

NATIONAL CARDIOVASCULAR DISEASE DATABASE (PCI REGISTRY) NOTIFICATION FORM

For NCVD Use only:

Centre:

ID:

Instruction: Complete this form to notify all PCI admissions at your centre to NCVD PCI 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: <small>(as per MyKad / Other Document ID)</small>			2. Hospital RN :	
3. Identification Card Number:	MyKad: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Old IC No.		<input style="width: 100%;" type="text"/>
	Other ID Document No. <input style="width: 150px;" type="text"/> →	Specify type : (eg. passport, armed force ID) <input style="width: 100%;" type="text"/>		
4. Gender:	<input type="radio"/> Male <input type="radio"/> Female	5. Nationality:	<input type="radio"/> Malaysian <input type="radio"/> Non Malaysian	
6a. Date of Birth:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (write DOB as 01/01/yy if age is known)	6b. Age on admission:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (auto calculate)	
7. Ethnic Group:	<input type="radio"/> Malay <input type="radio"/> Punjabi <input type="radio"/> Melanau <input type="radio"/> Bidayuh <input type="radio"/> Foreigner, specify country of origin: <input type="radio"/> Chinese <input type="radio"/> Orang Asli <input type="radio"/> Murut <input type="radio"/> Iban <input type="radio"/> Indian <input type="radio"/> Kadazan Dusun <input type="radio"/> Bajau <input type="radio"/> Other Malaysian, specify:			
8. Contact Number:	(1): <input style="width: 100%;" type="text"/>	(2): <input style="width: 100%;" type="text"/>		

SECTION 2 : STATUS BEFORE EVENT

1. Smoking status:	<input type="radio"/> Never <input type="radio"/> Former (quit >30 days) <input type="radio"/> Current (any tobacco use within last 30 days) <input type="radio"/> Not Available			
2. Medical history:				
a) Dyslipidaemia	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	f) Documented CAD	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	
b) Hypertension	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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)		
c) Diabetes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	g) New onset angina (<2 weeks)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	
<input type="checkbox"/> OHA <input type="checkbox"/> Insulin <input type="checkbox"/> Non pharmacology therapy/diet therapy		h) History of heart failure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	
d) Family history of premature cardiovascular disease <small>(1st degree relative with either MI or stroke; <55 y/old if Male & <65 y/old if Female)</small>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	i) Cerebrovascular disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	
e) Myocardial infarction history	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	j) Peripheral vascular disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	
		k) Chronic renal failure <small>(>200 µmol/L serum creatinine)</small>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	

SECTION 3 : CLINICAL EXAMINATION and BASELINE INVESTIGATION

1. Anthropometric:	a. Height: <input style="width: 40px;" type="text"/> (cm) <input type="checkbox"/> Not Available	b. Weight: <input style="width: 40px;" type="text"/> (kg) <input type="checkbox"/> Not Available	c. BMI: <input style="width: 40px;" type="text"/> (auto calculate)
2. Heart rate (at start of PCI):	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> beats / min	3. Blood pressure (at start of PCI):	a. Systolic: <input style="width: 40px;" type="text"/> (mmHg) b. Diastolic: <input style="width: 40px;" type="text"/> (mmHg)
4. Baseline creatinine:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> micromol/L <input type="checkbox"/> Not Available	5. Hb A1c:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> mmol/L <input type="checkbox"/> Not Available
6a. Total cholesterol:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> mmol/L <input type="checkbox"/> Not Available	6b. LDL Levels:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> mmol/L <input type="checkbox"/> Not Available
7. Baseline ECG:	<input type="checkbox"/> Sinus rhythm <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> 2nd / 3rd AVB <input type="checkbox"/> LBBB <input type="checkbox"/> RBBB		
8. Glomerular Filtration Rate (GFR):	a. MDRD: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> mL/min/1.73m ² (auto calculate)	b. Cockcroft-Gault: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> mL/min (auto calculate)	

