

National Cardiovascular Disease Database - PCI Registry (Notification Form) Data Definition Document

Section Name: Header

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	For office use			<input type="checkbox"/>	<input type="checkbox"/>
2		2	Reporting centre name			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3		3	For office use			<input type="checkbox"/>	<input type="checkbox"/>
4		4	Date of Admission (DD-MM-YYYY)	Date of Admission		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section Name: Section 1 : Demographics

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Patient Name	Name of patient		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2		2	Local RN No.	Patient's Hospital's local Registration Number if applicable.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Identification card number	3a	MyKad/MyKid	Identification card number of patient. Please provide at least one of the identification card number: MyKad or MyKid number, Old IC number, or Other Identification document number such as passport number or Armed Force ID number.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Identification card number	3g	MyKad/MyKid	Identification card number of patient. Please provide at least one of the identification card number: MyKad or MyKid number, Old IC number, or Other Identification document number such as passport number or Armed Force ID number.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Identification card number	3f	MyKad/MyKid	Identification card number of patient. Please provide at least one of the identification card number: MyKad or MyKid number, Old IC number, or Other Identification document number such as passport number or Armed Force ID number.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Identification card number	3e	MyKad/MyKid	Identification card number of patient. Please provide at least one of the identification card number: MyKad or MyKid number, Old IC number, or Other Identification document number such as passport number or Armed Force ID number.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Identification card number	3b	Old IC	Identification card number of patient. Please provide at least one of the identification card number: MyKad or MyKid number, Old IC number, or Other Identification document number such as passport number or Armed Force ID number.		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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8	Identification card number	3c	Other ID document No	Identification card number of patient. Please provide at least one of the identification card number: MyKad or MyKid number, Old IC number, or Other Identification document number such as passport number or Armed Force ID number.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Identification card number	3d	Specify type (e.g. passport, armed force ID)	Identification card number of patient. Please provide at least one of the identification card number: MyKad or MyKid number, Old IC number, or Other Identification document number such as passport number or Armed Force ID number.	1: Registration number 2: Passport 3: Birth Certificate 4: Mother's I/C 5: Father's I/C 6: Armed Force ID 7: Work Permit # 8: Date of Birth 9: Lab number 10: Patient ID 99: Others 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10		4	Gender	Patient's gender – Male/Female	1:Male 2:Female 8888:N/A 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11		5	Nationality	The status of belonging to a particular nation by origin, birth, or naturalization.	1: Malaysian 2: Non-Malaysian 8888: Not Available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12		6	Date Of Birth	Patient's Date Of Birth - in DD/MM/YYYY format .		<input checked="" type="checkbox"/>	<input type="checkbox"/>
13		7	Age at Notification	Calculated from Date of admission and Date of birth.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
14		8a	Ethnicity	Race or Ethnic group of the patient	PtRaceIDPtRace 1: Malay 2: Chinese 3: Indian 4: Orang Asli 5: Kadazan Dusun 6: Melanau 7: Murut 8: Bajau 9: Bidayuh 10: Iban 11: Punjabi 18: Other Malaysian 20: Foreigner 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Ethnicity	8b	Ethnicity		101: Dusun 102: Kwijau 103: Mangkaak 104: Iranun / Illanun 105: Orang Sungei 106: Sulu / Suluk 107: Bisaya 108: Rungus 109: Sino-Native 110: Kadayan 111: Tidong 112: Minokok 113: Tambanuo etc refer lookup table	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Ethnicity	8c	Ethnicity	Race or Ethnic group of the patient, if other malaysian, specify		<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Ethnicity	8d	Foreigner, specify counry of origin	Race or Ethnic group of the patient: If foreigner, specify country of origin		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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18	Contact Number	9a	Contact No:1	Patient's most reachable contact number		<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Contact Number	9b	Contact No: 2	Patient's second reachable contact number		<input checked="" type="checkbox"/>	<input type="checkbox"/>
20		10a	Admission Status	The act or process of admitting the patient in the reporting centre. Categorised as 'Referral' defined as 'The admission based on the recommendation of a health care provider.'; 'Elective' defined as 'Subject to the choice or decision of the patient or physician, applied to procedures that are advantageous to the patient but not urgent.'; 'Emergency Department'; 'Transfer from another facility'; 'Out of hospital cardiac arrest'	6:Referral for elective procedure 7:In-patient transfer (for more immediate procedure) 8:Self-referral 99:Other, specify 8888:Not available 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Admission Status	10b	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>

Section Name: Section 2 : Status Before Event

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Smoking status	Indicate if the patient has a history confirming any form of tobacco use in the past. This includes use of cigarettes / cigars / pipes/ tobacco chewing. Categorised as: 'Never' defined as 'Patient has never smoked a tobacco product'; 'Former' defined as 'Patient has stopped smoking tobacco products greater than 30 days before this admission' and 'Current' defined as 'Patient regularly smokes a tobacco product / products one or more times per day or has smoked in the 30 days prior to this admission'	1:Never 2:Former (quit > 30 days) 3:Current (any tobacco use within last 30 days) 8888:Not available 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Medical history	2a	Dyslipidaemia	Indicate if the patient has a history of dyslipidaemia diagnosed prior to this admission to the hospital or currently receiving treatment for dyslipidaemia.	1: Yes 2: No 7777: Not Known 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Medical history	2b	Hypertension	Indicate if the patient has a history of hypertension diagnosed prior to this admission to the hospital or currently receiving treatment for hypertension.	1: Yes 2: No 7777: Not Known 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Medical history	2c	Diabetes	Indicate if the patient has a history of diabetes mellitus diagnosed prior to this admission to the hospital or currently receiving treatment for diabetes.	1: Yes 2: No 7777: Not Known 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Diabetes	2c.i	OHA	The type of treatment for diabetes: OHA (Oral Hypoglycemic Agents)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Diabetes	2c.ii	Insulin	The type of treatment for diabetes: Insulin		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Diabetes	2c.iii	Non pharmacology therapy/diet therapy			<input type="checkbox"/>	<input type="checkbox"/>

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8	Medical history	2d	Family history of premature cardiovascular disease	Indicate if the patient has a 1st degree family member (parents or siblings) who suffered a myocardial infarction and/or stroke before the age of 55 years. To define the age '<55 years old if male' and '<65 years old if female'.	1: Yes 2: No 7777: Not Known 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Medical history	2e	Myocardial infarction history	Indicate if the patient has a myocardial infarction history prior to this admission to the hospital.	1: Yes 2: No 7777: Not Known 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Medical history	2f	Documented CAD	Indicate if the patient has angiographically-proven coronary disease or have undergone percutaneous angioplasty (PCI) or coronary artery bypass graft (CABG) prior to this admission to the hospital. CAD -'Coronary artery disease'	1: Yes 2: No 7777: Not Known 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Medical history	2g	New onset angina (<2 weeks)	Indicate if the patient has an angina for in the past 2 weeks prior to this admission to the hospital.	1: Yes 2: No 7777: Not Known 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Medical history	2h	History Heart failure	Indicate if the patient has a history of heart failure or documented evidence (echocardiography, MRI, nuclear imaging, ventriculography) of left ventricular systolic dysfunction prior to this admission to the hospital	1: Yes 2: No 7777: Not Known 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Medical history	2i	Cerebrovascular disease	Indicate if the patient has a history of stroke and/or transient ischaemic attack (TIA) or documented evidence of cerebrovascular disease (CT scan, MRI) prior to this admission to the hospital	1: Yes 2: No 7777: Not Known 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Medical history	2j	Peripheral vascular disease	Indicate if the patient has a history and/or documented evidence and/or have undergone treatment for peripheral vascular disease (including aortic aneurysm; peripheral artery disease, intermittent claudication and/or previous peripheral artery stenting or bypass; renal artery stenosis and/or previous renal artery stenting)	1: Yes 2: No 7777: Not Known 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Medical history	2k	Chronic renal failure	Indicate if the patient has a history and/or documented evidence and/or have undergone treatment for Chronic renal failure	1: Yes 2: No 7777: Not Known 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section Name: Section 3 : Clinical Examination And Baseline Investigation

