

# 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. Date of Admission (dd/mm/yy):  /  /

B. Time of Admission (hh:mm):  :  (in 24hr clock)

## SECTION 1: DEMOGRAPHICS

<b>1. Patient Name:</b> <small>(as per MyKad / Other Document ID)</small>	<input style="width: 95%;" type="text"/>	<b>2. Hospital RN :</b>	<input style="width: 95%;" type="text"/>
<b>3. Identification Card Number:</b>	<b>MyKad:</b> <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"/> <input style="width: 20px;" type="text"/>	<b>Old IC No.</b>	<input style="width: 100%;" type="text"/>
	<b>Other ID Document No.</b> <input style="width: 150px;" type="text"/> →	<b>Specify type :</b> <small>(eg. passport, armed force ID)</small>	
<b>4. Gender:</b>	<input type="radio"/> Male <input type="radio"/> Female	<b>5. Nationality:</b>	<input type="radio"/> Malaysian <input type="radio"/> Non Malaysian
<b>6a. Date of Birth:</b>	<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <small>(write DOB as 01/01/yy if age is known)</small>	<b>6b. Age on admission:</b>	<input style="width: 40px;" type="text"/> <small>(auto calculate)</small>
<b>7. Ethnic Group:</b>	<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: .....		
<b>8. Contact Number:</b>	(1): <input style="width: 100%;" type="text"/>	(2): <input style="width: 100%;" type="text"/>	

## SECTION 2 : STATUS BEFORE EVENT

<b>1. Smoking status:</b>	<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		
<b>2. Medical history:</b>			
a) Dyslipidaemia	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	f) Documented Significant CAD	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known <small>(Presence of &gt;50 % stenosis on CTA, angiogram, ischaemia on functional cardiac imaging such as nuclear, MRI, echo or positive treadmill test. High calcium score alone is not sufficient)</small>
b) Hypertension	<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
c) Diabetes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	h) History of heart failure	<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		i) Cerebrovascular disease	<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; &lt;55 y/old if Male &amp; &lt;65 y/old if Female)</small>	<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
e) Myocardial infarction history	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known	k) Chronic renal failure <small>(&gt;200 µmol/L serum creatinine)</small>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not known → <input type="checkbox"/> On dialysis? <input type="radio"/> Yes <input type="radio"/> No

## SECTION 3 : CLINICAL EXAMINATION and BASELINE INVESTIGATION

<b>1. Anthropometric:</b>	<b>a. Height:</b> <input style="width: 40px;" type="text"/> . <input style="width: 40px;" type="text"/> (m) <input type="checkbox"/> Not Available	<b>b. Weight:</b> <input style="width: 40px;" type="text"/> . <input style="width: 40px;" type="text"/> (kg) <input type="checkbox"/> Not Available	<b>c. BMI:</b> <input style="width: 60px;" type="text"/> <small>(auto calculate)</small>
<b>2. Heart rate (at start of PCI):</b>	<input style="width: 40px;" type="text"/> beats/min	<b>3. Blood pressure (at start of PCI):</b>	<b>a. Systolic:</b> <input style="width: 40px;" type="text"/> (mmHg) <b>b. Diastolic:</b> <input style="width: 40px;" type="text"/> (mmHg)
<b>4. Fasting Blood Glucose:</b>	<input style="width: 40px;" type="text"/> . <input style="width: 40px;" type="text"/> mmol/L <input type="checkbox"/> Not Available	<b>5. Hb A1c:</b>	<input style="width: 40px;" type="text"/> . <input style="width: 40px;" type="text"/> % <input type="checkbox"/> Not Available
<b>6a. Total cholesterol:</b>	<input style="width: 40px;" type="text"/> . <input style="width: 40px;" type="text"/> mmol/L <input type="checkbox"/> Not Available	<b>6b. LDL Levels:</b>	<input style="width: 40px;" type="text"/> . <input style="width: 40px;" type="text"/> mmol/L <input type="checkbox"/> Not Available
<b>7. Baseline creatinine:</b>	<input style="width: 40px;" type="text"/> . <input style="width: 40px;" type="text"/> µmol/L <input type="checkbox"/> Not Available	<b>8. Baseline ECG:</b> <input type="checkbox"/> Sinus rhythm <input type="checkbox"/> 2 <sup>nd</sup> /3 <sup>rd</sup> AVB <input type="checkbox"/> RBBB <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> LBBB <input type="checkbox"/> ST Deviation <small>(for GRACE Score)</small>	
<b>9. Non Invasive Test:</b>	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"/> DSE <input type="checkbox"/> CT Scan		ii) Functional Ischaemia <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Equivocal
<b>10. Glomerular Filtration Rate (GFR):</b>	<b>a. MDRD:</b> <input style="width: 40px;" type="text"/> . <input style="width: 40px;" type="text"/> mL/min/1.73m <sup>2</sup> <small>(auto calculate)</small>	<b>b. Cockcroft-Gault:</b> <input style="width: 40px;" type="text"/> . <input style="width: 40px;" type="text"/> mL/min <small>(auto calculate)</small>	

Formula: GFR (Modification of Diet in Renal Disease (MDRD)) : 186 x (serum creatinine [micromol/L] / 88.4) <sup>-1.154</sup> x (age) <sup>-0.203</sup> 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

<b>1. Previous PCI:</b>	<b>2. Previous CABG:</b>
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Date of most recent PCI (dd/mm/yy): <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input type="checkbox"/> Not Available	Date of most recent CABG (dd/mm/yy): <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> <input type="checkbox"/> Not Available



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.

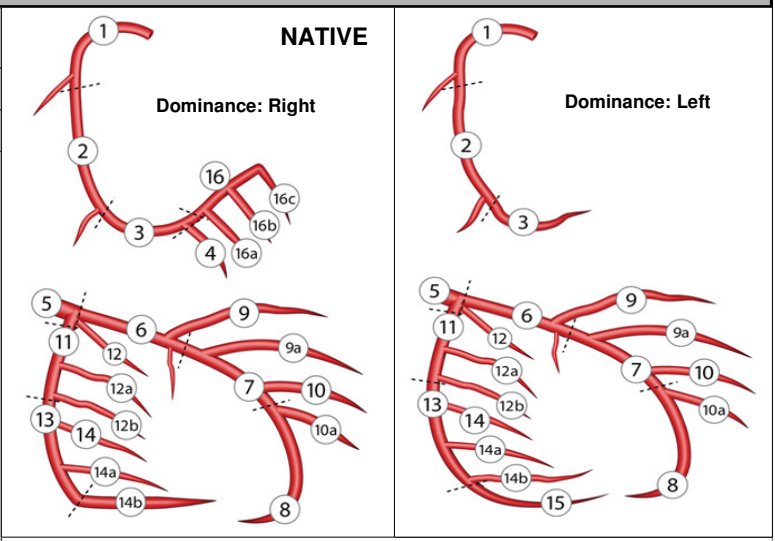
**SECTION 7 : PCI PROCEDURE DETAILS** (Complete for ALL interventions. Please use one form per lesion treated)

1. **Total No. of lesion treated:** \_\_\_\_\_ (Please use one form for one lesion treated)

2. **Dominance:**  Left  Right  Co-dominance

3. **Lesion code (1-25):** \_\_\_\_\_ to \_\_\_\_\_ (if applicable)

4. **Coronary lesion:**  
 De novo  Restenosis (no prior stent)  
 Stent thrombosis →  Acute  Late  
 Sub Acute  Very Late  
 In stent restenosis  
 i. Duration: \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s) ("Duration from the known previous procedure")  Not available  
 ii. Prior stent type:  
 DES  BMS  BVS  Mg  
 Others, specify: \_\_\_\_\_  
 iii. Classification:  
 Class I ('Focal ISR')  
 Class II ('Diffuse intrastent' ISR)  
 Class III ('Diffuse proliferative' ISR)  
 Class IV (ISR with 'total occlusion')



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

Graft	Target vessel	Graft	Target vessel	Graft	Target vessel
<input type="checkbox"/> 18 LIMA	<input type="checkbox"/>	<input type="checkbox"/> 21 SVG2	<input type="checkbox"/>	<input type="checkbox"/> 24 RAD2	<input type="checkbox"/>
<input type="checkbox"/> 19 RIMA	<input type="checkbox"/>	<input type="checkbox"/> 22 SVG3	<input type="checkbox"/>	<input type="checkbox"/> 25 RAD3	<input type="checkbox"/>
<input type="checkbox"/> 20 SVG1	<input type="checkbox"/>	<input type="checkbox"/> 23 RAD1	<input type="checkbox"/>		

5. **Lesion type:**  A  B1  B2  C

6. **Location in graft:** (complete for graft PCI only)  
 Ostial  Native  
 Body  Anastomosis

7. **Lesion description:** (if intervention involved bifurcation lesion, please record information of side branch (SB) using a separate form Section 7.1 A or B)  
 Ostial  CTO>3mo  Calcified lesion  
 LMS  Thrombus  Not Applicable  
 Bifurcation → a)  SB Treated (only if SB ≥ 2.0mm)  SB Not treated  
 b) Medina Classification:  

i) MB prox.:	<input type="radio"/> 0	ii) MB dist.:	<input type="radio"/> 0
	<input type="radio"/> 1		<input type="radio"/> 1
iii) SB1:	<input type="radio"/> 0	iv) SB2:	<input type="radio"/> 0
	<input type="radio"/> 1		<input type="radio"/> 1

