

# Welcome to the CathPCI Registry Version 4.0 Data Element Review

# Version 4.0 Data Element Review

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*No Relationships to Disclose*

# **Version 4.0 Data Element Review Objectives:**

- 1) To highlight the differences between v3.0 and v4.0 with respect to data elements and definitions.**
- 2) To explain the rationale behind adding new data elements.**
- 3) To clarify how Version 4 will reduce the data collection burden.**

# Version 4.0 Data Element Review

## Color Code to Highlighting :

Color	Implication
Blank Background	There has been NO change in Element name or definition from Version 3.04 to Version 4.0
Yellow Background	Code with Caution: The Element name and/or definition for Version 4.0 is DIFFERENT than it was in Version 3.04.
Green Background	A completely new data element is being collected.

# Section A. Demographics

CathPCI Registry®		NCDR® CathPCI Registry® v4.0 – Pre-Release Diagnostic Catheterization and Percutaneous Coronary Intervention Registry	
<b>A. DEMOGRAPHICS</b>			
Last Name <sup>2000</sup> :		First Name <sup>2010</sup> :	
Middle Name <sup>2020</sup> :			
SSN <sup>2030</sup> : - - □ SSN N/A <sup>2031</sup>		Patient ID <sup>2040</sup> : (auto) Other ID <sup>2045</sup> :	
Birth Date <sup>2060</sup> :		Sex <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female	
Race:		<input type="checkbox"/> White <sup>2070</sup> <input type="checkbox"/> Black/African American <sup>2071</sup> <input type="checkbox"/> Asian <sup>2072</sup> <input type="checkbox"/> American Indian/Alaskan Native <sup>2073</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2074</sup>	
(check all that apply)			
Hispanic or Latino Ethnicity <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes			

## Section B. Episode of Care

### B. EPISODE OF CARE

Arrival Date/Time<sup>3000,3001</sup>;

Patient Zip Code<sup>3005</sup>;

Zip Code N/A<sup>3006</sup>

Admit Source<sup>3010</sup>:

Emergency department

Transfer in from another acute care facility

Other

Insurance Payors:

Private Health Insurance<sup>3020</sup>

Medicare<sup>3021</sup>

Medicaid<sup>3022</sup>

Military Health Care<sup>3023</sup>

(check all that apply)

State-Specific Plan (non-Medicaid)<sup>3024</sup>

Indian Health Service<sup>3025</sup>

Non-US Insurance<sup>3026</sup>

None<sup>3027</sup>

HIC #<sup>3030</sup>;

## Section C. History and Risk Factors

C. HISTORY AND RISK FACTORS (ON ARRIVAL TO CATHPCI FACILITY)				
Current/Recent Smoker (< 1 year) <sup>4000</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	Height <sup>4055</sup> :	(cm)
Hypertension <sup>4005</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	Weight <sup>4060</sup> :	(kg)
Dyslipidemia <sup>4010</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	Currently On Dialysis <sup>4065</sup> :	<input type="radio"/> No <input type="radio"/> Yes
Family History of Premature CAD <sup>4015</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	Cerebrovascular Disease <sup>4070</sup> :	<input type="radio"/> No <input type="radio"/> Yes
Prior MI <sup>4020</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	Peripheral Arterial Disease <sup>4075</sup> :	<input type="radio"/> No <input type="radio"/> Yes
Prior Heart Failure <sup>4025</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	Chronic Lung Disease <sup>4080</sup> :	<input type="radio"/> No <input type="radio"/> Yes
Prior Valve Surgery/Procedure <sup>4030</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	Diabetes Mellitus <sup>4085</sup> :	<input type="radio"/> No <input type="radio"/> Yes
Prior PCI <sup>4035</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	→If Yes, Diabetes Therapy <sup>4090</sup> :	<input type="radio"/> None <input type="radio"/> Diet <input type="radio"/> Oral
→If Yes, Most Recent PCI Date <sup>4040</sup> :				<input type="radio"/> Insulin <input type="radio"/> Other
Prior CABG <sup>4045</sup> :	<input type="radio"/> No	<input type="radio"/> Yes		
→If Yes, Most Recent CABG Date <sup>4050</sup> :				