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Anthropometric	1a	Height	Measure the patient's height in cm. Indicates if the height was taken. Measurements may be taken at any time prior to discharge. However measurements taken after prolonged hospitalization (>2 weeks) or following surgery or prolonged intensive unit stay may not be accurate. Also indicate if not available in <HeightNA>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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2	Height	1a.i	Not Available	Patient's measurement for height is Not Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Anthropometric	1a.ii	Weight	Measure the patient's weight in kg. Indicates if the weight was taken. Measurements may be taken at any time prior to discharge. However measurements taken after prolonged hospitalization (>2 weeks) or following surgery or prolonged intensive unit stay may not be accurate. Also indicate if not available <WeightNA>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Weight	1b	Not Available	Patient's measurement for weight is Not Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Anthropometric	1c	BMI	Body Mass Index (BMI) (kgm-2) - A measurement of the relative percentages of fat and muscle mass in the human body, in which weight in kilograms is divided by height in meters and the result used as an index of obesity. This will be autocalculated by the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6		2	Heart Rate	The heart rate recorded in beats per minute (at presentation).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Blood pressure	3a	Systolic	The person's measured systolic (in mmHg) blood pressure (at presentation).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Blood pressure	3b	Diastolic	The person's measured diastolic (in mmHg) blood pressure (at presentation).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9		4a	Baseline creatinine	The amount of serum creatinine in the blood at admission. The unit is mmol/L. Also indicate if not available <BLCreatinineNA>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Baseline creatinine	4b	Not Available	The serum creatinine lab results is not available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11		5	Hb A1c		<input type="checkbox"/>	<input type="checkbox"/>
12		6a.i	Total cholesterol	The person's measured total cholesterol latest level before event (in mmol/L). Also indicate if not available in <NotDoneTC>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Total cholesterol	6a.ii	Not Available	The total cholesterol lab results is not available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14		6b.i	LDL levels	The person's measured low-density lipoprotein cholesterol (LDL-C) latest level before event (in mmol/L)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	LDL levels	6b.ii	Not available	The low-density lipoprotein cholesterol lab results is not available. Also indicate if not available in <NotDoneLDLC>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Baseline ECG	7a	Sinus rhythm	ECG results / pattern shows sinus rhythm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Baseline ECG	7b	Atrial fibrillation	ECG results / pattern shows Atrial fibrillation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Baseline ECG	7c	2nd / 3rd AVB	ECG results / pattern shows 2nd / 3rd AVB	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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19	Baseline ECG	7d	LBBB	ECG pattern shows LBBB	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	Baseline ECG	7e	RBBB	ECG pattern shows RBBB	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Glomerular Filtration Rate (GFR)	8a	MDRD	MDRD (autocalculate) $186 \times (\text{serum creatinine (umol/L)} / 88.4)^{-1.154} \times \text{AGE}^{-0.203} \times (0.742 \text{ if female})$	<input type="checkbox"/>	<input type="checkbox"/>
22	Glomerular Filtration Rate (GFR)	8b	Cockcroft-Gault	Cockcroft-Gault (autocalculate) Male: $1.23 \times (140 - \text{AGE}) \times \text{WEIGHT (kg)} / \text{serum creatinine (umol/L)}$. Female: $1.04 \times (140 - \text{AGE}) \times \text{WEIGHT (kg)} / \text{serum creatinine (umol/L)}$	<input type="checkbox"/>	<input type="checkbox"/>

Section Name: Section 4 : Previous Interventions

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Previous PCI	Indicate if patient has had a prior Percutaneous Transluminal Coronary Angioplasty, Coronary Atherectomy, and/or coronary Stent done at any time prior to this PCI procedure (which may include during the current admission)	1:Yes 2:No 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	PreviousPCI	1a	Date of most recent PCI	The date on which patient had their most recent PCI- in DD/ MM /YYYY format		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	PreviousPCI	1b	not available	The date on which patient had their most recent PCI- is not available		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4		2	Previous CABG	Indicate if patient has had a previous Coronary Artery Bypass surgery by any approach prior to the current PCI procedure	1:Yes 2:No 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	PreviousCABG	2a	Date of most recent CABG	The date on which patient had their most recent CABG in DD/ MM /YYYY format		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	PreviousCABG	2b	not available	The date on which patient had their most recent CABG is not available		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section Name: Section 5 : Cardiac Status At PCI Rocedure

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
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1	1	NYHA classification	<p>Indicate the patients NYHA classification (A functional and therapeutic classification for prescription of physical activity for cardiac patients (uses New York Heart Association classification)) categorised as Class I: patient has cardiac disease but without resulting limitations of ordinary physical activity; Ordinary physical activity (e.g., walking several blocks or climbing stairs) does not cause undue fatigue or dyspnoea. Limiting symptoms may occur with marked exertion; Class II: patient has cardiac disease resulting in slight limitation of ordinary physical activity. Patient is comfortable at rest. Ordinary physical activity such as walking more than 2 blocks or climbing more than one flight of stairs results in limiting symptoms (e.g., fatigue or dyspnoea); Class III: patient has cardiac disease resulting in marked limitation of physical activity. Patient is comfortable at rest. Less than ordinary physical activity (e.g., walking one to two level blocks or climbing one flight of stairs) causes fatigue or dyspnoea; Class IV: patient has dyspnoea at rest that increases with any physical activity. Patient has cardiac disease resulting in inability to perform any physical activity without discomfort. Symptoms may be present even at rest. If any physical activity is undertaken, discomfort is increased.</p>	<p>1: NYHA I 2: NYHA II 3: NYHA III 4: NYHA IV 8888: Not Available 9999: Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	2	Killip class	<p>Identifies the Killip class (for AMI patients only), as a measure of haemodynamics compromise, of the person at the time of presentation. Categorised as Class I: Absence of crackles/rales over the lung fields and absence of S3; Class 2: Crackles/rales over 50% or less of the lung fields or the presence of an S3; Class 3: Crackles/rales over more than 50% of the lung fields; Class 4: Cardiogenic shock. Clinical criteria for cardiogenic shock are:</p> <ul style="list-style-type: none"> - hypotension (a systolic blood pressure of less than 90 mmHg for at least 30 minutes or the need for supportive measures to maintain a systolic blood pressure of greater than or equal to 90mmHg) - end-organ hypoperfusion (cool extremities or a urine output of less than 30 ml/h, and a heart rate of greater than or equal to 60 beats per minute). -The haemodynamic criteria are a cardiac index of no more than 2.2 l/min per square meter of body-surface area and a pulmonary-capillary wedge pressure of at least 15 mmHg 	<p>1: I Asymptomatic 2: II Left Heart Failure (LHF) 3 : III Acute Pulmonary Oedema (APO) 4 : IV Cardiogenic Shock 8888: Not Applicable/ Not Available 9999 : Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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3	3	Functional ischaemia	Indicate if the patients has functional ischaemia. Where a non-invasive test such as exercise or pharmacologic stress test, radionuclide, echo, CT scan was done to rule out ischemia. The test could be performed at this admission (prior to the PCI), or it could be a test that resulted in the admission. Categorised as Not Applicable; Positive ; Negative; or Equivocal	1: Positive 2: Negative 3: Equivocal 7777: Not applicable 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	4	IABP	Indicate if an IABP (Intra Aortic Balloon Pump) used during the procedure	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	5	Acute Coronary Syndrome	Indicate if the patient is suffering from an Acute Coronary Syndrome Event. ACS encompasses clinical features comprising chest pain or overwhelming shortness of breath, defined by accompanying clinical, ECG and biochemical features. ACS comprise the following: Unstable Angina Pectoris(UAP), NSTEMI, STEMI	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Acute Coronary Syndrome	5a	If Yes	Acute Coronary Syndrome, if yes, specify STEMI / NSTEMI / UA	1:STEMI, 2:NSTEMI, 3:UA, 8888:Not available, 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Acute Coronary Syndrome	5b	STEMI		1:Anterior, 2:Non anterior, 8888:Not available, 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
8		6	Angina Type	Indicate the patient's symptom presentation or angina type on admission categorized as 1) None:- defined as No Angina or symptoms 2) Atypical :- defined as Chest Pain: pain, pressure or discomfort in the chest, neck or arms not clearly exertional or not otherwise consistent with pain or discomfort of myocardial ischemic origin 3) Chronic Stable Angina (Stable Angina): defined as Angina without a change in frequency or pattern for the 6 weeks prior to presentation / procedure. Angina is controlled by rest and / or sublingual/ oral/ transcutaneous medications. 4) Unstable Angina (UAP): defined as One of the following is necessary - Angina that occurred at rest and was prolonged, usually lasting more than 20 minutes. - New-onset angina of at least CCS III severity - Recent acceleration of angina reflected by an increase in severity of at least 1 CCS class to at least CCS class III 5) NSTEMI: Non St Elevation Myocardial Infarction 6) STEMI: St Elevation Myocardial Infarction	1: Atypical 2: Chronic Stable Angina 3: Unstable angina 6666: None 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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9		7	Canadian Cardiovascular Score (CCS)	<p>Canadian Cardiovascular Angina Classification Score (CCS) of this patient. Categorized as Class O: Asymptomatic</p> <p>Class 1: Ordinary physical activity (for example, walking or climbing stairs) does not cause angina: angina occurs with strenuous or rapid or prolonged exertion at work or recreation.</p> <p>Class 2: Slight limitation of ordinary activity (for example, angina occurs walking or stair climbing after meals, in cold, in wind, under emotional stress, or only during the first few hours after waking): walking more than two blocks on the level or climbing more than 1 flight of ordinary stairs at a normal pace, and in normal conditions)</p> <p>Class 3: Marked limitation of ordinary activity (for example, angina occurs with walking 1 or 2 blocks on the level or climbing 1 flight of stairs in normal condition and at a normal pace)</p> <p>Class 4: Inability to perform any physical activity without discomfort: angina syndrome may be present at rest</p>	<p>1: CCS 1</p> <p>2: CCS 2</p> <p>3: CCS 3</p> <p>4: CCS 4</p> <p>5: Asymptomatic</p> <p>8888: Not available</p> <p>9999: Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	STEMI event	8a.i	STEMI time of ONSET	STEMI time of ONSET - Where less than 24 hours have elapsed since the onset of the STEMI, please indicate the time of onset of symptoms. In HH / MM format		<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	STEMI event	8a.ii	Not applicable			<input type="checkbox"/>	<input type="checkbox"/>
12	STEMI event	8b.i	Time of arrival first hospital	Time of first hospital arrival. Applicable ONLY if patient transferred in HH / MM format		<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	STEMI event	8b.ii	Time of arrival first hospital Not available OR Not applicable	Time of first hospital arrival is not available OR not applicable		<input type="checkbox"/>	<input type="checkbox"/>
14	STEMI event	8c.i	Time of arrival at PCI hospital	Time of PCI hospital arrival. Time of arrival of patient at PCI hospital in HH / MM format		<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	STEMI event	8c.ii	Not applicable			<input type="checkbox"/>	<input type="checkbox"/>
16	STEMI event	8d.i	Time of first balloon/ stent / aspiration / inflation.	Time of first balloon/ stent / aspiration / inflation. Indicate the date and time of the intracoronary treatment device deployment. If the exact time of first treatment device deployment is not known, indicate the date and time of the start of the procedure in HH / MM format		<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	STEMI event	8d.ii	Not applicable			<input type="checkbox"/>	<input type="checkbox"/>

