

## PRE OPERATION

Instructions:	i) Where check boxes <input type="checkbox"/> are provided, check <input checked="" type="checkbox"/> one or more boxes. Where radio buttons <input type="radio"/> are provided, check <input checked="" type="radio"/> one box only. ii) Red asterisk (*) indicates the field is mandatory and must be filled. iii) Underline <u>label</u> indicates the field is use for <a href="#">EuroSCORE II</a> auto-calculation.
---------------	---

1 *	Reporting Centre Name	
2 *	Date Admission (dd-mm-yyyy)	
3 *	Admission Category	<input type="radio"/> Government <input type="radio"/> Full paying patients <input type="radio"/> Insurance <input type="radio"/> Not Available
4 *	<u>Admission Status</u>	<input type="radio"/> Elective <input type="radio"/> Urgent <input type="radio"/> Emergency <input type="radio"/> Salvage
5	Ward	

Patient identification and demographics										
1 *	Patient Name	<input style="width: 95%;" type="text"/>								
		2 <input style="width: 15%;" type="text"/> Local RN no. <input style="width: 20%;" type="text"/>								
3 *	Identification Card Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">MyKad / MyKid</td> <td><input style="width: 70%;" type="text"/></td> </tr> <tr> <td>Other document no.</td> <td><input style="width: 70%;" type="text"/></td> </tr> <tr> <td>Document type</td> <td> <input type="radio"/> MRN                                <input type="radio"/> Passport                                <input type="radio"/> Armed Force ID                                <input type="radio"/> Work Permit #  <input type="radio"/> Mother's I/C                                <input type="radio"/> Father's I/C                                <input type="radio"/> Birth Certificate                                <input type="radio"/> Registration number  <input type="radio"/> Others                         </td> </tr> <tr> <td></td> <td>Others, specify <input style="width: 60%;" type="text"/></td> </tr> </table>	MyKad / MyKid	<input style="width: 70%;" type="text"/>	Other document no.	<input style="width: 70%;" type="text"/>	Document type	<input type="radio"/> MRN <input type="radio"/> Passport <input type="radio"/> Armed Force ID <input type="radio"/> Work Permit # <input type="radio"/> Mother's I/C <input type="radio"/> Father's I/C <input type="radio"/> Birth Certificate <input type="radio"/> Registration number <input type="radio"/> Others		Others, specify <input style="width: 60%;" type="text"/>
MyKad / MyKid	<input style="width: 70%;" type="text"/>									
Other document no.	<input style="width: 70%;" type="text"/>									
Document type	<input type="radio"/> MRN <input type="radio"/> Passport <input type="radio"/> Armed Force ID <input type="radio"/> Work Permit # <input type="radio"/> Mother's I/C <input type="radio"/> Father's I/C <input type="radio"/> Birth Certificate <input type="radio"/> Registration number <input type="radio"/> Others									
	Others, specify <input style="width: 60%;" type="text"/>									
4	Address	<input style="width: 95%;" type="text"/>								
5	Contact No	<input style="width: 95%;" type="text"/>								
6 *	<u>Gender</u>	<input type="radio"/> Male <input type="radio"/> Female								
7 *	Date birth (dd-mm-yyyy)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><input style="width: 95%;" type="text"/></td> <td style="width: 40%;">                             8 <u>Age at admission</u>                              (Auto Calculated) <input style="width: 30%;" type="text"/> (years)                         </td> </tr> </table>	<input style="width: 95%;" type="text"/>	8 <u>Age at admission</u> (Auto Calculated) <input style="width: 30%;" type="text"/> (years)						
<input style="width: 95%;" type="text"/>	8 <u>Age at admission</u> (Auto Calculated) <input style="width: 30%;" type="text"/> (years)									
9 *	Ethnic group	<input type="radio"/> Malay <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Orang Asli <input type="radio"/> Bumiputra Sabah <input type="radio"/> Bumiputra Sarawak <input type="radio"/> Other Malaysian <input type="radio"/> Non-citizen <input type="radio"/> Not available								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Other Malaysian</td> <td><input style="width: 40%;" type="text"/></td> </tr> <tr> <td>Bumiputra Sabah</td> <td><input style="width: 40%;" type="text"/></td> </tr> <tr> <td>Bumiputra Sarawak</td> <td><input style="width: 40%;" type="text"/></td> </tr> <tr> <td>Non-citizen, specify country</td> <td><input style="width: 40%;" type="text"/></td> </tr> </table>	Other Malaysian	<input style="width: 40%;" type="text"/>	Bumiputra Sabah	<input style="width: 40%;" type="text"/>	Bumiputra Sarawak	<input style="width: 40%;" type="text"/>	Non-citizen, specify country	<input style="width: 40%;" type="text"/>
Other Malaysian	<input style="width: 40%;" type="text"/>									
Bumiputra Sabah	<input style="width: 40%;" type="text"/>									
Bumiputra Sarawak	<input style="width: 40%;" type="text"/>									
Non-citizen, specify country	<input style="width: 40%;" type="text"/>									
10 *	Height	<input style="width: 95%;" type="text"/> (cm)								
11 *	<u>Weight</u>	<input style="width: 95%;" type="text"/> (kg)								