# Section D. Cath Lab Visit

<b>D. CATH LAB VISIT (COMPLETE FOR EACH CATH LAB VISIT)</b>					
<b>CLINICAL EVALUATION LEADING TO THE PROCEDURE</b>					
<b>CAD Presentation<sup>5000</sup>:</b> <input type="radio"/> No Sxs, no angina <input type="radio"/> Sx unlikely to be ischemic <input type="radio"/> Stable angina					
<input type="radio"/> Unstable angina <input type="radio"/> Non-STEMI <input type="radio"/> STEMI					
→If STEMI or Non-STEMI, Symptom Onset Date/Time <sup>5005,5006</sup> :				<input type="checkbox"/> Time Estimated <sup>5007</sup> <input type="checkbox"/> Time Not Available <sup>5008</sup>	
→If STEMI, Thrombolytics <sup>5010</sup> :		<input type="radio"/> No <input type="radio"/> Yes		→If Yes, Start Date/Time <sup>5015,5016</sup> :	
<b>Anginal Classification w/in 2 Weeks<sup>5020</sup>:</b> <input type="radio"/> No symptoms <input type="radio"/> CCS I <input type="radio"/> CCS II <input type="radio"/> CCS III <input type="radio"/> CCS IV					
<b>Anti-Anginal med w/in 2 Weeks<sup>5025</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes    → If Yes, Type (check all that apply):					
<input type="checkbox"/> Beta Blockers <sup>5026</sup> <input type="checkbox"/> Ca Channel Blockers <sup>5027</sup> <input type="checkbox"/> Long Acting Nitrates <sup>5028</sup> <input type="checkbox"/> Ranolazine <sup>5029</sup> <input type="checkbox"/> Other <sup>5030</sup>					
<b>Heart Failure w/in 2 Weeks<sup>5040</sup>:</b> <input type="radio"/> No <input type="radio"/> Yes					
→If Yes, NYHA Class w/in 2 Weeks <sup>5045</sup> : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> IV					
<b>Cardiomyopathy or LV Systolic Dysfunction<sup>5050</sup>:</b>			<b>Cardiogenic Shock w/in 24 Hours<sup>5060</sup>:</b>		
<input type="radio"/> No <input type="radio"/> Yes			<input type="radio"/> No <input type="radio"/> Yes		
<b>Pre-operative Evaluation Before Non-Cardiac Surgery<sup>5055</sup>:</b>			<b>Cardiac Arrest w/in 24 Hours<sup>5065</sup>:</b>		
<input type="radio"/> No <input type="radio"/> Yes			<input type="radio"/> No <input type="radio"/> Yes		

## Section D. Cath Lab Visit continued

Stress or Imaging Studies Performed <sup>5100</sup> : <input type="radio"/> No <input type="radio"/> Yes    →If Yes, Specify Test Performed:						
Test Performed	No	Yes		Result		Risk/Extent Of Ischemia
Standard Exercise Stress Test <sup>5200,5201,5202</sup> ; (w/o imaging)	<input type="radio"/>	<input type="radio"/>	→ If Yes,	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	→ If Positive,	<input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Echocardiogram <sup>5210,5211,5212</sup> ;	<input type="radio"/>	<input type="radio"/>	→ If Yes,	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	→ If Positive,	<input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Testing w/SPECT MPI <sup>5220,5221,5222</sup> ;	<input type="radio"/>	<input type="radio"/>	→ If Yes,	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	→ If Positive,	<input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Testing w/CMR <sup>5230,5231,5232</sup> ;	<input type="radio"/>	<input type="radio"/>	→ If Yes,	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	→ If Positive,	<input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Cardiac CTA <sup>5240,5241</sup> ;	<input type="radio"/>	<input type="radio"/>	→ If Yes,	<input type="radio"/> No disease <input type="radio"/> 1VD <input type="radio"/> Indeterminant <input type="radio"/> Unavailable	<input type="radio"/> 2VD <input type="radio"/> 3VD	
Coronary Calcium Score <sup>5250</sup> ;	<input type="radio"/>	<input type="radio"/>	→ If Yes,	Calcium Score: <sup>5251</sup> _____		

