Available

a. Patient Name:		b. Reporting Centre:	
c. Identification Card No.:		d. Hospital RN:	

SECTION 5: BASELINE INVESTIGATION *(values obtained within 48 hours from admission)*

		Absolute Value	Unit	Reference Upper 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:	◎ +ve ◎ -ve OR	ng/mL or mcg/L		◎ Not done
	b. T n I:	◎ +ve ◎ -ve OR	ng/mL or mcg/L		◎ Not done
4. Lipid Profile (Fasting):	a. Total Cholesterol:		mmol/L		◎ Not done
	b. HDL-C:		mmol/L		◎ Not done
	c. LDL-C:		mmol/L		◎ Not done
	d. Triglyceride:		mmol/L		◎ Not done
5. Fasting blood glucose:			mmol/L		◎ Not done
6. HbA1c			mmol/L		◎ Not done
7. Left Ventricular Ejection Fraction:			%		◎ Not done

SECTION 6: ELECTROCARDIOGRAPHY (ECG)

1. ECG abnormalities type: *(Check one or more boxes)*

- ☐ ST-segment elevation ≥ 1mm (0.1mV) in ≥ 2 contiguous limb leads
- ☐ ST-segment elevation ≥ 2mm (0.2mV) in ≥ 2 contiguous frontal leads or chest leads
- ☐ ST-segment depression ≥ 0.5mm (0.05mV) in ≥ 2 contiguous leads
- ☐ T-wave inversion ≥ 1mm (0.1mV)
- ☐ Bundle branch block (BBB)
- ☐ Non-specific
- ☐ None
- ☐ Not stated/ inadequately described

2. ECG abnormalities location: *(Check one or more boxes)*

- ☐ Inferior leads: II, III, aVF
- ☐ Anterior leads: V1 to V4
- ☐ Lateral leads: I, aVL,V5 to V6
- ☐ True posterior: V1, V2
- ☐ Right ventricle: ST elevation in lead V4R
- ☐ None
- ☐ Not stated/ inadequately described

SECTION 7: CLINICAL DIAGNOSIS AT ADMISSION

1. Acute Coronary Syndrome stratum: ◎ STEMI ◎ NSTEMI ◎ Unstable Angina (UA)

2a. TIMI Risk Score for NSTEMI/ UA:		*(auto calculate)*	2b.TIMI Risk Score for STEMI:		*(auto calculate)*

SECTION 8: FIBRINOLYTIC THERAPY *(Following Section is applicable for STEMI only)*

1. Fibrinolytic therapy status:

- ◎ Given at this centre → ***(Please proceed to number 2 and 3 below)***
- ◎ Given at another centre prior to transfer here
- ◎ Not given—proceeded directly to primary angioplasty
- ◎ Not given—missed thrombolysis
- ◎ Not given—patient refusal
- ◎ Not given—contraindicated

Fill in (2) and (3) only if you check 'Given at this centre' in no. (1) above

2. Fibrinolytic drug used: ◎ Streptokinase ◎ Others (t-PA, r–PA, TNK t-PA)

3. Intravenous fibrinolytic therapy:

a. Date: *(dd/mm/yy)* ☐☐ / ☐☐ / ☐☐ **b. Time:** *(in 24 hr format)* ☐☐ : ☐☐ *(hh:mm)*

4. Door to Needle time: *(minutes)* *Auto calculated—(time patient presented to time of fibrinolytic therapy given)*

SECTION 9: INVASIVE THERAPEUTIC PROCEDURES

1. Did patient undergo cardiac catheterization on this admission at your centre? ◎ Yes ◎ No ◎ No-transferred to another centre

2. Did patient undergo Percutaneous Coronary intervention (PCI) on this admission? ◎ Yes ◎ No ◎ Not applicable

- ◎ **a. For STEMI** →
  - ◎ Urgent → ◎ Primary PCI ◎ Rescue PCI ◎ Facilitated PCI
  - ◎ Elective → Routine hospital practice? ◎ Yes ◎ No
- ◎ **b. For NSTEMI/UA** →
  - ◎ Urgent
  - ◎ Elective → Routine hospital practice? ◎ Yes ◎ No