**PRE OPERATION**

Cardiac History	
12 *	<p><u>Angina status pre-surgery.</u></p> <p> <input type="radio"/> CCS 0                        <input type="radio"/> CCS 1                        <input type="radio"/> CCS 2                        <input type="radio"/> CCS 3                        <input type="radio"/> CCS 4                 </p>
13 *	<p><u>Dyspnea status pre-surgery.</u></p> <p> <input type="radio"/> NYHA I                        <input type="radio"/> NYHA II                        <input type="radio"/> NYHA III                        <input type="radio"/> NYHA IV                 </p>
14 *	<p>a. Number of previous MIs</p> <p> <input type="radio"/> None                        <input type="radio"/> One                        <input type="radio"/> Two / more                        <input type="radio"/> Unknown                 </p>
	<p>b. <u>Interval between surgery and last MI</u></p> <p> <input type="radio"/> No Previous MI                        <input type="radio"/> MI &lt; 6 Hours                        <input type="radio"/> MI 6-24 Hours                        <input type="radio"/> MI 1-7 days                        <input type="radio"/> MI 8-21 days                 </p> <p> <input type="radio"/> MI 22-90 days                        <input type="radio"/> MI &gt; 90 days                 </p>
15 *	<p>Family History</p> <p> <input type="radio"/> Yes                        <input type="radio"/> No                        <input type="radio"/> Not Available                 </p>
Previous investigations	
16 *	<p>a. Previous PCI</p> <p> <input type="radio"/> No PCI                        <input type="radio"/> PCI &lt; 24 hrs before surgery                        <input type="radio"/> PCI &gt; 24 hrs before surgery, same admission                        <input type="radio"/> PCI &gt; 24 hrs before sugery, previous admission                 </p>
	<p>b. Date of last PCI (dd-mm-yyyy)</p> <p> <input type="checkbox"/> Estimated Date                        <input type="checkbox"/> Not Available                 </p>
17 *	<p>a. Previous cardiac, vascular or thoracic surgical intervention</p> <p> <input type="checkbox"/> None                        <input type="checkbox"/> CABG                        <input type="checkbox"/> Valve                        <input type="checkbox"/> Congenital Cardiac                        <input type="checkbox"/> Other cardiac                        <input type="checkbox"/> Aortic surgery - ascending or arch                        <input type="checkbox"/> Aortic surgery - descending or abdominal                        <input type="checkbox"/> Other thoracic                        <input type="checkbox"/> Carotid endarterectomy                        <input type="checkbox"/> Other peripheral vascular                 </p>
	<p>b. Date of last cardiac operation (dd-mm-yyyy)</p> <p> <input type="checkbox"/> Estimated Date                        <input type="checkbox"/> Not Available                 </p>
Risk factors for acquisition of coronary disease	
18 *	<p><u>Diabetic Management</u></p> <p> <input type="radio"/> Not diabetic                        <input type="radio"/> Diet                        <input type="radio"/> Oral Therapy                        <input type="radio"/> Insulin                 </p>
19 *	<p>Cigarette smoking history</p> <p> <input type="radio"/> Never smoke                        <input type="radio"/> Ex-smoker                        <input type="radio"/> Current smoker                 </p>
20 *	<p>Hypertension</p> <p> <input type="radio"/> No Hypertension                        <input type="radio"/> Treated or BP &gt; 140/90 on one occasion prior to admission                        <input type="radio"/> Unknown                 </p>
21 *	<p>Hypercholesterolemia</p> <p> <input type="radio"/> No                        <input type="radio"/> Yes                        <input type="radio"/> Unknown                 </p>

**PRE OPERATION**

Additional medical history and risk factors				
22 *	Renal disease at the time of surgery	<input type="checkbox"/> None	<input type="checkbox"/> <u>Dialysis</u> : Acute renal failure, onset within 6 week prior of cardiac surgery	<input type="checkbox"/> Creatinine <u>Plasma Creatinine</u> (µmol/L) <u>Creatinine Clearance</u> (Auto Calculated) (ml/min)
		<input type="checkbox"/> Functioning transplant	<input type="checkbox"/> <u>Dialysis</u> : Chronic renal failure, more then 6 week prior to cardiac surgery	
23 *	<u>History of pulmonary disease</u>	<input type="checkbox"/> None	<input type="checkbox"/> Asthma	<input type="checkbox"/> Long term use of steroids for pulmonary disease
		<input type="checkbox"/> COPD / Emphysema	<input type="checkbox"/> Pulmonary TB	
24 *	History of neurological disease	<input type="checkbox"/> None	<input type="checkbox"/> CVA with residual deficit	
		<input type="checkbox"/> TIA or RND	<input type="checkbox"/> CVA with full recovery	
25 *	Neurological dysfunction	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available <input checked="" type="radio"/> Missing		
26 *	<u>Extracardiac arteriopathy</u>	<input type="checkbox"/> None	<input type="checkbox"/> Claudication	<input type="checkbox"/> Amputation for arterial disease
		<input type="checkbox"/> Previous or planned intervention on the abdominal aorta, limb arteries or carotids	<input type="checkbox"/> Carotid stenosis : %	<input type="checkbox"/> Aortic calcification on CT
27 *	Pre-operative heart rhythm	<input type="checkbox"/> Sinus rhythm	<input type="checkbox"/> Atrial fibrillation	<input type="checkbox"/> VT / VF
		<input type="checkbox"/> Complete heart block / paced	<input type="checkbox"/> Other abnormal rhythm	
28 *	<u>Poor mobility</u>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available		
29 *	<u>Active endocarditis</u>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available		
30 *	<u>Planned Operation</u>	<input type="radio"/> Isolated CABG <input type="radio"/> Two procedures <input type="radio"/> Three procedures <input type="radio"/> Single procedure, non CABG		
		<input type="checkbox"/> Surgery on thoracic aorta		
31 *	<u>Critical pre-operative state</u>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available		

**PRE OPERATION**

Cardiac investigations	
32 *	<p>a. Left or right heart catheterization</p> <p><input type="radio"/> Never    <input type="radio"/> This admission    <input type="radio"/> Previous admission    <input type="radio"/> Not Available</p> <p>b. Date of catheterisation</p> <p><input type="checkbox"/> Estimated Date    <input type="checkbox"/> Not Available</p>
33 *	<p>a. Extent of coronary artery disease</p> <p><input type="radio"/> No vessel with &gt;50% diameter stenosis</p> <p><input type="radio"/> One vessel with &gt;50% diameter stenosis</p> <p><input type="radio"/> Two vessel with &gt;50% diameter stenosis</p> <p><input type="radio"/> Three vessel with &gt;50% diameter stenosis</p> <p><input type="radio"/> Not investigated</p>
34 *	<p>Left main stem disease</p> <p><input type="radio"/> No LMS disease/LMS disease &lt;=50% diameter stenosis</p> <p><input type="radio"/> LMS disease &gt;50% diameter stenosis</p> <p><input type="radio"/> Not investigated</p>
35 *	<p><u>LV ejection fraction category.</u></p> <p><input type="radio"/> Good (&gt;50%)    <input type="radio"/> Moderate (31-50%)    <input type="radio"/> Poor (21-30%)    <input type="radio"/> Very poor (20% or less)    <input type="radio"/> Not measured</p> <p>LV ejection fraction _____ %</p>
36 *	<p>Stress Test</p> <p><input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> Not Available</p> <p>Result <input type="radio"/> Normal    <input type="radio"/> Abnormal    <input type="radio"/> Not Available</p>
37 *	<p><u>PA systolic</u></p> <p><input type="radio"/> &lt;31 mm Hg    <input type="radio"/> 31-55 mm Hg    <input type="radio"/> &gt;55 mm Hg    <input type="radio"/> Not recorded</p>
38 *	<p>Aortic stenosis</p> <p><input type="radio"/> None    <input type="radio"/> Mild    <input type="radio"/> Moderate    <input type="radio"/> Severe    <input type="radio"/> Not Available</p>
39 *	<p>Aortic Regurgitation</p> <p><input type="radio"/> None    <input type="radio"/> Mild    <input type="radio"/> Moderate    <input type="radio"/> Severe    <input type="radio"/> Not Available</p>
40 *	<p>Mitral Stenosis</p> <p><input type="radio"/> None    <input type="radio"/> Mild    <input type="radio"/> Moderate    <input type="radio"/> Severe    <input type="radio"/> Not Available</p>
41 *	<p>Mitral Regurgitation</p> <p><input type="radio"/> None    <input type="radio"/> Mild    <input type="radio"/> Moderate    <input type="radio"/> Severe    <input type="radio"/> Not Available</p>
42 *	<p>Tricuspid Regurgitation</p> <p><input type="radio"/> None    <input type="radio"/> Mild    <input type="radio"/> Moderate    <input type="radio"/> Severe    <input type="radio"/> Not Available</p>
43 *	<p>RV ejection fraction category</p> <p><input type="radio"/> Good (&gt;50%)    <input type="radio"/> Moderate (31-50%)    <input type="radio"/> Poor (21-30%)    <input type="radio"/> Very poor (20% or less)    <input type="radio"/> Not measured    <input type="radio"/> Not Available</p> <p>RV ejection fraction _____ %</p>