## Section D. Cath Lab Visit continued

PROCEDURE INFORMATION			
Procedure Date/Time <sup>5300/5301</sup> ;		Fluoro Time/Dose <sup>5320,5321</sup> ;	minutes OR mGy
PCI <sup>5305</sup> ;	<input type="radio"/> No <input type="radio"/> Yes	Contrast Volume <sup>5325</sup> ;	
Diagnostic Cath <sup>5310</sup> ;	<input type="radio"/> No <input type="radio"/> Yes		
Other Procedure (in conj w/Dx Cath or PCI) <sup>5315</sup> ;	<input type="radio"/> No <input type="radio"/> Yes		
MECHANICAL VENTRICULAR SUPPORT			
IABP <sup>5330</sup> ;	<input type="radio"/> No <input type="radio"/> Yes		
→ If Yes, Timing <sup>5335</sup> ;	<input type="radio"/> In place at start of procedure	<input type="radio"/> Inserted during procedure and prior to PCI	<input type="radio"/> Inserted after PCI has begun
Other Mechanical Ventricular Support <sup>5340</sup> ;	<input type="radio"/> No <input type="radio"/> Yes		
→ If Yes, Timing <sup>5345</sup> ;	<input type="radio"/> In place at start of procedure	<input type="radio"/> Inserted during procedure and prior to PCI	<input type="radio"/> Inserted after PCI has begun

## Section D. Cath Lab Visit continued

ARTERIAL ACCESS:

Arterial Access Site<sup>5350</sup>;     Femoral     Brachial     Radial     Other

Closure Method(s)<sup>5355</sup>:

1

Method Not Documented<sup>5356</sup>

2

3

4

## Section E. Diagnostic Cath. Procedure

E. DIAGNOSTIC CATHETERIZATION PROCEDURE (COMPLETE FOR EACH DIAGNOSTIC CATH)				
Operator's Name <sup>6000, 6005, 6010,</sup>	Operator's NPI <sup>6015,</sup>			
Diagnostic Coronary Angiography <sup>6020,</sup>	<input type="radio"/> No	<input type="radio"/> Yes		
Left Heart Cath <sup>6025,</sup>	<input type="radio"/> No	<input type="radio"/> Yes		
Cardiac Transplant Evaluation <sup>6030,</sup>	<input type="radio"/> No	<input type="radio"/> Yes		
→ If Yes, Type <sup>6035,</sup>	<input type="radio"/> Donor for cardiac transplant	<input type="radio"/> Candidate to receive a cardiac transplant		
	<input type="radio"/> Post cardiac transplant follow up			
Diag Cath Status <sup>6040,</sup>	<input type="radio"/> Elective	<input type="radio"/> Urgent	<input type="radio"/> Emergency	<input type="radio"/> Salvage
Rx Recommendation <sup>6045,</sup> (after diagnostic cath)	<input type="radio"/> None	<input type="radio"/> Medical therapy and/or counseling	<input type="radio"/> PCI w/o planned CABG	
	<input type="radio"/> CABG (including planned hybrid CABG/PCI procedures)		<input type="radio"/> Other cardiac therapy without CABG or PCI	

# Section F. Best Estimate of Coronary Anatomy

## F. BEST ESTIMATE OF CORONARY ANATOMY (COMPLETE FOR EACH CATH LAB VISIT)

Dominance<sup>6100</sup>:     Left     Right     Co-dominant

Coronary Territory	Native Artery Percent Stenosis in $\geq 2$ mm vessels		Grafts Supplying Coronary Territory (Note 1) Percent Stenosis	
Left Main	_____ % <sup>6110</sup>	<input type="checkbox"/> Not Available <sup>6111</sup>		
Prox LAD	_____ % <sup>6120</sup>	<input type="checkbox"/> Not Available <sup>6121</sup>	_____ % <sup>6170</sup>	<input type="checkbox"/> Not Available <sup>6171</sup>
Mid/Distal LAD, Diag Branches	_____ % <sup>6130</sup>	<input type="checkbox"/> Not Available <sup>6131</sup>	_____ % <sup>6180</sup>	<input type="checkbox"/> Not Available <sup>6181</sup>
Circ, OMs, LPDA, LPL Branches	_____ % <sup>6140</sup>	<input type="checkbox"/> Not Available <sup>6141</sup>	_____ % <sup>6190</sup>	<input type="checkbox"/> Not Available <sup>6191</sup>
RCA, RPDA, RPL, AM Branches	_____ % <sup>6150</sup>	<input type="checkbox"/> Not Available <sup>6151</sup>	_____ % <sup>6200</sup>	<input type="checkbox"/> Not Available <sup>6201</sup>
Ramus	_____ % <sup>6160</sup>	<input type="checkbox"/> Not Available <sup>6161</sup>	_____ % <sup>6210</sup>	<input type="checkbox"/> Not Available <sup>6211</sup>