3. First balloon inflation (for STEMI-Urgent PCI only): **a. Date:** *(dd/mm/yy)* ☐☐ / ☐☐ / ☐☐ **b. Time:** *(in 24 hr format)* ☐☐ : ☐☐ *(hh:mm)*

4. Door to balloon time (for STEMI-Urgent PCI only): *(minutes)* *Auto calculated-(time patient presented to time of first angio balloon inflation)*

5. Did patient undergo CABG on this admission? ◎ Yes ◎ No ◎ Not applicable

a. Patient Name:		b. Reporting Centre:	
c. Identification Card No.:		d. Hospital RN:	

SECTION 10: PHARMACOLOGICAL THERAPY

Group	Given during admission		Given at discharge	
1. ASA	◯ Yes	◯ No	◯ Yes	◯ No
2. Ticlopidine	◯ Yes	◯ No	◯ Yes	◯ No
3. Clopidogrel	◯ Yes	◯ No	◯ Yes	◯ No
4. Prasugrel	◯ Yes	◯ No	◯ Yes	◯ No
5. Ticagrelor	◯ Yes	◯ No	◯ Yes	◯ No
6. Other antiplatelet	◯ Yes	◯ No	◯ Yes	◯ No
7. GP receptor inhibitor	◯ Yes	◯ No		
8. Unfrac heparin	◯ Yes	◯ No		
9. LMWH	◯ Yes	◯ No		
10. Fondaparinux	◯ Yes	◯ No	◯ Yes	◯ No
11. Oral anticoagulant (eg. Warfarin)	◯ Yes	◯ No	◯ Yes	◯ No
12. Beta blocker	◯ Yes	◯ No	◯ Yes	◯ No
13. ACE inhibitor	◯ Yes	◯ No	◯ Yes	◯ No
14. Angiotensin II receptor blocker	◯ Yes	◯ No	◯ Yes	◯ No
15. Statin	◯ Yes	◯ No	◯ Yes	◯ No
16. Other lipid lowering agent	◯ Yes	◯ No	◯ Yes	◯ No
17. Diuretics	◯ Yes	◯ No	◯ Yes	◯ No
18. Calcium antagonist	◯ Yes	◯ No	◯ Yes	◯ No
19. Oral hypoglycaemic agent	◯ Yes	◯ No	◯ Yes	◯ No
20. Insulin	◯ Yes	◯ No	◯ Yes	◯ No
21. Anti-arrhythmic agent	◯ Yes	◯ No	◯ Yes	◯ No

SECTION 11 : IN HOSPITAL OUTCOME

1. Number of overnight stays:	a. CCU *(days)*:		
	b. ICU/CICU *(days)*:		
2. Outcome:	◯ Discharged →	a) **Date:** *(dd/mm/yy)*	☐☐ / ☐☐ / ☐☐
	◯ Transferred to another centre →	a) **Date:** *(dd/mm/yy)*	☐☐ / ☐☐ / ☐☐
		b) Name of centre:	
	◯ 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 ◯ NSTEMI ◯ UA ◯ Non Cardiac / Non ACS		
5. **Bleeding Complication:** *(TIMI citeria)*	◯ 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)* ◯ None ◯ Not stated / Inadequately described		

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 ☐ are provided, please check (√) one or more boxes. Where radio buttons ◯ are provided, check (√) only one option.

