Legend:
Yellow Highlight = Changes since last version of CRF

Patient ID:	_____
STEMI Band ID:	_____
STEMI Band Not Documented:	☐

DEMOGRAPHICS TAB

Sex:	○ Male ○ Female ○ Unknown
Patient Gender Identity:	○ Male ○ Female ○ Female-to-Male (FTM)/Transgender Male/Trans Man ○ Male-to-Female (MTF)/Transgender Female/Trans Woman ○ Genderqueer, Neither Exclusively Male nor Female ○ Additional Gender Category or Other ○ Did not Disclose
Other Patient Gender Identity	_____
Patient-Identified Sexual Orientation:	○ Straight or heterosexual ○ Lesbian or gay ○ Bisexual ○ Queer, pansexual, and/or questioning ○ Something else; please specify ○ Don't know ○ Declined to answer
Other Patient-Identified Sexual Orientation:	_____
Date of Birth:	____/____/_____
Age:	_____ (auto calculated)
Patient Zip Code:	_____-_____
Payment Source:	☐ Medicare ☐ Medicare-Private/HMO/PPO/Other ☐ Medicaid ☐ Medicaid – Private/HMO/PPO/Other ☐ Private/HMO/PPO/Other ☐ VA/CHAMPVA/Tricare ☐ Self-Pay/No Insurance ☐ Indian Health Services ☐ Other/Not Documented/UTD
Race and Ethnicity	
Race:	☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian or Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ UTD
Hispanic Ethnicity:	○ Yes ○ No/UTD
If Yes,	☐ Mexican, Mexican American, Chicano/a ☐ Cuban ☐ Puerto Rican ☐ Another Hispanic, Latino or Spanish Origin

ADMIN TAB

NPI	
Attending Physician/Provider NPI:	_____
Admitting Physician:	_____
ED Physician:	_____
Cardiology Consult:	_____
Physician interventionalist NPI:	_____
Discharge Physician/Provider NPI:	_____
Advanced Practitioner Provider NPI:	_____
Other Physician:	_____

ARRIVAL TAB	
Arrival Date/Time:	___/___/_____ ___: ___
Means of transport to this facility:	○ Air ○ Ambulance (ground) ○ Private vehicle ○ Transfer from another acute care facility
Patient first evaluated (at this facility):	○ ED ○ Cath Lab ○ Observation ○ Inpatient ○ Other (please specify) _____
Date/Time of ED discharge	___/___/_____ ___: ___ ☐ Unknown
ED Disposition	○ Admission ○ Expired ○ Home ○ Left Against Medical Advice ○ Transfer to Acute Care ○ Transfer to Observation Unit

TRANSFER DATA	
Facility the patient was transferred to:	_____
Reason(s) for transfer from this facility:	☐ Administrative ☐ Advanced Cardiac Care (monitoring) ☐ CABG ☐ Patient/Family Choice ☐ Post Thrombolytic care ☐ Primary PCI ☐ Other medical reason ☐ Other reason (please specify) _____
Mode of transport (transfer out):	○ Air ○ Ambulance
Inter-facility transport EMS Agency name/number (transfer out):	_____
Transport requested Date/Time:	___/___/_____ ___: ___ ☐ Unknown
Was there a documented reason for delay in transfer (from this facility)?	○ Yes ○ No
Reason(s) for delay in transfer (from this facility):	☐ Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation) ☐ Patient/family consent

	☐ Travel advisory due to inclement weather ☐ Awaiting air transport* ☐ Delay in receiving hospital accepting patient* ☐ Ground transport unavailable* ☐ Other reason* (please specify) _____
ECG	
1st ECG Date/Time:	___/___/_____ ___: ___ ☐ Unknown
1st ECG obtained:	○ Prior to Hospital Arrival ○ After First Hospital Arrival
Pre-hospital ECG Finding	○ STEMI ○ LBBB (new or presumed new) ○ Isolated Posterior MI ○ Other ○ Not Documented
ED Physician Review of Pre-hospital ECG	○ No STEMI Noted ○ STEMI Noted ○ ND
Was there a documented reason for delay in obtaining 1st ECG?	○ Yes ○ No
Reason(s) for delay in obtaining 1st ECG:	☐ Cardiac Arrest ☐ Need for additional PPE for suspected/ confirmed infectious disease ☐ Need for advanced airway placement (Intubation) ☐ Patient or family refused treatment ☐ ECG equipment failure* ☐ Other reason* (please specify) _____
ECG Read Date/Time	___/___/_____ ___: ___ ☐ Unknown
ECG Revealed STEMI or STEMI Equivalent?	○ Yes ○ No
If yes, ECG revealed:	○ ST Elevation ○ Isolated Posterior MI ○ New LBBB
If yes, STEMI or STEMI equivalent first noted:	○ First ECG ○ Subsequent ECG
If subsequent ECG, Date/Time of positive ECG:	___/___/_____ ___: ___ ☐ Unknown
STEMI Alert Activated	○ Yes ○ No
Date/Time of STEMI Alert	___/___/_____ ___: ___ ☐ Unknown
STEMI Alert Activated by:	○ Emergency Department ○ EMS ○ Inpatient ○ Observation ○ Transferring Facility ○ Other
Admission Date/Time:	___/___/_____ ___: ___ ☐ Unknown
	PRE-HOSPITAL TAB
Patient location where cardiac symptoms discovered:	○ Not in a healthcare setting ○ ACS Event occurred after hospital arrival (in ED/Obs/Inpatient) ○ Another Acute care facility ○ Chronic healthcare Facility ○ Outpatient healthcare setting ○ ND or Cannot be Determined