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

SECTION 4 : PREVIOUS INTERVENTIONS

1. Previous PCI:	2. Previous CABG:
<input type="radio"/> Yes <input type="radio"/> No Date of most recent PCI (dd/mm/yy): <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input type="checkbox"/> Not Available	<input type="radio"/> Yes <input type="radio"/> No Date of most recent CABG (dd/mm/yy): <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input type="checkbox"/> Not Available

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

SECTION 5 : CARDIAC STATUS AT PCI PROCEDURE

1. NYHA:	<input type="radio"/> NYHA I	<input type="radio"/> NYHA II	<input type="radio"/> NYHA III	<input type="radio"/> NYHA IV
2. Killip Class (STEMI & NSTEMI)	<input type="radio"/> I No clinical signs of HF	<input type="radio"/> II Left Heart Failure (LHF)	<input type="radio"/> III Acute Pulmonary Oedema (APO)	<input type="radio"/> IV Cardiogenic Shock
3. Non Invasive Test:	i) <input type="radio"/> Done → <input type="checkbox"/> Stress/ Exercise Test <input type="checkbox"/> Nuclear <input type="checkbox"/> MRI <input type="radio"/> Not Done <input type="checkbox"/> Stress Echo <input type="checkbox"/> CT Scan <input type="checkbox"/> CT FFR		ii) Functional Ischaemia <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Equivocal	
4. Acute Coronary Syndrome:	<input type="radio"/> Yes → <input type="radio"/> STEMI → <input type="radio"/> Anterior <input type="radio"/> Non anterior <input type="radio"/> NSTEMI <input type="radio"/> UA <input type="radio"/> No			
5. Angina type:	<input type="radio"/> None	<input type="radio"/> Atypical	<input type="radio"/> Chronic stable angina	<input type="radio"/> Unstable angina
6. Canadian Cardiovascular Score (CCS):	<input type="radio"/> Asymptomatic <input type="radio"/> CCS 1 <input type="radio"/> CCS 2 <input type="radio"/> CCS 3 <input type="radio"/> CCS 4			
7. STEMI Event: (Please complete if <24 hrs since onset of STEMI symptoms)	a) STEMI onset:	i. Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	ii. Time: <input type="text"/> : <input type="text"/> (in 24hr clock)	<input type="checkbox"/> Not Applicable
	b) Arrival at first hospital:	i. Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	ii. Time: <input type="text"/> : <input type="text"/> (in 24hr clock)	<input type="checkbox"/> Not Applicable
	c) Arrival at PCI hospital:	i. Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	ii. Time: <input type="text"/> : <input type="text"/> (in 24hr clock)	<input type="checkbox"/> Not Applicable
	d) First balloon inflation/ stent/ aspiration:	i. Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	ii. Time: <input type="text"/> : <input type="text"/> (in 24hr clock)	<input type="checkbox"/> Not Applicable
8. EF Status (at time of PCI procedure):	<input type="text"/> % (Do not use '>' or '<' symbol)			<input type="checkbox"/> Not Available