## Section G. PCI Procedure

G. PCI PROCEDURE (COMPLETE FOR EACH PCI ATTEMPTED OR PERFORMED)				
Operator's Name <sup>7000,7005,7010</sup> :		Operator's NPI <sup>7015</sup> :		
PCI Status <sup>7020</sup> :	<input type="radio"/> Elective	<input type="radio"/> Urgent	<input type="radio"/> Emergency	<input type="radio"/> Salvage
Pre-PCI LVEF <sup>7025</sup> :	%	<input type="checkbox"/> Pre-PCI LVEF Not Assessed <sup>7026</sup>		
Cardiogenic Shock at Start of PCI <sup>7030</sup> :	<input type="radio"/> No	<input type="radio"/> Yes		

## Section G. PCI Procedure continued

PCI Indication<sup>7035</sup>:

<input type="radio"/> Immediate PCI for STEMI (12 hrs from Sx Onset)	<input type="radio"/> PCI for STEMI (Unstable, >12 hrs from Sx Onset)
<input type="radio"/> PCI for STEMI (Stable, >12 hrs Sx Onset)	<input type="radio"/> PCI for STEMI, stable after successful full-dose Thrombolysis
<input type="radio"/> Rescue PCI for STEMI (after failed full-dose lytics)	<input type="radio"/> PCI for high risk Non-STEMI or unstable angina
<input type="radio"/> Staged PCI	<input type="radio"/> Other

→ If Immediate PCI for STEMI, STEMI or STEMI Equivalent First Noted<sup>7040</sup>:  First ECG  Subsequent ECG

→ If Subsequent ECG, Subsequent ECG with STEMI or STEMI Equivalent Date/Time<sup>7045, 7046</sup>:

→ If Immediate PCI for STEMI, First Device Activation Date/Time<sup>7050, 7051</sup>: \_\_\_\_\_

→ If Immediate PCI for STEMI, Transferred In for Immediate PCI for STEMI<sup>7055</sup>:  No  Yes

→ If Yes, Date/Time ED Presentation at Referring Facility<sup>7060, 7061</sup>: \_\_\_\_\_

→ If Immediate PCI for STEMI, Non-System Reason for Delay in PCI<sup>7065</sup>:

- |   |   |
|---|---|
| <input type="radio"/> Difficult vascular access                             | <input type="radio"/> Cardiac arrest and/or need for intubation before PCI            |
| <input type="radio"/> Patient delays in providing consent for the procedure | <input type="radio"/> Difficulty crossing the culprit lesion during the PCI procedure |
| <input type="radio"/> Other   | <input type="radio"/> None  |

## Section G. PCI Procedure continued

### PROCEDURE MEDICATIONS (ADMINISTERED WITHIN 24 HOURS PRIOR TO AND DURING THE PCI PROCEDURE)

Category	Medication <sup>9500</sup>	Administered <sup>9510</sup>			
Anticoagulants	Fondaparinux	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
	Low Molecular Weight Heparin (any)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
	Unfractionated Heparin (any)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
Aspirin	Aspirin (any)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
Direct Thrombin Inhibitors	Bivalrudin	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
	Direct Thrombin Inhibitor (other)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
	GP IIb/IIIa (any)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
Thienopyridines	Clopidogrel	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
	Ticlopidine	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
	Prasugrel	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded

Note 1: CABG Date<sup>3020</sup> must be less than or equal to Procedure Date<sup>6000</sup> or Prior CABG<sup>4045</sup> = "Yes"

# Section H. Lesions and Devices

H. LESIONS AND DEVICES (COMPLETE FOR EACH PCI ATTEMPTED OR PERFORMED)		
Lesion Counter <sup>7100</sup> :	1	2
Segment Number(s) <sup>7105</sup> :	_____, _____, _____, _____, _____	_____, _____, _____, _____, _____
If CAD Presentation <sup>5000</sup> is 'STEMI' or 'Non-STEMI', Culprit Artery <sup>7110</sup> :	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Stenosis Immediately Prior to Rx <sup>7115</sup> :	_____ %	_____ %
→ If 100%, Chronic Total Occlusion <sup>7120</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If 40-70%, IVUS <sup>7125</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If 40-70%, FFR <sup>7130</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Ratio <sup>7135</sup> :	<input type="radio"/> ≤ 0.75 <input type="radio"/> > 0.75	<input type="radio"/> ≤ 0.75 <input type="radio"/> > 0.75
Pre-procedure TIMI Flow <sup>7140</sup> :	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Prev Treated Lesion <sup>7145</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Timeframe <sup>7150</sup> :	<input type="radio"/> < 1 month <input type="radio"/> 1-5 months <input type="radio"/> 6-12 months <input type="radio"/> 1-2 years <input type="radio"/> >2 years <input type="radio"/> Time unknown	<input type="radio"/> < 1 month <input type="radio"/> 1-5 months <input type="radio"/> 6-12 months <input type="radio"/> 1-2 years <input type="radio"/> >2 years <input type="radio"/> Time unknown
→ If Yes, Treated with Stent <sup>7155</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, In-Stent Restenosis <sup>7160</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
In-Stent Thrombosis <sup>7165</sup> :	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Stent Type <sup>7170</sup> :	<input type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Type unknown	<input type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Type unknown
Lesion in Graft <sup>7175</sup> :	<input type="radio"/> No <input type="radio"/> Vein <input type="radio"/> LIMA <input type="radio"/> Other artery	<input type="radio"/> No <input type="radio"/> Vein <input type="radio"/> LIMA <input type="radio"/> Other artery
→ If Yes, Location in Graft <sup>7180</sup> :	<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal	<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal
Lesion Complexity <sup>7185</sup> :	<input type="radio"/> Non-High/Non-C <input type="radio"/> High/C	<input type="radio"/> Non-High/Non-C <input type="radio"/> High/C
Lesion Length (mm) <sup>7190</sup> :	_____ mm	_____ mm

