NATIONAL CARDIOVASCULAR DISEASE DATABASE- PCI REGISTRY NOTIFICATION FORM

For NCVD Use only:
ID: /
Centre:

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

A. Centre Code: **Or Reporting centre name:** **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

5. Nationality: ◯ Malaysian ◯ Non Malaysian

6a. Date of Birth: * *(write DOB as 01/01/yy if age is known)* (dd/mm/yy)

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 M'sian, specify : .....

8. Contact Number *(1):* *(2):*

9. Admission Status:
◯ Referral for elective procedure ◯ Self-referral
◯ In-patient transfer (for more immediate procedure) ◯ Other, specify : .....

SECTION 2 : STATUS BEFORE EVENT

1. Smoking Status: * ◯ Never ◯ Former (quit >30 days) ◯ Current (any tobacco use within last 30 days) ◯ Not Available

2. Medical history : *

a) Dyslipidaemia	◯ Yes	◯ No	◯ Not known	e) Myocardial infarction history	◯ Yes	◯ No	◯ Not known
b) Hypertension	◯ Yes	◯ No	◯ Not known	f) Documented CAD (Presence of stenosis & positive stress test)	◯ Yes	◯ No	◯ Not known
c) Diabetes	◯ Yes	◯ No	◯ Not known	g) New onset angina (less than 2 weeks)	◯ Yes	◯ No	◯ Not known
→ ☐ OHA ☐ Insulin; ☐ Non pharmacology therapy/ diet therapy				h) History of heart failure	◯ Yes	◯ No	◯ Not known
				i) Cerebrovascular disease	◯ Yes	◯ No	◯ Not known
d) Family history of premature cardiovascular disease (< 55 years old if Male & 65 years old if Female)	◯ Yes	◯ No	◯ Not known	j) Peripheral vascular disease	◯ Yes	◯ No	◯ Not known
				k) Chronic renal failure [> 200 umol (micromol)]	◯ Yes	◯ No	◯ Not known

SECTION 3 : CLINICAL EXAMINATION and BASELINE INVESTIGATION

1. Anthropometric : **a. Height:** (cm) ☐ Not Available **b. Weight:** (kg) ☐ Not Available **c. BMI:** Auto Calculated

2. Heart rate (at start of PCI): (beats / min)

3. Blood pressure (at start of PCI): **a. Systolic:** (mmHg) **b. Diastolic:** (mmHg)

4. Baseline creatinine : micromol/L ☐ Not Available

5. Hb A1c: mmol/L

6a. Total cholesterol: mmol/L ☐ Not Available

6b. LDL levels: mmol/L ☐ Not Available

7. Baseline ECG : (check where applicable) ☐ Sinus rhythm ☐ Atrial Fibrillation ☐ 2nd /3rd AVB ☐ LBBB ☐ RBBB

8. Glomerular Filtration Rate (GFR): **a. MDRD:** mL/min/1.73m ^{2} **b. Cockcroft-Gault:** mL/min

Formula:
GFR (Modification of Diet in Renal Disease (MDRD) : 186 x (serum creatinine[micromol/L] / 88.4)$^{-1.154}$ x (age)$^{-0.203}$ x (0.742 if female)
GFR (Cockcroft-Gault formula) : Male : 1.23 x (140 - Age) x Weight (kg) / serum Creatinine (micromol/L)
Female : 1.04 x (140 - Age) x Weight (kg) / serum Creatinine (micromol/L)