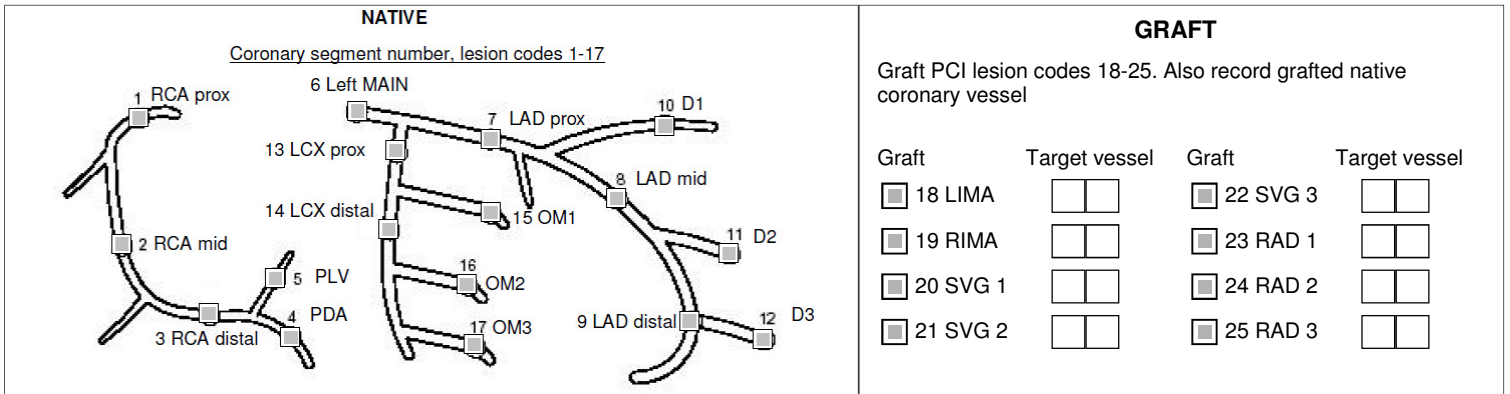
SECTION 6 : CATH LAB VISIT

1. Date of procedure:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)			
2. PCI status	<input type="radio"/> Elective → <input type="radio"/> Staged PCI <input type="radio"/> Ad hoc		<input type="radio"/> STEMI → <input type="radio"/> Primary <input type="radio"/> Pharmacoinvasive <input type="radio"/> Facilitated <input type="radio"/> Delayed Routine PCI <input type="radio"/> Rescue <input type="radio"/> Delayed Selective PCI	
3. Medication:	a) <u>Thrombolytics</u>	<input type="radio"/> Yes → <input type="radio"/> <3hrs <input type="radio"/> 3-6hrs <input type="radio"/> 6-12hrs <input type="radio"/> 12-24hrs <input type="radio"/> >24hrs <input type="radio"/> No		
	b) <u>IIb / IIIa Blockade</u>	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After <input type="radio"/> No		
	c) <u>Heparin</u>	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After <input type="radio"/> No		
	d) <u>LMWH</u>	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After <input type="radio"/> No		
	e) <u>Ticlopidine</u>	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After <input type="radio"/> No		
	f) <u>Fondaparinux</u>	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After <input type="radio"/> No		
	g) <u>Bivalirudin</u>	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After <input type="radio"/> No		
	h) <u>Aspirin</u>	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After <input type="radio"/> No		
	i) <u>Clopidogrel</u>	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After <input type="radio"/> <6hrs <input type="radio"/> 6-24hrs <input type="radio"/> >24-72hrs <input type="radio"/> >72hrs First / load dose: <input type="radio"/> 75mg <input type="radio"/> 300mg <input type="radio"/> 600mg <input type="radio"/> ≥1200mg		
	j) <u>Prasugrel</u>	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After <input type="radio"/> No		
k) <u>Ticagrelor</u>	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After <input type="radio"/> No			
l) <u>Others, specify:</u>	<input type="radio"/> Yes → <input type="radio"/> Prior <input type="radio"/> During <input type="radio"/> After <input type="radio"/> No			
4. Planned duration of DAPT:	<input type="radio"/> 1 month <input type="radio"/> 6 months <input type="radio"/> >12 months <input type="radio"/> 3 months <input type="radio"/> 12 months <input type="radio"/> Not Available		5. Percutaneous entry:	<input type="checkbox"/> Brachial <input type="checkbox"/> Femoral <input type="checkbox"/> Radial
6. Closure device:	<input type="radio"/> No <input type="radio"/> Suture <input type="radio"/> Exoseal <input type="radio"/> Seal <input type="radio"/> Other, specify: _____		7. Coronary disease >50% stenosis:	<input type="checkbox"/> LAD <input type="checkbox"/> LCx <input type="checkbox"/> RCA <input type="checkbox"/> Graft <input type="checkbox"/> LMS
8. Fluoroscopy time:	<input type="text"/> . <input type="text"/> minutes <input type="checkbox"/> Not Available		9. Total dose:	<input type="text"/> mGy <input type="checkbox"/> Not Available
10. Contrast volume:	<input type="text"/> ml <input type="checkbox"/> Not Available			

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

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 side branch as a second lesion.