A. Reporting Centre:			
B. Patient Name:			
C. Identification Card Number:	MyKad: ☐☐☐☐☐☐ - ☐☐ - ☐☐☐☐	Old IC:	
	Other ID document No.:	Specify type: *(eg. Passport, armed force ID)*	
D. Date of Follow Up:	☐☐☐☐☐☐ *(dd/mm/yy)*	**E. Type of Follow Up:**	◯ 30 days ◯ 12 months

SECTION 1: OUTCOME

1. Outcome	◯ Alive		
	◯ Died	→ **a. Date of death:**	☐☐☐☐☐☐ *(dd/mm/yy)*
		b. Cause of death:	◯ Cardiac ◯ Non Cardiac ◯ Other, specify: _____
	◯ Transferred to another centre	→ **a. Date :**	☐☐☐☐☐☐ *(dd/mm/yy)*
		b. Name of centre:	
	◯ Lost to Follow Up	→ **a. Date :**	☐☐☐☐☐☐ *(dd/mm/yy)*
2. Cardiovascular Readmission:	☐ ACS	→ **a. Date:**	☐☐☐☐☐☐ *(dd/mm/yy)*
		b. ACS Stratum:	◯ STEMI ◯ NSTEMI ◯ UA
	☐ Heart Failure	→ **a. Date :**	☐☐☐☐☐☐ *(dd/mm/yy)*
	☐ Revascularization	→ **a. Type:** ☐ PCI	**Date:** *(dd/mm/yy)* ☐☐☐☐☐☐ → ◯ Urgent ◯ Elective
		☐ CABG	**Date:** *(dd/mm/yy)* ☐☐☐☐☐☐ → ◯ Urgent ◯ Elective
	☐ Stroke	→ **a. Date :**	☐☐☐☐☐☐ *(dd/mm/yy)*

SECTION 2: CLINICAL HISTORY AND EXAMINATION (OPTIONAL)

1. Angina status: *(CCS classification)*	◯ None	◯ CCS I	◯ CCS II	◯ CCS III	◯ CCS IV
2. Functional capacity: *(NYHA classification)*	◯ None	◯ NYHA I	◯ NYHA II	◯ NYHA III	◯ NYHA IV

3. Blood Pressure:	**a. Systolic:**	mmHg	**b. Diastolic:**	mmHg
4. Anthropometric:	**a. Weight:**	kg	**b. Waist circumference:**	cm
	c. Hip circumference:	cm		

SECTION 3: INVESTIGATIONS (OPTIMAL)

1. Lipid Profile:	**a. Total Cholesterol:**	mmol/L	**b. HDL-C:**	mmol/L
	c. LDL-C:	mmol/L	**d. Triglycerides:**	mmol/L
2. Left Ventricular Ejection Fraction:		%	**3. HbA1c**	mmol/L

SECTION 4: MEDICATION (OPTIONAL)

Group	Given	Group	Given
1. ASA	◯ Yes ◯ No	**12. Beta Blocker**	◯ Yes ◯ No
2. Ticlopidine	◯ Yes ◯ No	**13. ACE inhibitor**	◯ Yes ◯ No
3. Clopidogrel	◯ Yes ◯ No	**14. Angiotensin II receptor blocker**	◯ Yes ◯ No
4. Prasugrel	◯ Yes ◯ No	**15. Statin**	◯ Yes ◯ No
5. Ticagrelor	◯ Yes ◯ No	**16. Other lipid lowering agent**	◯ Yes ◯ No
6. Other antiplatelet	◯ Yes ◯ No	**17. Diuretics**	◯ Yes ◯ No
7. GP receptor inhibitor	◯ Yes ◯ No	**18. Calcium antagonists**	◯ Yes ◯ No
8. Heparin	◯ Yes ◯ No	**19. Oral Hypoglycaemic Agent**	◯ Yes ◯ No
9. LMWH	◯ Yes ◯ No	**20. Insulin**	◯ Yes ◯ No
10. Fondaparinux	◯ Yes ◯ No	**21. Anti-arrhythmic agent**	◯ Yes ◯ No
11. Oral anticoagulant agent (eg. Warfarin)	◯ Yes ◯ No		

SECTION 5: REHABILITATION AND COUNSELLING (OPTIONAL)

1. Was patient referred to cardiac rehabilitation?	◯ Yes	◯ No	◯ Not Applicable
2. Has patient stopped smoking?	◯ Yes	◯ No	◯ Not Applicable