SECTION 4 : PREVIOUS INTERVENTIONS

1. Previous * PCI : ◯ Yes ◯ No
→ Date of most recent PCI (dd/mm/yy): / / ☐ Not Available

2. Previous * CABG: ◯ Yes ◯ No
→ Date of most recent CABG (dd/mm/yy): / / ☐ Not Available

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

SECTION 5 : CARDIAC STATUS AT PCI PROCEDURE

1. NYHA:	◯ NYHA I	◯ NYHA II	◯ NYHA III	◯ NYHA IV
2. Killip class : (STEMI & NSTEMI)	◯ I Asymptomatic ◯ II Left Heart Failure (LHF)	◯ III Acute Pulmonary Oedema (APO) ◯ IV Cardiogenic Shock	◯ Not Applicable/ Not Available	
3. Functional ischaemia:	◯ Not applicable	◯ Positive	◯ Negative	◯ Equivocal
4. IABP:	◯ Yes	◯ No		
5. Acute Coronary * Syndrome:	◯ Yes → * ◯ STEMI → ◯ Anterior ◯ Non anterior	◯ NSTEMI	◯ UA	◯ No
6. Angina type:	◯ None	◯ Atypical	◯ Chronic Stable Angina	◯ Unstable angina

7. Canadian Cardiovascular Score (CCS):		◯ Asymptomatic ◯ CCS 1 ◯ CCS 2 ◯ CCS 3 ◯ CCS 4
8. STEMI Event : (Please complete if <24 hours since onset of STEMI symptoms)	a) STEMI time of onset in 24 hr clock (hh:mm):	☐☐ : ☐☐ ☐ Not Applicable
	b) Time of arrival at first hospital (hh:mm) : (For patients transferred only)	☐☐ : ☐☐ ☐ Not Applicable
	c) Time of arrival at PCI hospital (hh:mm) :	☐☐ : ☐☐ ☐ Not Applicable
	d) Time of first balloon inflation/ stent/ aspiration (hh:mm) :	☐☐ : ☐☐ ☐ Not Applicable
9. EF Status (at time of PCI procedure) (Do not use '>' or '<' symbol)		☐☐☐ % ☐ Not Available

SECTION 6 : CATH LAB VISIT

1. Date of procedure: *	☐☐ / ☐☐ / ☐☐ (dd/mm/yy)	
2. PCI status: *	◯ Elective → ◯ Staged PCI ◯ Ad hoc ◯ NSTEMI/UA → ◯ Urgent (within 24hrs) ◯ Non-urgent	◯ AMI → ◯ Rescue ◯ Facilitated ◯ Primary ◯ Delayed PCI
3. Cath/PCI same lab visit:	◯ Yes ◯ No	

4. Medication:

* a) Thrombolytics	◯ Yes → ◯ <3hrs ◯ 3-6hrs ◯ 6-12hrs ◯ 12-24hrs ◯ 1-7days ◯ >7days ◯ No	
* b) IIb / IIIa Blockade	◯ Yes → ◯ Prior ◯ During ◯ After	◯ No
* c) Heparin	◯ Yes → ◯ Prior ◯ During ◯ After	◯ No
* d) LMWH	◯ Yes → ◯ Prior ◯ During ◯ After	◯ No
* e) Ticlopidine	◯ Yes → ◯ Prior ◯ During ◯ After	◯ No
* f) Bivalirudin	◯ Yes → ◯ Prior ◯ During ◯ After	◯ No
* g) Aspirin	◯ Yes → ◯ Prior ◯ During ◯ After	◯ No
* h) Clopidogrel	◯ Yes → ◯ Prior ◯ During ◯ After → ◯ <6 hrs ◯ 6-24 hrs ◯ >24 - 72 hrs ◯ >72 hrs First / load dose: ◯ 75mg ◯ 300mg ◯ 600mg ◯ ≥ 1200mg ◯ No	
* i) Fondaparinox	◯ Yes → ◯ Prior ◯ During ◯ After	◯ No

5. Planned duration of clopidogrel/ticlopidine:	◯ 1 month ◯ 6 months ◯ >12 months ◯ 3 months ◯ 12 months ◯ Not Available	**6a. Percutaneous entry:** *	☐ Brachial ☐ Femoral ☐ Radial
6b. French size (Guiding catheter)	◯ 5 ◯ 7 ◯ 9 ◯ 6 ◯ 8 ◯ Other,specify: _____	**6c. Closure device:**	◯ No ◯ Suture ◯ Seal ◯ Other,specify: _____
7. Extent of coronary * disease:	☐ Single vessel disease ☐ Multiple vessel disease ☐ Graft ☐ Left Main		
8a. Fluoroscopy time:	☐☐☐.☐ minutes ☐ Not Available	**8b. Total Dose:**	☐☐☐.☐ mGy ☐ Not Available