SECTION 7 : PCI PROCEDURE DETAILS (Complete for ALL intervention. Attach additional form if necessary)



1. Total no. of lesion treated :		2. Lesion code (1-25):	<input type="checkbox"/> <input type="checkbox"/> to <input type="checkbox"/> <input type="checkbox"/> (if applicable)
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3. Coronary lesion:	<input type="radio"/> De novo <input type="radio"/> Stent thrombosis a. Type: <input type="radio"/> Acute <input type="radio"/> Late <input type="radio"/> Sub acute <input type="radio"/> Very late	<input type="radio"/> Restenosis (no prior stent) <input type="radio"/> In stent restenosis b. Prior stent type: <input type="radio"/> DES <input type="radio"/> BMS <input type="radio"/> Others, specify:
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4. Lesion type:	<input type="radio"/> A <input type="radio"/> B1 <input type="radio"/> B2 <input type="radio"/> C	5. Location in graft: (complete for graft PCI only)	<input type="radio"/> Ostial <input type="radio"/> Mid <input type="radio"/> Native <input type="radio"/> Proximal <input type="radio"/> Distal <input type="radio"/> Anastomosis
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6. Lesion description: (if intervention involved sidebranch, please record as second lesion)	<input type="checkbox"/> Ostial <input type="checkbox"/> Total Occlusion (≤3 mo) <input type="checkbox"/> CTO (> 3 mo) <input type="checkbox"/> Thrombus <input type="checkbox"/> Calcified lesion <input type="checkbox"/> Not Applicable <input type="checkbox"/> LMS <input type="checkbox"/> Bifurcation → a) Medina Classification: i) MB prox. <input type="radio"/> 0 <input type="radio"/> 1 ii) MB dist. : <input type="radio"/> 0 <input type="radio"/> 1 iii) SB: <input type="radio"/> 0 <input type="radio"/> 1
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7. Pre-stenosis %:	<input type="text"/> <input type="text"/> <input type="text"/> %	TIMI Flow (pre): →	<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3
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8. Post-stenosis %:	<input type="text"/> <input type="text"/> <input type="text"/> %	TIMI Flow (post): →	<input type="radio"/> TIMI-0 <input type="radio"/> TIMI-1 <input type="radio"/> TIMI-2 <input type="radio"/> TIMI-3
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9. Estimated lesion length:	<input type="text"/> <input type="text"/> mm	12. Lesion result:	<input type="radio"/> Successful <input type="radio"/> Unsuccessful
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10. Perforation:	<input type="radio"/> Yes <input type="radio"/> No	13. Dissection: (Post Procedure)	<input type="radio"/> Yes → <input type="radio"/> Flow limiting <input type="radio"/> Non Flow limiting <input type="radio"/> No
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11. French size:	(i) <input type="radio"/> Guiding catheter → (ii) <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> Other, specify: <input type="radio"/> Guiding sheath	14. No reflow:	<input type="radio"/> Yes → <input type="radio"/> Transient <input type="radio"/> Persistent <input type="radio"/> No
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15. Stent / DEB details for lesion: (please refer instruction sheet for stent codes)

a. Stent code #1 <input type="text"/> <input type="text"/> <input type="text"/> b. Diameter (mm) <input type="text"/> . <input type="text"/> <input type="text"/> c. Length (mm) <input type="text"/> <input type="text"/> Others, specify: _____	a. Stent code #4 <input type="text"/> <input type="text"/> <input type="text"/> b. Diameter (mm) <input type="text"/> . <input type="text"/> <input type="text"/> c. Length (mm) <input type="text"/> <input type="text"/> Others, specify: _____
a. Stent code #2 <input type="text"/> <input type="text"/> <input type="text"/> b. Diameter (mm) <input type="text"/> . <input type="text"/> <input type="text"/> c. Length (mm) <input type="text"/> <input type="text"/> Others, specify: _____	a. Stent code #5 <input type="text"/> <input type="text"/> <input type="text"/> b. Diameter (mm) <input type="text"/> . <input type="text"/> <input type="text"/> c. Length (mm) <input type="text"/> <input type="text"/> Others, specify: _____
a. Stent code #3 <input type="text"/> <input type="text"/> <input type="text"/> b. Diameter (mm) <input type="text"/> . <input type="text"/> <input type="text"/> c. Length (mm) <input type="text"/> <input type="text"/> Others, specify: _____	a. Stent code #6 <input type="text"/> <input type="text"/> <input type="text"/> b. Diameter (mm) <input type="text"/> . <input type="text"/> <input type="text"/> c. Length (mm) <input type="text"/> <input type="text"/> Others, specify: _____