## Section H. Lesions and Devices continued

Thrombus Present <sup>7195</sup> :		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	
Bifurcation Lesion <sup>7200</sup> :		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	
Guidewire Across Lesion <sup>7205</sup> :		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Stenosis Post-Procedure <sup>7210</sup> :		_____ %	_____ %	
→ If Yes, Post-Procedure TIMI Flow <sup>7215</sup> :		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
→ If Yes, Device(s) Deployed <sup>7220</sup> :		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	
Intracoronary Device(s) Used <sup>7225</sup>		Associated Lesion(s) <sup>7100</sup>	Diameter <sup>7235</sup>	Length <sup>7240</sup>
1		_____ , _____ , _____		
2				
3				
4				
5				
<b>INTRAPROCEDURE EVENTS</b>		Significant Dissection <sup>7245</sup> : <input type="radio"/> No <input type="radio"/> Yes	Perforation <sup>7250</sup> : <input type="radio"/> No <input type="radio"/> Yes	

# Section I. Labs

## I. LABS (COMPLETE FOR EACH PCI ATTEMPTED OR PERFORMED)

### Pre-Procedure (performed at your facility, not at bedside)

- CK-MB<sup>7300</sup> \_\_\_\_\_  CK Not Drawn<sup>7301</sup>  
 CK Drawn and Normal<sup>7302</sup>
- Troponin I<sup>7305</sup> \_\_\_\_\_  Not Drawn<sup>7306</sup>
- Troponin T<sup>7310</sup> \_\_\_\_\_  Not Drawn<sup>7311</sup>
- Creatinine<sup>7315</sup> \_\_\_\_\_  Not Drawn<sup>7316</sup>
- Hemoglobin<sup>7320</sup> \_\_\_\_\_  Not Drawn<sup>7321</sup>

### Post-Procedure (post-procedure only)

- CK-MB<sup>7325</sup> \_\_\_\_\_  CK Not Drawn<sup>7326</sup> (peak value 6-24 hrs)  
 CK Drawn and Normal<sup>7327</sup>
- Troponin I<sup>7330</sup> \_\_\_\_\_  Not Drawn<sup>7331</sup> (peak value 6-24 hrs)
- Troponin T<sup>7335</sup> \_\_\_\_\_  Not Drawn<sup>7336</sup> (peak value 6-24 hrs)
- Creatinine<sup>7340</sup> \_\_\_\_\_  Not Drawn<sup>7341</sup> (highest value)
- Hemoglobin<sup>7345</sup> \_\_\_\_\_  Not Drawn<sup>7346</sup> (lowest w/in 72 hrs)