9a. Contrast type :

◯ Ionic → ◯ HEXABRIX 320 ◯ Other, specify: _____

◯ Non-Ionic → ◯ IOPAMIRO 300 ◯ IOPAMIRO 370 ◯ ULTRAVIST 300 ◯ ULTRAVIST 370 ◯ XENETIX 300 ◯ XENETIX 350 ◯ VISIPAQUE 320 ◯ OMNIPAQUE 300 ◯ OMNIPAQUE 350 ◯ Other, specify: _____

9b. Contrast Volume : ☐☐☐ ml ☐ Not Available

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

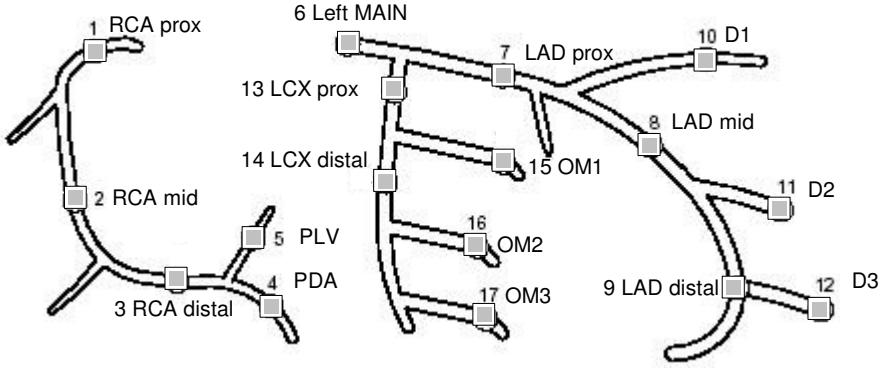
Instructions: 1. For skip lesion, please document as different lesions. Please check one lesion code per page (i.e.: for 2 lesions, please use 2 separate Section 7).
2. Documented Ramus Intermediate Lesions as lesion code 15.
3. For long lesion, please document as one single lesion.
4. Please document intervention involves sidebranch as a second lesion.

SECTION 7: PCI PROCEDURE DETAILS

1. Total no.of lesion treated : *

NATIVE

Coronary segment number, lesion codes 1-17



GRAFT

Graft PCI lesion codes 18-25. Also record grafted native coronary vessel

Graft	Target Vessel
18 LIMA	
19 RIMA	
20 SVG 1	
21 SVG 2	
22 SVG 3	
23 RAD 1	
24 RAD 2	
25 RAD 3	

Complete for all intervene. Complete and attach additional lesion column if necessary.

2. Lesion Code: * (1-25) ____ to ____ *(if applicable)*

3. Coronary lesion: *
- De novo
- Stent thrombosis → a.Type: Acute / Late / Sub acute / Very late
- Restenosis (No prior stent)
- In stent restenosis → b.Prior stent type: DES / BMS / Others ____

4. Lesion type: * A / B1 / B2 / C

5. Location in graft: (complete for graft PCI only) Ostial / Mid / Native / Proximal / Distal / Anastomosis

6. Lesion description: *
- Ostial
- Bifurcation → *(if intervention involved sidebranch, please record as a second lesion)*
- Total Occlusion
- CTO > 3mo
- Thrombus
- Not Applicable

a) Medina Classification: i) MB prox.: ____ (autofill) 0 / 1 — ii) MB dist.: ____ (autofill) 0 / 1 — iii) SB: ____ (autofill) 0 / 1

7. Pre-stenosis % : ____ TIMI Flow (pre): TIMI-0 / TIMI-1 / TIMI-2 / TIMI-3

8. Post-stenosis % : ____ TIMI Flow (post): TIMI-0 / TIMI-1 / TIMI-2 / TIMI-3

9. Estimated lesion length: ____ mm

10. Acute closure: * Yes / No

11. Dissection: * Yes / No

12. Perforation: * Yes / No

13. No Reflow: * Yes → Transient / Persistent / No

14. Lesion Result: * Successful / Unsuccessful

15. Stent details for lesion: *

	a. Stent Code	b. Length (mm)	c. Diameter(mm)
#1			.
#2			.
#3			.
#4			.
#5			.
#6			.

Others, specify: ____

16. Maximum balloon size / pressure:
a) Maximum balloon size used: ____ . ____ mm
b) Maximum stent / balloon deploy pressure: ____ atm

17. Intracoronary devices used: *
- Aspiration
- Balloon only
- Bare Metal Stent
- Drug Eluting Balloon
- Distal Embolic Protection → Filter / Balloon / Proximal
- Cutting balloon
- DES
- Flowire
- IVUS
- Rotablator
- Other, specify: ____

18. Direct stenting:- *
- Yes
- No
- Not applicable

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

SECTION 8 : PROCEDURAL COMPLICATION

1. Outcome:

*a. Periprocedural MI — ◯ Yes ◯ No ◯ Not Available

*b. Emergency Reintervention / PCI: — ◯ Yes ◯ No

- i) Stent thrombosis: ◯ Yes ◯ No
- ii) Dissection: ◯ Yes ◯ No
- iii) Perforation: ◯ Yes ◯ No
- iv) Others,specify: _____ ◯ Yes ◯ No

*c. Bail-out CABG — ◯ Yes ◯ No

*d. Cardiogenic shock (after procedure) — ◯ Yes ◯ No

*e. Arrhythmia (VT/VF/Brady) — ◯ Yes ◯ No

*f. TIA / Stroke — ◯ Yes ◯ No

*g. Tamponade — ◯ Yes ◯ No

*h. Contrast reaction — ◯ Yes ◯ No

*i. New onset / worsened heart failure — ◯ Yes ◯ No

*j. New renal impairment — ◯ Yes ◯ No ◯ Not Available

k. Max post procedural rise in creatinine — ◯ Yes ◯ No ◯ Not Available

a) ☐☐☐.☐ micromol/L b) Date (dd/mm/yy): ☐☐/☐☐/☐☐ c) Autocalculate: (days) ☐☐☐

2. Vascular Complications:

*a. Bleeding — ◯ Yes ◯ No

- ◯ 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)

Bleeding site:
- ◯ Retroperitoneal
- ◯ Percutaneous entry site
- ◯ Others, specify: _____

b. Access site occlusion — ◯ Yes ◯ No

c. Loss of distal pulse — ◯ Yes ◯ No

d. Dissection — ◯ Yes ◯ No

e. Pseudoaneurysm — ◯ Yes ◯ No

- ◯ Ultrasound compression
- ◯ Surgery
- ◯ Others, specify: _____

SECTION 9 : OUTCOME AT DISCHARGE

1. Outcome: *

◯ Alive →

*a) Date of Discharge (dd/mm/yy): ☐☐/☐☐/☐☐

b) Medication:

	Yes	No		Yes	No
Aspirin	◯	◯	Ace Inhibitor	◯	◯
Clopidogrel	◯	◯	ARB	◯	◯
Ticlodipine	◯	◯	Warfarin	◯	◯
Statin	◯	◯	Others, specify _____	◯	◯
Beta blocker	◯	◯			

◯ Death →

*a) Date of Death (dd/mm/yy): ☐☐/☐☐/☐☐

b) Primary cause of death:
- ◯ Cardiac ◯ Renal ◯ Others, specify: _____
- ◯ Infection ◯ Neurological
- ◯ Vascular ◯ Pulmonary

c) Location of death: ◯ In Lab ◯ Out of Lab

◯ Transferred to other centre: →

*a) Date of transfer (dd/mm/yy): ☐☐/☐☐/☐☐

b) Name of centre: _____