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18	9a	EF Status (at time of PCI procedure)	EF Status - The percentage of the blood emptied from the left ventricle at the end of the contraction. Use the most recent determination prior to intervention. Enter a percentage between of 5 - 90. (Do not use greater than or less than symbols). If Nuclear scan, echo or angiogram did not yield a digital EF %, provide an estimate from reviewing the study. If only a range is estimated for the EF, the midpoint of the range should be the value noted (eg echo EF estimated as mild, thus EF = 45) Normal: (EF > 50%) / Mild: (EF 40-50%) / Moderate: (EF 30-40%) / Moderate-Severe: (EF 20-30%) / Severe: (EF <20%)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	9b	EF Status Not available	EF Status is not available	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section Name: Section 6 : Cath Lab Visit

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Date of procedure	The date on which the patient underwent the PCI procedure in DD / MM / YYYY format		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2		2	PCI status	Indicate the status of the PCI. Choose from : 1) Elective: The patient's cardiac function has been stable in the days or weeks prior to the procedure. The procedure could be deferred without increased risk of compromised cardiac outcome 2) NSTEMI/UA 5) AMI	1: Elective 2: NSTEMI/UA 5: AMI 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	PCI status	2a	Elective		1: Staged PCI 2: Ad hoc 8888: Not available 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
4	PCI status	2b	NSTEMI/UA		1: Urgent (within 24hrs) 2: Non-urgent 8888: Not available 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
5	PCI status	2c	AMI		1: Rescue 2: Primary 3: Facilitated 4: Delayed PCI 8888: Not available 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
6		3	Cath / PCI same lab visit	Indicate if the patient had a PCI at the same time as the diagnostic coronary angiogram. Elective patients may have the diagnostic and therapeutic procedures separated. Emergency or acute patients often have their diagnostic and therapeutic procedures concurrently (Ad hoc).	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Medication	4a.i	Thrombolytics	Indicate if thrombolytic medication was given to the patient prior to the procedure and if so, over what time period. Categorized as No / <3 hours / 3-6 hours / 6-12 hours / <7 days	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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8	Medication	4a.ii	Thrombolytics	Indicate when thrombolytic medication was given to the patient prior to the procedure and if so, over what time period. Categorised as No / <3 hours / 3-6 hours / 6-12 hours / <7 days	1: <3 hours 2: 3-6 hours 3: 6-12 hours 4: 1-7 days 5: 12-24 hours 6: >7 days 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Medication	4b.i	IIb / IIIa Blockade	Indicate if IIb/IIIa blockade medication was given to the patient	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	IIb / IIIa Blockade	4b.ii	If Yes	Indicate when IIb/IIIa blockade medication was given to the patient. Categorised as Prior / During / After	1: Prior 2: After 3: During 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Medication	4c.i	Heparin	Indicate if heparin medication was given to the patient	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Heparin	4c.ii	If Yes	Indicate when heparin medication was given to the patient Categorised as Prior / During / After	1: Prior 2: After 3: During 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Medication	4d.i	LMWH	Indicate if LMWH medication was given to the patient	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	LMWH	4d.ii	If Yes	Indicate when LMWH medication was given to the patient. Categorised as Prior / During / After	1: Prior 2: After 3: During 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Medication	4e.i	Ticlopine	Indicate if Ticlopine medication was given to the patient.	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Ticlopine	4e.ii	If Yes	Indicate when Ticlopidine medication was given to the patient. Categorised as Prior / During / After	1: Prior 2: After 3: During 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Medication	4f.i	Bivalirudin	Indicate if bivalirudin medication was given to the patient	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Bivalirudin	4f.ii	If Yes	Indicate when bivalirudin medication was given to the patient. Categorised as Prior / During / After	1: Prior 2: After 3: During 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Medication	4g.i	Aspirin	Indicate if aspirin medication was given to the patient.	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	Aspirin	4g.ii	If Yes	Indicate when aspirin medication was given to the patient. Categorised as Prior / During / After	1: Prior 2: After 3: During 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Medication	4h.i	Clopidogrel	Indicate if clopidogrel medication was given to the patient.	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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22	Clopidogrel	4h.ii	If Yes	Indicate when clopidogrel medication was given to the patient. Categorised as >72 hours before PCI / <72 hours before PCI / During / After PCI	1: Prior 2: After 3: During 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	Clopidogrel	4h.iii	If prior	If prior, how many hours?	1: <6 hours 2: 6-24 hours 3: >24-72 hours 4: >72 hours 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	Clopidogrel	4h.iv	First / load dose of Clopidogrel	Clopidogrel first / load dose given to the patient.	1: 75mg 2: 300mg 3: 600mg 4: >= 1200mg 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	Medication	4i.i	Fondaparinox	Indicate if Fondaparinox medication was given to the patient.	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26	Fondaparinox	4i.ii	If Yes	Indicate when Fondaparinox medication was given to the patient. Categorised as Prior / During / After	1: Prior 2: After 3: During 8888: Not available 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
27		5	Planned duration of clopidogrel / ticlopidine	Where clopidogrel / ticlopidine given to the patient, specify the planned duration for treatment. (Choose the time frame closest) Categorised as 1 month / 3 months / 6 months / 12 months / >12 months	1: 1 month 2: 3 months 3: 6 months 4: 12 months 5: >12 months 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	Percutaneous entry	6a.i	Brachial			<input checked="" type="checkbox"/>	<input type="checkbox"/>
29	Percutaneous entry	6a.ii	Radial			<input type="checkbox"/>	<input type="checkbox"/>
30	Percutaneous entry	6a.iii	Femoral			<input type="checkbox"/>	<input type="checkbox"/>
31		6b.i	French size	The French size of the guiding catheter used to cannulate the ostium of the coronary artery. The largest size used should be indicated. Categorised as 5f / 6f / 7f / 8f / other (specify)	5: 5 6: 6 7: 7 8: 8 9: 9 99: Others 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32	French size	6b.ii	Others, specify	Details of the French size ('Other, specify') if none of the specified categories are applicable		<input checked="" type="checkbox"/>	<input type="checkbox"/>
33		6c.i	Closure Device	Indicate if a vascular arterial closure device was used Categorised as No / Seal / Suture / Other (specify)	1: No 2: Seal 3: Suture 99: Others 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	Closure Device	6c.i	Others, specify	Other vascular arterial closure device used if none of the specified categories are applicable		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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35	Extent of Coronary Disease	7a	Single vessel disease	Indicate if the patient has single or multi-vessel coronary disease: Categorised as Single Vessel Disease: Lesion of >50% stenosis in 1 coronary system / Multi Vessel Disease: Lesion of >50% stenosis in 2 coronary systems / Graft / Left MAIN. Coronary systems are defined as: LAD-Diag / Cx-OM / RCA. (LMCA is 2 coronary systems as it gives rise to the LAD & Cx systems- therefore is multi-vessel disease. LAD-Diag is one coronary system as is Cx-OM and the RCA.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36	Extent of Coronary Disease	7b	Multiple vessel disease	Indicate if the patient has single or multi-vessel coronary disease: Multi Vessel Disease defined as Lesion of >50% stenosis in 2 coronary systems Coronary systems are defined as: LAD-Diag / Cx-OM / RCA. (LMCA is 2 coronary systems as it gives rise to the LAD & Cx systems- therefore is multi-vessel disease. LAD-Diag is one coronary system as is Cx-OM and the RCA.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37	Extent of Coronary Disease	7c	Graft	Indicate if the patient has single or multi-vessel coronary disease: Graft Coronary systems are defined as: LAD-Diag / Cx-OM / RCA. (LMCA is 2 coronary systems as it gives rise to the LAD & Cx systems- therefore is multi-vessel disease. LAD-Diag is one coronary system as is Cx-OM and the RCA.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38	Extent of Coronary Disease	7d	Left Main	Indicate if the patient has single or multi-vessel coronary disease: Left MAIN. Coronary systems are defined as: LAD-Diag / Cx-OM / RCA. (LMCA is 2 coronary systems as it gives rise to the LAD & Cx systems- therefore is multi-vessel disease. LAD-Diag is one coronary system as is Cx-OM and the RCA.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39		8a.i	Fluoroscopy time	Fluoroscopy time	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40	Fluoroscopy time	8a.ii	Not available	Fluoroscopy time is Not available	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41		8b.i	Total Dose	Total Dose	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42	Total Dose	8b.ii	Not available	Total Dose is Not available	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43		9a	Contrast type		<input type="checkbox"/>	<input type="checkbox"/>
44	Contrast type	9a.i	If ionic		<input type="checkbox"/>	<input type="checkbox"/>
45	Ionic	9a.ii	Other specify		<input type="checkbox"/>	<input type="checkbox"/>