16. Maximum balloon size / pressure:	a) Maximum balloon size used: <input type="text"/> . <input type="text"/> <input type="text"/> mm b) Maximum stent / balloon deploy pressure: <input type="text"/> <input type="text"/> atm	17. Intracoronary devices used:	<input type="checkbox"/> IVUS <input type="checkbox"/> Aspiration catheter <input type="checkbox"/> Micro catheter <input type="checkbox"/> POBA <input type="checkbox"/> Cutting / scoring balloon <input type="checkbox"/> Rotablator <input type="checkbox"/> Coil <input type="checkbox"/> Mother and Child <input type="checkbox"/> Angiojet <input type="checkbox"/> OCT <input type="checkbox"/> FFR <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Embolic Protection <input type="radio"/> Filter <input type="radio"/> Distal <input type="radio"/> Proximal
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18. Direct stenting:	<input type="radio"/> Yes <input type="radio"/> No	19. Other Adjunctive Procedure:	<input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> IABP <input type="checkbox"/> Ventilator <input type="checkbox"/> Temporary Cardiac Pacing Wire
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a. Patient Name:		b. Centre Code:	
c. Identification Card No.		d. Hospital RN:	

SECTION 8 : POST PROCEDURAL COMPLICATION

1. Outcome:

a. Significant Periprocedural MI

Yes No Not Available

Rise in CK/CKMB > x3 URL Rise in Troponin > x5 URL
 ECG changes

c. Bail-out CABG Yes No

d. Cardiogenic shock 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. Worsening renal impairment (rise of post procedural creatinine >25% from baseline) Yes No
 Not Available

b. Emergency Reintervention / PCI

Yes No Not Available

i) Stent thrombosis	<input type="radio"/> Yes	<input type="radio"/> No	v) New ischaemia	<input type="radio"/> Yes	<input type="radio"/> No
ii) Dissection	<input type="radio"/> Yes	<input type="radio"/> No	vi) Re-infarction	<input type="radio"/> Yes	<input type="radio"/> No
iii) Cardiac perforation	<input type="radio"/> Yes	<input type="radio"/> No	vii) Cardiac tamponade	<input type="radio"/> Yes	<input type="radio"/> No
iv) Coronary perforation	<input type="radio"/> Yes	<input type="radio"/> No			

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: Retroperineal Percutaneous entry site Others, specify:

b. Access site occlusion Yes No

c. Loss of radial pulse Yes No

d. Dissection Yes No

e. Pseudoaneurysm

Yes No

Ultrasound compression Surgery Others, specify:

f. Perforation Yes No

SECTION 9 : IN-HOSPITAL OUTCOME

1. Outcome:

Alive →

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

b) Medication:

	Yes	No		Yes	No
Aspirin	<input type="radio"/>	<input type="radio"/>	ARB	<input type="radio"/>	<input type="radio"/>
Clopidogrel	<input type="radio"/>	<input type="radio"/>	Warfarin	<input type="radio"/>	<input type="radio"/>
Ticlopidine	<input type="radio"/>	<input type="radio"/>	Prasugrel	<input type="radio"/>	<input type="radio"/>
Statin	<input type="radio"/>	<input type="radio"/>	Ticagrelor	<input type="radio"/>	<input type="radio"/>
Beta blocker	<input type="radio"/>	<input type="radio"/>	Others, specify:	<input type="radio"/>	<input type="radio"/>
ACE inhibitor	<input type="radio"/>	<input type="radio"/>		

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 hospital →

a) Date of Transfer (dd/mm/yy): / /

b) Name of hospital: