NATIONAL CARDIOVASCULAR DISEASE DATABASE (NCVD) NOTIFICATION FORM

Instruction: Complete this form to notify all ACS admissions at your centre to National Cardiovascular Disease Registry. Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ⊙ are provided, check (√) one box only.

For NCVD Use only:

ID: ☐ / ☐
Centre: ☐

A. Reporting centre: _____

B. Date of Admission (dd/mm/yy): ☐☐☐☐☐☐

SECTION 1 : DEMOGRAPHICS

1. Patient Name : _____

2. Local RN No (if applicable): _____

3. Identification Card Number :
- *MyKad / MyKid:* ☐☐☐☐☐☐ - ☐☐ - ☐☐☐☐
- *Old IC:* _____
- *Other ID document No:* _____ → *Specify type (eg.passport, armed force ID):* _____

4. Gender: ⊙ Male ⊙ Female

5a. Date of Birth: ☐☐☐☐☐☐ (d d m m y y)

5b. Age on admission: ☐ Auto Calculated

6. Ethnic Group:
- ⊙ Malay ⊙ Orang Asli ⊙ Murut ⊙ Iban
- ⊙ Chinese ⊙ Kadazan ⊙ Bajau ⊙ Other M'sian, specify : ....
- ⊙ Indian ⊙ Melanau ⊙ Bidayuh ⊙ Foreigner, specify country of origin: ....

7. 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)

2. Status of Aspirin Use: ⊙ None ⊙ Used less than 7 days previously ⊙ Used more than or equal to 7 days previously

3. Premorbid or past medical history :

	Yes	No	Not known		Yes	No	Not known
a) Dyslipidaemia	⊙	⊙	⊙	h) New onset angina (Less than 2 weeks)	⊙	⊙	⊙
b) Hypertension	⊙	⊙	⊙	i) Heart failure	⊙	⊙	⊙
c) Diabetes	⊙	⊙	⊙	j) Chronic lung disease	⊙	⊙	⊙
d) Family history of premature cardiovascular disease	⊙	⊙	⊙	k) Renal disease	⊙	⊙	⊙
e) Myocardial infarction history	⊙	⊙	⊙	l) Cerebrovascular disease	⊙	⊙	⊙
f) Documented CAD > 50% stenosis	⊙	⊙	⊙	m) Peripheral vascular disease	⊙	⊙	⊙
g) Chronic Angina (onset more than 2 weeks ago)	⊙	⊙	⊙	n) None of the above	☐		

SECTION 3 : ONSET

1a. Date of onset of ACS symptoms: ☐☐☐☐☐☐ (d d m m y y)

1b. Time of onset of ACS symptoms: ☐☐☐☐ (h h m m) (24hr) ☐ Not available

2a. Date Patient presented : ☐☐☐☐☐☐ (d d m m y y)

2b. Time Patient presented : ☐☐☐☐ (h h m m) (24hr) ☐ 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 24 hours: ☐ ☐ Not available

2. Heart rate at presentation: ☐ (beats / min)

3. Blood pressure at presentation: **a. Systolic:** ☐ (mmHg) **b. Diastolic:** ☐ (mmHg)

4. Anthropometric :
- **a. Height:** ☐ (cm) ☐ Not available **BMI:** ☐ Auto Calculated
- **b. Weight:** ☐ (kg) ☐ Not available
- **c. Waist Circumference:** ☐ (cm) ☐ Not available **WHR:** ☐ Auto Calculated
- **d. Hip Circumference:** ☐ (cm) ☐ Not available

5. Kilip classification code : ⊙ I ⊙ II ⊙ III ⊙ IV ⊙ Not stated / inadequately described

SECTION 5 : ELECTROCARDIOGRAPHY (ECG)

1. ECG abnormalities type
(Check one or more boxes)
- ☐ ST-segment elevation ≥ 1mm (0.1 mV) in ≥ 2 contiguous limb leads
- ☐ ST-segment elevation ≥ 2mm (0.2 mV) in ≥ 2 contiguous frontal leads or chest leads
- ☐ ST-segment depression ≥ 0.5mm (0.05 mV) in ≥ 2 contiguous leads
- ☐ T-wave inversion ≥ 1mm (0.1 mV)
- ☐ 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

a. Patient Name :		b. Local RN No (if applicable):
c. Identification Card Number :		

SECTION 6 : BASELINE INVESTIGATIONS (Values obtained within 48 hours from admission)

		Absolute values	Unit	Reference upper limits	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. Triglycerides:		mmol/L		◉ Not done
5. Fasting Blood Glucose:			mmol/L		◉ Not done
6. Left Ventricular Ejection Fraction:			%		◉ Not done

SECTION 7 : CLINICAL DIAGNOSIS AT ADMISSION

1. Acute coronary syndrome stratum:	◉ STEMI	◉ NSTEMI	◉ UA
2a. TIMI risk score UAP / NSTEMI:	Auto Calculated	2b. TIMI risk score STEMI:	Auto Calculated

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

1. Fibrinolytic therapy status :	◉ Given at this centre ⟶ *(Please proceed to 2, 3, 4 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), (3), (4) only if you check 'Given at this centre' in (1) above	2. Fibrinolytic drug used:	◉ Streptokinase	◉ Others (t-PA, r-PA, TNK t-PA)
	3. Intravenous fibrinolytic therapy :	a. Date: d d m m y y	b. Time: h h m m (24hr)
	4. Door to needle time:	*(mins)* Auto Calculated - (time pt presented to time of intravenous fb ty)	

SECTION 9 : INVASIVE THERAPEUTIC PROCEDURES

1. Did patient undergo cardiac catheterization on this admission at your centre?	◉ No	◉ No - Transferred to another centre		◉ Yes
2. Did patient undergo percutaneous coronary intervention on this admission? *(If No or Not Applicable, Please skip 5, 6 & 7b below)*	◉ 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	
3a. Number of diseased vessels:	◉ 0	◉ 1	◉ 2	◉ 3
3b. Left Main Stem involvement:	◉ Yes	◉ No		
4. Culprit artery:	◉ LAD	◉ LCx	◉ RCA	◉ LM	◉ Bypass Graft
5. First balloon inflation: (for STEMI - Urgent PCI only)	a. Date: d d m m y y	b. Time: h h m m (24hr)		
6. Door to balloon time (mins): (for STEMI - Urgent PCI only)	Auto Calculated - (time pt presented to time of first angio balloon inflation)			
7a(i). TIMI flow classification pre-PCI:	◉ 0	◉ I	◉ II	◉ III
7a(ii). Intra-coronary Thrombus present?	◉ Yes	◉ No		
7b. TIMI flow classification post-PCI:	◉ 0	◉ I	◉ II	◉ III
8. PCI type:	◉ Angioplasty ◉ Stenting ⟶	a) ☐ Direct stenting / b) ☐ Pre-dilatation done / c) ☐ Stent type: 'Drug-eluting' / d) ☐ Stent type: 'Bare-metal'		
9. Did patient undergo CABG on this admission?	◉ Yes ⟶	a. Date of CABG: d d m m y y		
	◉ No			

a. Patient Name :			b. Local RN No (if applicable):	
c. Identification Card Number :				

SECTION 10 : PHARMACOLOGICAL THERAPY *(used / given during admission)*

Group	Given pre admission		Given during admission		Given after discharge	
1. ASA	◉ Yes	◉ No	◉ Yes	◉ No	◉ Yes	◉ No
2. ADP antagonist	◉ Yes	◉ No	◉ Yes	◉ No	◉ Yes	◉ No
3. GP receptor inhibitor	◉ Yes	◉ No	◉ Yes	◉ No		
4. Unfrac Heparin	◉ Yes	◉ No	◉ Yes	◉ No		
5. LMWH	◉ Yes	◉ No	◉ Yes	◉ No		
6. Beta blocker	◉ Yes	◉ No	◉ Yes	◉ No	◉ Yes	◉ No
7. ACE Inhibitor	◉ Yes	◉ No	◉ Yes	◉ No	◉ Yes	◉ No
8. Angiotensin II receptor blocker	◉ Yes	◉ No	◉ Yes	◉ No	◉ Yes	◉ No
9. Statin	◉ Yes	◉ No	◉ Yes	◉ No	◉ Yes	◉ No
10. Other lipid lowering agent	◉ Yes	◉ No	◉ Yes	◉ No	◉ Yes	◉ No
11. Diuretics	◉ Yes	◉ No	◉ Yes	◉ No	◉ Yes	◉ No
12. Calcium antagonist	◉ Yes	◉ No	◉ Yes	◉ No	◉ Yes	◉ No
13. Oral Hypoglycaemic agent	◉ Yes	◉ No	◉ Yes	◉ No	◉ Yes	◉ No
14. Insulin	◉ Yes	◉ No	◉ Yes	◉ No	◉ Yes	◉ No
15. Anti-arrhythmic agent	◉ Yes	◉ No	◉ Yes	◉ No	◉ Yes	◉ No

SECTION 11 : IN-HOSPITAL CLINICAL OUTCOMES

1. Number of overnight stays	a. CCU		days
	b. ICU / CICU:		days

2. Outcome:

◉ **Discharged**
    a. Date : ☐☐☐☐☐☐ (dd/mm/yy)
    b. Total number of overnight stays: ☐ Auto Calculated

◉ **Transferred to another centre**
    a. Date : ☐☐☐☐☐ (dd/mm/yy)
    b. Name of Centre :

◉ **Died**
    a. Date : ☐☐☐☐☐ (dd/mm/yy)
    b. Cause of Death :
      ◉ Cardiovascular
      ◉ Non Cardiovascular
      ◉ Other, specify : _____

3. Final diagnosis at discharge:
◉ Q wave MI
◉ non-Q wave MI
◉ Unstable angina
◉ Stable angina
◉ Non-cardiac

4. Bleeding Complication (TIMI Criteria):
◉ Major
◉ Minor
◉ None
◉ Not stated / Inadequately described