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46	Contrast type	9a.iii	If non ionic	1: IOPAMIRO 300 2: IOPAMIRO 370 3: ULTRAVIST 300 4: ULTRAVIST 370 5: XENETIX 300 6: XENETIX 350 7: VISIPAQUE 320 8: OMNIPAQUE 300 9: OMNIPAQUE 350 99: Other 8888: Not Available 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
47	Non ionic	9a.iv	Other specify		<input type="checkbox"/>	<input type="checkbox"/>
48		9b.i	Contrast Volume (ml)		<input type="checkbox"/>	<input type="checkbox"/>
49	Contrast Volume	9b.ii	Not available		<input type="checkbox"/>	<input type="checkbox"/>

Section Name: Section 7 : PCI Procedure Details

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Total no of lesion treated			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Native	1a	1 RCA prox	Lesion code 1 RCA prox		<input type="checkbox"/>	<input type="checkbox"/>
3	Native	1b	2 RCA mid	Lesion code 2 RCA mid		<input type="checkbox"/>	<input type="checkbox"/>
4	Native	1c	3 RCA distal	Lesion code 3 RCA distal		<input type="checkbox"/>	<input type="checkbox"/>
5	Native	1d	4 PDA	Lesion code 4 PDA		<input type="checkbox"/>	<input type="checkbox"/>
6	Native	1e	5 PLV	Lesion code 5 PLV		<input type="checkbox"/>	<input type="checkbox"/>
7	Native	1f	6 Left Main	Lesion code 6 Left Main		<input type="checkbox"/>	<input type="checkbox"/>
8	Native	1g	7 LAD prox	Lesion code 7 LAD prox		<input type="checkbox"/>	<input type="checkbox"/>
9	Native	1h	8 LAD mid	Lesion code 8 LAD mid		<input type="checkbox"/>	<input type="checkbox"/>
10	Native	1i	9 LAD distal	Lesion code 9 LAD distal		<input type="checkbox"/>	<input type="checkbox"/>
11	Native	1j	10 D1	Lesion code 10 D1		<input type="checkbox"/>	<input type="checkbox"/>
12	Native	1k	11 D2	Lesion code 11 D2		<input type="checkbox"/>	<input type="checkbox"/>
13	Native	1l	12 D3	Lesion code 12 D3		<input type="checkbox"/>	<input type="checkbox"/>
14	Native	1m	13 LCX prox	Lesion code 13 LCX prox		<input type="checkbox"/>	<input type="checkbox"/>
15	Native	1n	14 LCX distal	Lesion code 14 LCX distal		<input type="checkbox"/>	<input type="checkbox"/>
16	Native	1o	15 OM 1	Lesion code 15 OM 1		<input type="checkbox"/>	<input type="checkbox"/>
17	Native	1p	16 OM 2	Lesion code 16 OM 2		<input type="checkbox"/>	<input type="checkbox"/>
18	Native	1q	17 OM 3	Lesion code 17 OM 3		<input type="checkbox"/>	<input type="checkbox"/>
19	Graft	1r.i	18 LIMA	Lesion code 18 LIMA		<input type="checkbox"/>	<input type="checkbox"/>
20	Graft	1s.i	19 RIMA	Lesion code 19 RIMA		<input type="checkbox"/>	<input type="checkbox"/>
21	Graft	1t.i	20 SVG 1	Lesion code 20 SVG 1		<input type="checkbox"/>	<input type="checkbox"/>

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22	Graft	1u.i	21 SVG 2	Lesion code 21 SVG 2	<input type="checkbox"/>	<input type="checkbox"/>
23	Graft	1v.i	22 SVG 3	Lesion code 22 SVG 3	<input type="checkbox"/>	<input type="checkbox"/>
24	Graft	1w.i	23 RAD 1	Lesion code 23 RAD 1	<input type="checkbox"/>	<input type="checkbox"/>
25	Graft	1x.i	24 RAD 2	Lesion code 24 RAD 2	<input type="checkbox"/>	<input type="checkbox"/>
26	Graft	1y.i	25 RAD 3	Lesion code 25 RAD 3	<input type="checkbox"/>	<input type="checkbox"/>
27	Graft	1r.ii	18 LIMA Target Vessel		<input type="checkbox"/>	<input type="checkbox"/>
28	Graft	1s.ii	19 RIMA Target Vessel		<input type="checkbox"/>	<input type="checkbox"/>
29	Graft	1t.ii	20 SVG 1 Target Vessel		<input type="checkbox"/>	<input type="checkbox"/>
30	Graft	1u.ii	21 SVG 2 Target Vessel		<input type="checkbox"/>	<input type="checkbox"/>
31	Graft	1v.ii	22 SVG 3 Target Vessel		<input type="checkbox"/>	<input type="checkbox"/>
32	Graft	1w.ii	23 RAD 1 Target Vessel		<input type="checkbox"/>	<input type="checkbox"/>
33	Graft	1x.ii	24 RAD 2 Target Vessel		<input type="checkbox"/>	<input type="checkbox"/>
34	Graft	1y.ii	25 RAD 3 Target Vessel		<input type="checkbox"/>	<input type="checkbox"/>
35	Lesion code	2a	Lesion code (1-25)	Indicate the Lesion code (1-25); 5. PLV - Posterior Left Ventricular Branch 6. LMCA left MAIN - Left Main Coronary artery 7. LAD prox - Left Anterior Descending artery proximal segment prior to 1st septal branch (CARDS) 8. LAD mid - Left Anterior Descending artery mid segment 9. LAD distal - Left Anterior Descending artery distal segment 10. D1 - First Diagonal Branch 11. D2 - Second or subsequent Diagonal Branch 12. D3 - Third or subsequent Diagonal Branch 13. LCX prox - Left Circumflex Artery proximal segment 14. LCX distal - Left Circumflex Artery distal segment 15. OM1 - First Obtuse Marginal Branch 16. OM2 - Second Obtuse Marginal Branch 17. OM3 - Third or subsequent Obtuse Marginal Branch 18. LIMA - Left Internal Mammary Artery Graft 19. RIMA - Right Internal Mammary Artery Graft 20. SVG1 - First Saphenous Vein Graft 21. SVG2 - Second Saphenous Vein Graft 22. SVG3 - Third Saphenous Vein Graft 23. RAD1 - First Radial Artery Graft 24. RAD2 - Second Radial Artery Graft 25. RAD3 - Third Radial Artery Graft	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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36	Lesion code	2b	Lesion code (1-25)	<p>Indicate the Lesion code (1-25);</p> <p>5. PLV - Posterior Left Ventricular Branch</p> <p>6. LMCA left MAIN - Left Main Coronary artery</p> <p>7. LAD prox - Left Anterior Descending artery proximal segment prior to 1st septal branch (CARDS)</p> <p>8. LAD mid - Left Anterior Descending artery mid segment</p> <p>9. LAD distal - Left Anterior Descending artery distal segment</p> <p>10. D1 - First Diagonal Branch</p> <p>11. D2 - Second or subsequent Diagonal Branch</p> <p>12. D3 - Third or subsequent Diagonal Branch</p> <p>13. LCX prox - Left Circumflex Artery proximal segment</p> <p>14. LCX distal - Left Circumflex Artery distal segment</p> <p>15. OM1 - First Obtuse Marginal Branch</p> <p>16. OM2 - Second Obtuse Marginal Branch</p> <p>17. OM3 - Third or subsequent Obtuse Marginal Branch</p> <p>18. LIMA - Left Internal Mammary Artery Graft</p> <p>19. RIMA - Right Internal Mammary Artery Graft</p> <p>20. SVG1 - First Saphenous Vein Graft</p> <p>21. SVG2 - Second Saphenous Vein Graft</p> <p>22. SVG3 - Third Saphenous Vein Graft</p> <p>23. RAD1 - First Radial Artery Graft</p> <p>24. RAD2 - Second Radial Artery Graft</p> <p>25. RAD3 - Third Radial Artery Graft</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
37		3	Coronary lesion	<p>Indicate the status of the coronary lesion</p> <p>Categorised as</p> <p>1) De novo: (De novo is defined as a lesion that is diagnosed with stenosis and treated for the first time i.e. no prior intervention at that site). OR</p> <p>2) Restenosis: (Restenosis is defined as a lesion that has had a prior intervention e.g., rotablator, laser, POBA, brachytherapy, but NO prior stent). OR</p> <p>3) Acute stent thrombosis</p> <p>4) In Stent Restenosis: ISR (in stent restenosis) is defined as a lesion that has had a prior stent to that site.</p>	<p>1: De novo</p> <p>2: Restenosis (No prior stent)</p> <p>3: Stent thrombosis</p> <p>4: In Stent Restenosis</p> <p>8888: Not available</p> <p>9999: Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38	Coronary lesion	3a	Type	<p>The stent type if it is stent thrombosis</p>	<p>1: Acute</p> <p>2: Sub acute</p> <p>3: Late</p> <p>4: Very late</p> <p>8888: Not available</p> <p>9999: Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39	Coronary lesion	3b	Prior stent type	<p>Prior stent type, for In Stent Restenosis (ISR) lesions ONLY</p> <p>Indicate type of prior stent used, categorised as DES (Prior stent was a drug eluting stent) OR BMS (Prior stent was a bare metal stent)</p>	<p>1: DES</p> <p>2: BMS</p> <p>99: Others</p> <p>8888: Not available</p> <p>9999: Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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40	Coronary lesion	3c	Others, specify	Other prior stent type if none of the specified categorised are applicable		<input checked="" type="checkbox"/>	<input type="checkbox"/>
41		4	Lesion type	<p>The lesion type according to ACC/AHA guidelines. Choose ONE only of A / B1 / B2 / C.</p> <p>Categorised as</p> <p>1) A: Minimally complex, discrete (<10mm), concentric, readily accessible, lesion in non-angulated segment (<45 degrees), smooth contour, little or no calcification, less than totally occlusive, not ostial in location, no major side branch involvement, absence of thrombus. OR</p> <p>2) B1: One type B characteristic: lesion moderately complex, tubular (10-20mm), eccentric, moderately tortuosity of proximal segments, lesion in moderately angulated segment (>45 degrees but < 90 degrees), irregular contour, moderate to heavy calcification, total occlusions less than 3 months old, ostial in location, bifurcation lesions requiring double guide wires, some thrombus present. OR</p> <p>3) B2: more than one type B characteristic. OR</p> <p>4) C: severely complex diffuse (>20mm), excessive tortuosity of proximal segment, lesion in extremely angulated segment > 90 degrees, total occlusion greater than 3 months old or bridging collaterals, inability to protect major side branches, degenerated vein graft with friable lesions.</p>	<p>1: A</p> <p>2: B1</p> <p>3: B2</p> <p>4: C</p> <p>8888: Not Available</p> <p>9999: Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42		5	Location in graft	Where a graft PCI is being undertaken, indicate the location of the lesion. Choose only ONE: categorised as Ostial (defined as: within 3mm of the origin of graft) OR Mid (defined as mid 1/3rd of graft) OR Distal (defined as distal 1/3rd of graft) OR Anastomosis (defined as within 3mm of anastomosis) OR Native (defined as in the native vessel)	<p>1: Ostial</p> <p>2: Mid</p> <p>3: Distal</p> <p>4: Anastomosis</p> <p>5: Native</p> <p>6: Proximal</p> <p>8888: Not available</p> <p>9999: Missing</p>	<input type="checkbox"/>	<input type="checkbox"/>
43	Lesion description	6a	Ostial	Indicate further lesion determination, if it is Ostial defined as within 3mm of the origin of the vessel		<input checked="" type="checkbox"/>	<input type="checkbox"/>
44	Lesion description	6b	Total Occlusion	Indicate further lesion determination, if it is Total Occlusion		<input type="checkbox"/>	<input type="checkbox"/>
45	Lesion description	6c	CTO > 3MO	Indicate further lesion determination, if it is CTO > 3MO		<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	Lesion description	6d	Thrombus	Indicate further lesion determination, if it is Thrombus		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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47	Lesion description	6e	Bifurcation	Indicate further lesion determination, if it is Bifurcation: Indicate if the lesion is at a bifurcation / trifurcation. A bifurcation / trifurcation is a division of a vessel into at least two branches, each of which is >2 mm or greater in diameter. In a bifurcation / trifurcation the plaque extends on both sides of the bifurcation point. It need not progress down both branches		<input checked="" type="checkbox"/>	<input type="checkbox"/>
48	Bifurcation	6e.i	MB Prox			<input type="checkbox"/>	<input type="checkbox"/>
49	Bifurcation	6e.ii	MB Prox code		1:1 2:0 8888: Not available 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
50	Bifurcation	6e.iii	MB Dist			<input type="checkbox"/>	<input type="checkbox"/>
51	Bifurcation	6e.iv	MB Dist code		1:1 2:0 8888: Not available 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
52	Bifurcation	6e.v	SB			<input type="checkbox"/>	<input type="checkbox"/>
53	Bifurcation	6e.vi	MB SB code		1:1 2:0 8888: Not available 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
54	Lesion description	6f	Lesion description -	Lesion description is not available		<input checked="" type="checkbox"/>	<input type="checkbox"/>
55		7a	Pre-stenosis %	Indicate the % of most severe pre-procedure stenosis assessed. This does not include collateral circulation. If no stenosis then enter 0%. STENOSIS: Stenosis represents the percentage diameter reduction, from 0 to 100, associated with the identified vessel systems. Percent stenosis at its maximal point is estimated to be the amount of reduction in the diameter of the "normal" reference vessel proximal to the lesion. In instances where multiple lesions are present, enter the single highest percentage stenosis noted		<input type="checkbox"/>	<input type="checkbox"/>

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56	Pre-stenosis %	7b	TIMI flow (pre)	<p>Indicate the pre-procedure TIMI flow for the segment identified. Choose only ONE</p> <p>Categorised as</p> <p>1) TIMI-0: No perfusion. There is no antegrade flow beyond the obstruction in an occluded artery. OR</p> <p>2) TIMI-1: Partial, but incomplete filling of the coronary artery. Contrast material passes beyond the area of obstruction but fails to opacify the entire coronary bed distal to the obstruction for the duration of the angiographic panning. OR</p> <p>3) TIMI-2: Partial perfusion. Contrast material passes across the obstruction and opacifies the coronary artery distal to the obstruction. However, the rate of entry of contrast material into the vessel distal to the obstruction or its rate of clearance from the distal bed, or both, is perceptibly slower than the flow into or rate of clearance from comparable areas not perfused by the previously occluded or infarct-related vessel (e.g., opposite coronary artery or the coronary bed proximal to the obstruction). OR</p> <p>4) TIMI-3: Complete and brisk flow/complete perfusion. Antegrade flow into the bed distal to the obstruction, and clearance of contrast material from the involved bed as rapid as clearance from an uninvolved bed in the same vessel or the opposite artery.</p>	<p>1: TIMI-0 2: TIMI-1 3: TIMI-2 4: TIMI-3 8888: Not available 9999: Missing</p>	<input type="checkbox"/>	<input type="checkbox"/>
57		8a	Post-stenosis %	<p>Indicate the % of most severe post-procedure stenosis assessed. This does not include collateral circulation. If no stenosis then enter 0%.</p>		<input type="checkbox"/>	<input type="checkbox"/>

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58	Post-stenosis %	8b	TIMI flow (post)	<p>Indicate for the segment identified the post-procedure TIMI flow. Choose only ONE:</p> <p>1) TIMI-0: No perfusion. There is no antegrade flow beyond the obstruction in an occluded artery. OR</p> <p>2) TIMI-1: Partial, but incomplete filling of the coronary artery. Contrast material passes beyond the area of obstruction but fails to opacify the entire coronary bed distal to the obstruction for the duration of the angiographic panning. OR</p> <p>3) TIMI-2: Partial perfusion. Contrast material passes across the obstruction and opacifies the coronary artery distal to the obstruction. However, the rate of entry of contrast material into the vessel distal to the obstruction or its rate of clearance from the distal bed, or both, is perceptibly slower than the flow into or rate of clearance from comparable areas not perfused by the previously occluded or infarct-related vessel (e.g., opposite coronary artery or the coronary bed proximal to the obstruction) OR</p> <p>4) TIMI-3: Complete and brisk flow/complete perfusion. Antegrade flow into the bed distal to the obstruction, and clearance of contrast material from the involved bed is as rapid as clearance from an uninvolved bed in the same vessel or the opposite artery</p>	<p>1: TIMI-0 2: TIMI-1 3: TIMI-2 4: TIMI-3 8888: Not available 9999: Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
59		9	Estimated lesion length	For the treated lesion estimate the lesion length. (In mm)		<input type="checkbox"/>	<input type="checkbox"/>
60		10	Acute closure	<p>Indicate for the treated segment if an acute closure was observed during the PCI procedure. Complete occlusion of treated vessel is usually indicated by TIMI flow of 0 or 1.</p> <p>Note: If there is an acute closure of a distal segment that is >2mm that is treated, note the acute closure and reopening on the newly identified lesion, not this lesion. If an acute closure of a distal segment does not require further treatment, note the acute closure on the original segment</p>	<p>1: Yes 2: No 9999: Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
61		11	Dissection	<p>Indicate for the treated segment (or for a significant side branch) if a dissection > 5 mm was observed during the PCI procedure. Dissection is defined as the appearance of contrast materials outside of the expected luminal dimensions of the target vessel and extending longitudinally beyond the length of the lesion</p>	<p>1: Yes 2: No 9999: Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62		12	Perforation	Indicate for the treated segment if a perforation occurred during the procedure.	<p>1: Yes 2: No 9999: Missing</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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63		13a	No reflow	Indicate for the treated segment if there was a period where no reflow phenomenon was noted during the PCI procedure. Categorised as Yes (no Reflow occurred) / Transient: (Pertains to temporary lack of flow distal to the treated segment) / Persistent: (Where persistent no reflow has occurred)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
64	No reflow	13b	If yes	Indicate for the treated segment if there was a period where no reflow phenomenon was noted during the PCI procedure. Categorised as Yes (no Reflow occurred) / Transient: (Pertains to temporary lack of flow distal to the treated segment) / Persistent: (Where persistent no reflow has occurred)	1: Transient 2: Persistent 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
65		14	Lesion result	Indicate for the treated lesion whether the treatment was successful or unsuccessful. Categorised as Successful (Defined as <50% residual stenosis) / Unsuccessful	1: Successful 2: Unsuccessful 8888: Not Available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
66	Stent details for lesion	15a.i	Stent Code	Stent details for the lesion. Stent Code No.1	1: Drug Eluting Stent (DES) 2: Bare Metal Stent (BMS) 3: Bio-absorbable Stent 4: Antibody coated 5: Others	<input checked="" type="checkbox"/>	<input type="checkbox"/>
67	Stent details for lesion	15a.ii	Stent Code, specify	Stent specify for the lesion. Stent Code No.1		<input checked="" type="checkbox"/>	<input type="checkbox"/>
68	Stent details for lesion	15a.iii	Sub Stent Code	Sub Stent details for the lesion. Stent Code No.1	101 Beacon 102 Co Star 103 Coroflex Please 104 Cypher 105 Endeavor 106 Infinnium 107 Janus 108 Taxus Liberte 109 Xience 199 Other DES 201 ACS Pixel 202 Atrium Flyer 203 Avantec Duraflex 204 AVE (non-driver) etc refer lookup table	<input checked="" type="checkbox"/>	<input type="checkbox"/>
69	Stent details for lesion	15a.iv	Sub Stent Code, specify	Sub Stent specify for the lesion. Stent Code No.1		<input checked="" type="checkbox"/>	<input type="checkbox"/>
70	Stent details for lesion	15b.i	Stent Code	Stent details for the lesion. Stent Code No.2	1: Drug Eluting Stent (DES) 2: Bare Metal Stent (BMS) 3: Bio-absorbable Stent 4: Antibody coated 5: Others	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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71	Stent details for lesion	15b.ii	Sub Stent Code	Sub Stent details for the lesion. Stent Code No.2	101 Beacon 102 Co Star 103 Coroflex Please 104 Cypher 105 Endeavor 106 Infinium 107 Janus 108 Taxus Liberte 109 Xience 199 Other DES 201 ACS Pixel 202 Atrium Flyer 203 Avantec Duraflex 204 AVE (non-driver) etc refer lookup table	<input checked="" type="checkbox"/>	<input type="checkbox"/>
72	Stent details for lesion	15b.iii	Stent Code, specify	Stent specify for the lesion. Stent Code No.2		<input checked="" type="checkbox"/>	<input type="checkbox"/>
73	Stent details for lesion	15b.iv	Sub Stent Code, specify	Sub Stent specify for the lesion. Stent Code No.2		<input checked="" type="checkbox"/>	<input type="checkbox"/>
74	Stent details for lesion	15c.i	Stent Code	Stent details for the lesion. Stent Code No.3	1: Drug Eluting Stent (DES) 2: Bare Metal Stent (BMS) 3: Bio-absorbable Stent 4: Antibody coated 5: Others	<input checked="" type="checkbox"/>	<input type="checkbox"/>
75	Stent details for lesion	15c.ii	Stent Code, specify	Stent specify for the lesion. Stent Code No.3		<input checked="" type="checkbox"/>	<input type="checkbox"/>
76	Stent details for lesion	15c.iii	Sub Stent Code	Sub Stent details for the lesion. Stent Code No.3	101 Beacon 102 Co Star 103 Coroflex Please 104 Cypher 105 Endeavor 106 Infinium 107 Janus 108 Taxus Liberte 109 Xience 199 Other DES 201 ACS Pixel 202 Atrium Flyer 203 Avantec Duraflex 204 AVE (non-driver) etc refer lookup table	<input checked="" type="checkbox"/>	<input type="checkbox"/>
77	Stent details for lesion	15c.iv	Sub Stent Code, specify	Sub Stent specify for the lesion. Stent Code No.3		<input checked="" type="checkbox"/>	<input type="checkbox"/>
78	Stent details for lesion	15d.i	Stent Code	Stent details for the lesion. Stent Code No.4	1: Drug Eluting Stent (DES) 2: Bare Metal Stent (BMS) 3: Bio-absorbable Stent 4: Antibody coated 5: Others	<input checked="" type="checkbox"/>	<input type="checkbox"/>
79	Stent details for lesion	15d.ii	Stent Code, specify	Stent specify for the lesion. Stent Code No.4		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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80	Stent details for lesion	15d.iii	Sub Stent Code	Sub Stent details for the lesion. Stent Code No.4	101 Beacon 102 Co Star 103 Coroflex Please 104 Cypher 105 Endeavor 106 Infinium 107 Janus 108 Taxus Liberte 109 Xience 199 Other DES 201 ACS Pixel 202 Atrium Flyer 203 Avantec Duraflex 204 AVE (non-driver) etc refer lookup table	<input checked="" type="checkbox"/>	<input type="checkbox"/>
81	Stent details for lesion	15d.iv	Sub Stent Code, specify	Sub Stent specify for the lesion. Stent Code No.4		<input checked="" type="checkbox"/>	<input type="checkbox"/>
82	Stent details for lesion	15e.i	Stent Code	Stent details for the lesion. Stent Code No.5	1: Drug Eluting Stent (DES) 2: Bare Metal Stent (BMS) 3: Bio-absorbable Stent 4: Antibody coated 5: Others	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83	Stent details for lesion	15e.ii	Stent Code, specify	Stent specify for the lesion. Stent Code No.5		<input checked="" type="checkbox"/>	<input type="checkbox"/>
84	Stent details for lesion	15e.iii	Sub Stent Code	Sub Stent details for the lesion. Stent Code No.5	101 Beacon 102 Co Star 103 Coroflex Please 104 Cypher 105 Endeavor 106 Infinium 107 Janus 108 Taxus Liberte 109 Xience 199 Other DES 201 ACS Pixel 202 Atrium Flyer 203 Avantec Duraflex 204 AVE (non-driver) etc refer lookup table	<input checked="" type="checkbox"/>	<input type="checkbox"/>
85	Stent details for lesion	15e.iv	Sub Stent Code, specify	Sub Stent specify for the lesion. Stent Code No.5		<input checked="" type="checkbox"/>	<input type="checkbox"/>
86	Stent details for lesion	15f.i	Stent Code	Stent details for the lesion. Stent Code No.6	1: Drug Eluting Stent (DES) 2: Bare Metal Stent (BMS) 3: Bio-absorbable Stent 4: Antibody coated 5: Others	<input checked="" type="checkbox"/>	<input type="checkbox"/>
87	Stent details for lesion	15f.ii	Stent Code, specify	Stent specify for the lesion. Stent Code No.6		<input checked="" type="checkbox"/>	<input type="checkbox"/>
88	Stent details for lesion	15f.iii	Sub Stent Code	Sub Stent details for the lesion. Stent Code No.6	101 Beacon 102 Co Star 103 Coroflex Please 104 Cypher 105 Endeavor 106 Infinium 107 Janus 108 Taxus Liberte 109 Xience 199 Other DES 201 ACS Pixel 202 Atrium Flyer 203 Avantec Duraflex 204 AVE (non-driver) etc refer lookup table	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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89	Stent details for lesion	15f.iv	Sub Stent Code, specify	Sub Stent specify for the lesion. Stent Code No.6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
90	Stent details for lesion	15a.v	Length	Stent Length mm. (Record in mm) (refer to Stent Code No.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
91	Stent details for lesion	15b.v	Length	Stent Length mm. (Record in mm) (refer to Stent Code No.2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
92	Stent details for lesion	15c.v	Length	Stent Length mm. (Record in mm) (refer to Stent Code No 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
93	Stent details for lesion	15d.v	Length	Stent Length mm. (Record in mm) (refer to Stent Code No.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
94	Stent details for lesion	15e.v	Length	Stent Length mm. (Record in mm) (refer to Stent Code No.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
95	Stent details for lesion	15f.v	Length	Stent Length mm. (Record in mm) (refer to Stent Code No.6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
96	Stent details for lesion	15a.vi	Diameter	Stent Diameter mm. (Record in mm). (refer to Stent Code No.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
97	Stent details for lesion	15b.vi	Diameter	Stent Diameter mm. (Record in mm). (refer to Stent Code No.2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
98	Stent details for lesion	15c.vi	Diameter	Stent Diameter mm. (Record in mm). (refer to Stent Code No.3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
99	Stent details for lesion	15d.vi	Diameter	Stent Diameter mm. (Record in mm). (refer to Stent Code No.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
100	Stent details for lesion	15e.vi	Diameter	Stent Diameter mm. (Record in mm). (refer to Stent Code No.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
101	Stent details for lesion	15f.vi	Diameter	Stent Diameter mm. (Record in mm). (refer to Stent Code No.6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
102	Maximum balloon size/pressure	16a	Maximum balloon size used	For the treated lesion, indicate the maximum balloon diameter size used during the PCI. (Record in mm)	<input type="checkbox"/>	<input type="checkbox"/>
103	Maximum balloon size/pressure	16b	Maximum stent/balloon deploy pressure	For the treated lesion, indicate the maximum stent / balloon deploy pressure (in atm)	<input type="checkbox"/>	<input type="checkbox"/>
104			No devices deployed	Intra-coronary devices used - No devices deployed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
105	Intracoronary device used	17a	Aspiration	Intra-coronary devices used - Aspiration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
106	Intracoronary device used	17b	Balloon only	Intra-coronary devices used - Balloon only	<input checked="" type="checkbox"/>	<input type="checkbox"/>
107	Intracoronary device used	17c	Bare Metal Stent	Intra-coronary devices used - Bare Metal Stent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
108	Intracoronary device used	17d	Drug Eluting Balloon	Intra-coronary devices used - Drug Eluting Balloon	<input checked="" type="checkbox"/>	<input type="checkbox"/>
109	Intracoronary device used	17e.i	Distal Embolic Protection	Intra-coronary devices used - Distal Embolic Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
110	Distal Embolic Protection	17e.ii	Distal Embolic Protection	Intra-coronary devices used- Distal Embolic Protection, categorised as Filter / Ballon	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1: Filter
2: Balloon
3: Proximal
8888: Not Available
9999: Missing

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111	Intracoronary device used	17f	Cutting Balloon	Intra-coronary devices used - Cutting Balloon		<input checked="" type="checkbox"/>	<input type="checkbox"/>
112	Intracoronary device used	17g	DES	Intra-coronary devices used - DES		<input checked="" type="checkbox"/>	<input type="checkbox"/>
113	Intracoronary device used	17h	Flowire	Intra-coronary devices used - Flowire		<input checked="" type="checkbox"/>	<input type="checkbox"/>
114	Intracoronary device used	17i	IVUS	Intra-coronary devices used - IVUS		<input checked="" type="checkbox"/>	<input type="checkbox"/>
115	Intracoronary device used	17j	Rotablator	Intra-coronary devices used - Rotablator		<input checked="" type="checkbox"/>	<input type="checkbox"/>
116	Intracoronary device used	17k	Other Intracoronary Device	Intra-coronary devices used - Other Intracoronary Device		<input checked="" type="checkbox"/>	<input type="checkbox"/>
117	Intracoronary device used	17l	Details of Other Intracoronary Device	Intra-coronary devices used - Details of Other Intracoronary Device if none of the specified categories are applicable		<input checked="" type="checkbox"/>	<input type="checkbox"/>
118		18	Direct stenting	Direct stenting	1:Yes 2:No 8888:Not applicable 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section Name: Section 8 : Procedural Complication

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Outcome	1a	Periprocedural MI	Indicate the NEW presence of a periprocedural MI during the cath. lab visit or after lab visit until discharge (or before any subsequent lab visits) as documented by at least 1 of the following criteria. Note: Must be distinct from the index event 1. Evolutionary ST-segment elevations, development of new Q-waves in 2 or more contiguous ECG leads, or new or presumably new LBBB pattern on the ECG. 2. Biochemical evidence of myocardial necrosis. This can be manifested as (a) CK-MB > 3x the upper limit of normal or, if CK-MB not available (b) total CK > 3x upper limit of normal. (Because normal limits of certain blood tests may vary, please check with your lab for normal limits for CK-MB and total) CK	1: Yes 2: No 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Outcome	1b	Emergency Reintervention / PCI	Indicate if the patient required an UNPLANNED PCI during hospitalization and prior to discharge. Only include ischemia driven in-hospital PCI (PCI that occurs as a complication related to the index PCI e.g., – stent thrombosis, dissection with target vessel occlusion)	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Emergency Reintervention / PCI	1b.i	Stent thrombosis	Indicate if the patient has stent thrombosis when the pateint had an UNPLANNED PCI during hospitalization and prior to discharge.	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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4	Emergency Reintervention / PCI	1b.ii	Dissection	Indicate if the patient has dissection when the pateint had an UNPLANNED PCI during hospitalization and prior to discharge.	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Emergency Reintervention / PCI	1b.iii	Perforation	Indicate if the patient has perforation when the pateint had an UNPLANNED PCI during hospitalization and prior to discharge.	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Emergency Reintervention / PCI	1b.iv	Other	Indicate if the patient has any other complications when the pateint had an UNPLANNED PCI during hospitalization and prior to discharge.	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Emergency Reintervention / PCI	1b.v	Others, specify (text)	Other complications when none of the specified categories are applicable		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Outcome	1c	Bail-out CABG	Indicate if the patient underwent or was transferred for an UNPLANNED CABG surgery during the hospitalization and prior to discharge. UNPLANNED = Urgent / emergent CABG as a complication related to the index PCI (eg- secondary to stent thrombosis, left main or TVR dissection, coronary perforation, unsuccessful INDEX PCI). This also applies to where the CABG was precipitated due to worsening, sudden chest pain, CHF, AMI or anatomy	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Outcome	1d	Cardiogenic shock (after procedure)	Clinical criteria for cardiogenic shock are: - hypotension (a systolic blood pressure of less than 90 mmHg for at least 30 minutes or the need for supportive measures to maintain a systolic blood pressure of greater than or equal to 90mmHg) - end-organ hypoperfusion (cool extremities or a urine output of less than 30 ml/h, and a heart rate of greater than or equal to 60 beats per minute). -The haemodynamic criteria are a cardiac index of no more than 2.2 l/min per square meter of bodysurface area and a pulmonary-capillary wedge pressure of at least 15 mmHg	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Outcome	1e	Arrhythmia (VT/VF/Brady)	Indicate if the patient suffered a new episode or acute recurrence of an atrial or ventricular arrhythmia requiring treatment or a new episode of high-level A-V block. (Defined as third-degree A-V block or second-degree A-V block with bradycardia requiring pacing.)	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11		1f	TIA / Stroke	Indicate if the patient experienced a Cerebrovascular Accident (CVA) noted during the cath lab visit or after lab visit until discharge (or before any subsequent lab visits), as documented by CT confirmation	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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12	Outcome	1g	Tamponade	Indicate if there was fluid in the pericardial space compromising cardiac filling, and requiring intervention during the cath. lab visit or after lab visit until discharge (or before any subsequent lab visits). This should be documented by either: 1. Echo showing pericardial fluid and signs of tamponade such as right heart compromise, or 2. Systemic hypotension due to pericardial fluid compromising cardiac function.	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Outcome	1h	Contrast reaction	Indicate if the patient experienced a contrast reaction during the cath lab visit or discharge (or before any subsequent lab visits). Contrast reaction is defined as following: 1. Anaphylaxis-including bronchospasm and/or vascular collapse, 2. Urticaria, 3. Hypotension-prolonged depression of blood pressure below 70mm Hg	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Outcome	1i	New onset / worsened Heart failure	Indicate if the patient experienced documented new onset CHF or an acute reoccurrence of CHF which necessitated new or increased pharmacologic therapy during the cath. lab visit or after lab visit until discharge (or before any subsequent lab visits). CHF can be diagnosed based on careful history and physical exam, or by one of the following criteria: 1. Paroxysmal nocturnal dyspnea (PND) and/or fatigue 2. Dyspnea on exertion (DOE) due to heart failure 3. Chest X-Ray (CXR) showing pulmonary congestion 4. Pedal edema or dyspnea treated with medical therapy for heart failure	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Outcome	1j	New renal impairment	Indicate if the patient experience acute or worsening renal failure during the cath. lab visit or after lab visit until discharge (or before any subsequent lab visits) resulting in one or more of the following: 1. Increase of serum creatinine to >20mmol/L and two times the baseline creatinine level. (ACC) 2. A new requirement for dialysis	1: Yes 2: No 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Outcome	1k	Max Post procedural rise in creatinine	Indicate if the patient experienced an increase of serum creatinine to >20mmol/L and two times the baseline creatinine level	1: Yes 2: No 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Max Post procedural rise in creatinine	1k.i	mmol/L	Serum creatinine results in mmol/L (if yes, there is an increased of serum creatinine level)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Max Post procedural rise in creatinine	1k.ii	Date			<input type="checkbox"/>	<input type="checkbox"/>
19	Max Post procedural rise in creatinine	1k.iii	Duration (days)			<input type="checkbox"/>	<input type="checkbox"/>