# Section J. Post Procedure Events

J. POST-PROCEDURE EVENTS (COMPLETE FOR EACH CATH LAB VISIT)					
Myocardial Infarction <sup>8000</sup> : (Positive Biomarkers)	<input type="radio"/> No	<input type="radio"/> Yes	Bleeding Event w/in 72 Hours <sup>8050</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
Cardiogenic Shock <sup>8005</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	→If Yes, Bleeding at Access Site <sup>8055</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
Heart Failure <sup>8010</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	→If Yes, Hematoma at Access Site <sup>8060</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
CVA/Stroke <sup>8015</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	→If Yes, Size <sup>8061</sup> : <input type="radio"/> <3cm <input type="radio"/> 3-5cm <input type="radio"/> >5-10 <input type="radio"/> >10cm		
→If Yes, Hemorrhagic Stroke <sup>8021</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	→If Yes, Retroperitoneal Bleeding <sup>8070</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
Tamponade <sup>8025</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	→If Yes, GI Bleed <sup>8080</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
New Requirement for Dialysis <sup>8030</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	→If Yes, GU Bleed <sup>8090</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
Other Vascular Complications Req Rx <sup>8035</sup> :	<input type="radio"/> No	<input type="radio"/> Yes	→If Yes, Other Bleed <sup>8100</sup> :	<input type="radio"/> No	<input type="radio"/> Yes
RBC/Whole Blood Transfusion <sup>8040</sup> :	<input type="radio"/> No	<input type="radio"/> Yes			
→If Yes, Hgb Prior to Transfusion <sup>8041</sup> :		_____g/dL			

## Section K. Discharge

<b>K. DISCHARGE (COMPLETE THIS SECTION FOR EACH EPISODE OF CARE)</b>			
<b>CABG<sup>9000</sup>:</b>	<input type="radio"/> No	<input type="radio"/> Yes	
<b>→ If Yes, CABG Status<sup>9005</sup>:</b>	<input type="radio"/> Elective	<input type="radio"/> Urgent	<input type="radio"/> Emergency <input type="radio"/> Salvage
<b>→ If Yes, CABG Indication<sup>9010</sup>:</b>	<input type="radio"/> PCI complication	<input type="radio"/> PCI failure w/o clinical deterioration	
	<input type="radio"/> Rx of CAD (no PCI)	<input type="radio"/> PCI/CABG hybrid procedure	
<b>→ If Yes, Location<sup>9015</sup>:</b>	<input type="radio"/> At your facility	<input type="radio"/> Transferred to other facility	
<b>→ If At your facility, CABG Date/Time<sup>9020,9021</sup>:</b>			
<b>Other Major Surgery<sup>9025</sup>:</b>	<input type="radio"/> No	<input type="radio"/> Yes	<b>LVEF<sup>9030</sup>:</b> % <input type="checkbox"/> LVEF Not Assessed <sup>9031</sup>
<b>Discharge Date<sup>9035</sup>:</b>			

## Section K. Discharge (continued)

Discharge Status<sup>9040</sup>:  Alive  Deceased

→If Alive, Discharge Location<sup>9045</sup>:  Home  Other Acute Care Hospital  Hospice  
 Nursing Home  Extended Care/TCU/Rehab  Other

→If Alive, Cardiac Rehabilitation Referral<sup>9050</sup>:  No  Yes  Ineligible

→If Deceased, Death in Lab<sup>9055</sup>:  No  Yes

→If Deceased, Primary Cause of Death<sup>9060</sup>:  Cardiac  Neurologic  Renal  Vascular  Infection  
 Valvular  Pulmonary  Unknown  Other

Hospital Status<sup>9065</sup>:  Outpatient  Outpatient converted to inpatient  Inpatient

## Section K. Discharge (continued)

DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE)			
Category	Medication <sup>9505</sup>	Administered <sup>9510</sup>	
<i>Discharge medications not required for patients who expired or were discharged to 'Other Acute Care Hospital' or 'Hospice.'</i>			
ACE Inhibitors	ACE Inhibitor (any)	<input type="radio"/> No	<input type="radio"/> Yes
		<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
ARBs	ARB (any)	<input type="radio"/> No	<input type="radio"/> Yes
		<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
Aspirin	Aspirin (any)	<input type="radio"/> No	<input type="radio"/> Yes
		<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
Beta Blockers	Beta Blocker (any)	<input type="radio"/> No	<input type="radio"/> Yes
		<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
Lipid Lowering Agents	Statin (any)	<input type="radio"/> No	<input type="radio"/> Yes
	Non-Statin (any)	<input type="radio"/> No	<input type="radio"/> Yes
		<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
Thienopyridine	Clopidogrel	<input type="radio"/> No	<input type="radio"/> Yes
		<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
	Ticlopidine	<input type="radio"/> No	<input type="radio"/> Yes
		<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
	Prasugrel	<input type="radio"/> No	<input type="radio"/> Yes
		<input type="radio"/> Contraindicated	<input type="radio"/> Blinded

# Contact your CathPCI Registry Team at NCDR

- **Call: 1-800-257-4737**
- **Email: [ncdr@acc.org](mailto:ncdr@acc.org)**