17. **Stent / DEB details per lesion:** (please refer instruction sheet for stent codes)

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

8. **Pre PCI % of stenosis:** \_\_\_\_\_% TIMI Flow  TIMI-0  TIMI-1 (pre):  TIMI-2  TIMI-3

9. **Post PCI % of stenosis:** \_\_\_\_\_% TIMI Flow  TIMI-0  TIMI-1 (post):  TIMI-2  TIMI-3

10. **Estimated Lesion Length:** \_\_\_\_\_ mm

18. **Maximum balloon:**

a) Predilatation: i) Size: <input type="checkbox"/> . <input type="checkbox"/> mm ii) Types: <input type="checkbox"/> Regular <input type="checkbox"/> NC <input type="checkbox"/> Cutting <input type="checkbox"/> Scoring	b) Postdilatation: i) Size: <input type="checkbox"/> . <input type="checkbox"/> mm ii) Pressure: <input type="checkbox"/> atm
---	---

11. **Perforation:**  Yes  No  
 i) Classification  
 Type I (extraluminal crater without extravasation)  
 Type II (pericardial or myocardial blushing)  
 Type III (perforation ≥1mm diameter with contrast streaming)  
 Cavity spilling

12. **French Size:**  
 (i)  Guiding catheter  Guiding sheath  
 (ii)  4  5  6  7  8  
 Other, specify: \_\_\_\_\_  
 (iii) Types of guiding catheter: \_\_\_\_\_

19. **Intracoronary devices used:**

<input type="checkbox"/> IVUS	<input type="checkbox"/> Angiojet	<input type="checkbox"/> Embolic Protection
<input type="checkbox"/> OCT	<input type="checkbox"/> Rotablator	<input type="radio"/> Filter
<input type="checkbox"/> FFR	<input type="checkbox"/> Extension catheter	<input type="radio"/> Proximal
<input type="checkbox"/> Aspiration catheter	<input type="checkbox"/> Coil	
<input type="checkbox"/> POBA	<input type="checkbox"/> Double Lumen micro catheter	
<input type="checkbox"/> Micro catheter	<input type="checkbox"/> Others,specify: _____	

13. **Was lesion treated?**  Yes  No

14. **Lesion result:**  Successful  Unsuccessful

15. **Dissection:** (Post procedure)  
 Yes →  Flow limiting  Non flow limiting  
 No

16. **Slow Flow/ No reflow:**  
 Yes →  Transient  Persistent  
 No

20. **Other adjunctive procedure:**  Yes →  Ventilator  Temporary Cardiac Pacing Wire  No

21. **Circulatory support:**  Yes →  IABP  Impella  ECMO  PCPS  No

22. **Direct stenting:**  Yes  No

**SECTION 8 : 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

b. Emergency Reintervention / PCI  
 Yes       No       Not Available

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

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

**2. Vascular complications:**

a. Bleeding       Yes       No

Minimal *(non-CNS bleeding, non-overt bleeding, < 3g/dL Hb)*  
 Minor *(non-CNS bleeding with 3-5g/dL Hb drop)*  
 Major *(any intracranial bleed or other bleeding ≥ 5g/dL Hb drop)*

Bleeding site:     Retroperitoneal     Percutaneous entry site     Others, specify: .....

b. RBC/ Whole Blood Transfusion       Yes       No

c. Access site occlusion       Yes       No

d. Loss of radial pulse       Yes       No

e. Dissection       Yes       No

f. Pseudoaneurysm  
 Yes       No  
 Ultrasound compression       Surgery       Others, specify: .....

g. 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"/>	Statin	<input type="radio"/>	<input type="radio"/>
Clopidogrel	<input type="radio"/>	<input type="radio"/>	Beta Blocker	<input type="radio"/>	<input type="radio"/>
Ticlopidine	<input type="radio"/>	<input type="radio"/>	ACE inhibitor	<input type="radio"/>	<input type="radio"/>
Warfarin	<input type="radio"/>	<input type="radio"/>	ARB	<input type="radio"/>	<input type="radio"/>
Prasugrel	<input type="radio"/>	<input type="radio"/>	Other antiplatelet, specify:.....	<input type="radio"/>	<input type="radio"/>
Ticagrelor	<input type="radio"/>	<input type="radio"/>	Others, specify: .....	<input type="radio"/>	<input type="radio"/>
NOAC	<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: .....