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20	Outcome	2a	Bleeding	Indicate if bleeding occurred	1: Yes 2: No 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Bleeding	2a.i	Bleeding (Major/Minor/Minimal)	Indicate if bleeding occurred during or after the cath. lab visit until discharge. The bleeding should require a transfusion and/or prolong the hospital stay and/or cause a drop in haemoglobin > 3.0 gm/dl	1: Major (Any intracranial bleed or other bleeding >= 5g/dL Hb drop) 2: Minor (Non-CNS bleeding with 3-5g/dL Hb drop) 3: Minimal (Non-CNS bleeding, non-overt bleeding, <3g/dL Hb drop) 8888: Not Available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Bleeding	2a.ii	Bleeding site	Bleeding site categorized as (if yes, there is Major or Minor Bleeding vascular complications) :- 1) Retroperitoneal: Indicate whether retroperitoneal bleeding occurred during or after the cath lab visit until discharge. The bleeding should require a transfusion and/or prolong the hospital stay, and/or cause a drop in haemoglobin > 3.0 gm/dl. OR 2) Percutaneous entry site: Indicate whether bleeding occurred at the percutaneous entry site during or after the cath lab visit until discharge. The bleeding should require a transfusion and/or prolong the hospital stay, and/or cause a drop in haemoglobin >3.0 gm/dl. Bleeding at the percutaneous entry site can be external or a hematoma >10 cm for femoral access or >2 cm for radial access; or >5 cm for brachial access. OR •3) Other: Specify: e.g. Genital/Urinary, Gastrointestinal, Unknown. The bleeding should require a transfusion and/or prolong the hospital stay, and/or cause a drop in haemoglobin > 3.0 gm/dl.	1: Retroperitoneal 2: Percutaneous entry site 99: Others 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	Bleeding	2b	Others, specify (text)	Other bleeding site if none of the specified categories are applicable.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	Outcome	2c	Access site occlusion	Indicate whether an access site occlusion occurred at the site of percutaneous entry during the procedure or after the lab visit but before any subsequent lab visits. This is defined as total obstruction of the artery usually by thrombus (but may have other causes) usually at the site of access requiring surgical repair. Occlusions may be accompanied by absence of palpable pulse or doppler	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	Outcome	2d	Loss of distal pulse	Indicate whether a loss of the pulse distal to the arterial access site occurred (peripheral embolization). Peripheral embolization is defined as a loss of distal pulse, pain and/or discolouration (especially the toes). This can include cholesterol emboli	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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26	Outcome	2e	Dissection	Indicate whether a dissection occurred at the site of percutaneous entry during the procedure or after lab visit but before any subsequent lab visits. A dissection is defined as a disruption of an arterial wall resulting in splitting and separation of the intimal (subintimal) layers	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27	Outcome	2f	Pseudoaneurysm	Indicate whether a pseudoaneurysm occurred at the site of percutaneous entry during the procedure or after lab visit but before any subsequent lab visits. Do not code for pseudoaneurysms noted after discharge. Pseudoaneurysm is defined as the occurrence of a disruption and dilation of the arterial wall without identification of the arterial wall layers at the site of the catheter entry demonstrated by arteriography or ultrasound.	1: Yes 2: No 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28	Pseudoaneurysm	2f.i	If Yes, treatment	Indicate the treatment used for a patient complicated with a pseudoaneurysm.	1: Ultrasound compression 2: Surgery 99: Others 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29	Pseudoaneurysm	2f.ii	Others, specify (text)	Other type of treatment for the occurrence of pseudoaneurysm if none of the specified categories are applicable.		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section Name: Section 9 : Outcome At Discharge (notification)

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		4a	Primary cause of death	The Primary cause of death of the patient i.e. the first significant abnormal event which ultimately led to death. Cardiac: Indicates that the cause of death was sudden death, MI, unstable angina or other CAD, heart failure or arrhythmia. Infection: Indicates an infective cause of death Vascular: Indicates a vascular cause of death e.g, arterial embolism, pulmonary embolism, ruptured aortic aneurysm or dissection. Renal: Indicates a renal cause of death Neurological: Indicates a neurologic cause of death e.g., stroke Pulmonary: Indicates a pulmonary cause of death e.g., respiratory failure, pneumonia Other: (specify) All other causes e.g., liver failure, trauma, cancer	1: Cardiac 2: Renal 3: Other 4: Infection 5: Neurological 6: Vascular 7: Pulmonary 8: Non cardiac 8888: <input type="checkbox"/> Not Available 9999: <input type="checkbox"/> Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Primary cause of death	4b	Other, specify	Other cause of death of the patient if none of the specified categories are applicable.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3		5	Location of death	The location at which the patient expired categorized as In Lab – death on table OR Out of Lab	1: In Lab 2: Out of Lab 8888: Not Available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Section Name: Section 9 : Outcome At Discharge (notification), FU1, FU2

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2		2				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3		3			21: Notification 1 : 30 days 31: 6 months 11: 1 year 99: Others 8888: Not available 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
4		1	Outcome	-Notification: Specify whether the patient was alive or dead at discharge from the hospitalization in which the procedure occurred. Choose one of the following: Alive / Died / Transferred to another centre -Follow Up: Patient outcome at Follow Up at 30 days / 6 or 12 months post admission	<Notif> 5: Alive 3: Death 2: Transferred to other centre 8888: Not available 9999: Missing <Follow Up> 5: Alive 3: Death 2: Transferred to other centre 4: Lost to follow up 8888: Not available 9999: Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5		2	Notif: Date of discharge / Date of death Follow Up: Date of death / Date of transfer / Date of last follow up	Notif: The date on which the patient was discharged from hospital. The date on which the patient expired. Notif: The date on which the patient expired / transferred to another centre / last follow up		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Alive - medication	3a	Aspirin		1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
7	Alive - medication	3b	Clopidogrel		1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
8	Alive - medication	3c	Ticlopidine		1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
9	Alive - medication	3i	Others		1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
10	Alive - medication	3j	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
11		6	Name of centre			<input type="checkbox"/>	<input type="checkbox"/>

Section Name: Section 9 : Outcome At Discharge (notification), FU2

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Alive - medication	3d	Statin		1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
2	Alive - medication	3e	Beta Blocker		1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>

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3	Alive - medication	3f	ACE Inhibitor	1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
4	Alive - medication	3g	ARB	1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
5	Alive - medication	3h	Warfarin	1: Yes 2: No 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>