Symptom onset Date/Time:	___/___/_____ ___: ___ ☐ Unknown
EMS Time Tracker Data	
Date/time of Initial 911 Call for Help:	___/___/_____ ___: ___ ☐ Unknown
EMS Dispatch Date/Time:	___/___/_____ ___: ___ ☐ Unknown
EMS arrive on scene:	___/___/_____ ___: ___ ☐ Unknown
EMS First Medical Contact:	___/___/_____ ___: ___ ☐ Unknown
Non-EMS First Medical Contact:	___/___/_____ ___: ___ ☐ Unknown
Was there a documented reason for scene delay by EMS?	○ Yes ○ No
Reason(s) for scene delay by EMS:	☐ Cardiac Arrest ☐ Need for additional PPE for suspected/confirmed infectious disease ☐ Need for advanced airway placement (Intubation) ☐ Patient/family consent ☐ Access to patient (EMS Documented)* ☐ Awaiting transport* ☐ Language barrier* ☐ Mechanical issue (transport unit)* ☐ Weather* ☐ Other reason* (please specify) _____
EMS depart scene:	___/___/_____ ___: ___ ☐ Unknown
Destination Pre-arrival alert or notification:	___/___/_____ ___: ___ ☐ Unknown
EMS Agency name/number:	_____
Method of 1st notification:	○ ECG Transmission ○ Phone call ○ Radio ○ ND
Run/Sequence number:	_____
Out of Hospital Cardiac Arrest	
Cardiac Arrest prior to Arrival?	○ Yes ○ No
If yes, was CPR performed by a bystander?	○ Yes ○ No
Return of Spontaneous Circulation (ROSC)	○ Yes ○ No
Date and time of ROSC	___/___/_____ ___: ___ ☐ Unknown
If yes, was therapeutic hypothermia initiated during this episode of care?	○ Yes ○ No
Transfer Time Tracker Data	
Means of arrival at first facility:	○ Air ○ Ambulance (ground) ○ Private vehicle ○ Transfer from acute care facility
Transferring Facility:	_____
Mode of transport to this facility:	○ Air ○ Ambulance
Inter-facility transport EMS Agency name/number:	_____
Reason(s) for transfer to this facility:	☐ Administrative ☐ Advanced Cardiac Care (monitoring) ☐ CABG ☐ Patient/Family Choice ☐ Post Thrombolytic care

	☐ Primary PCI ☐ Other reason (please specify) _____
Arrival at First hospital Date/Time:	___/___/_____ ___: ___ ☐ Unknown
Transport Arrived Date/Time:	___/___/_____ ___: ___ ☐ Unknown
Transfer out Date/Time:	___/___/_____ ___: ___ ☐ Unknown
Was there a documented reason for delay in transfer (to this facility)?	○ Yes ○ No
Reason(s) for delay in transfer (to this facility):	☐ Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation) ☐ Patient/family consent ☐ Travel advisory due to inclement weather ☐ Awaiting air transport* ☐ Delay in receiving hospital accepting patient* ☐ Ground transport unavailable* ☐ Other reason* (please specify) _____

CARDIAC EVALUATIONS TAB

Patient Medical History:	☐ Atrial Fibrillation ☐ Atrial Flutter ☐ Cancer ☐ Cerebrovascular Disease ☐ Stroke ☐ TIA ☐ Currently on Dialysis ☐ Diabetes Mellitus ☐ Type 1 ☐ Type 2 ☐ ND ☐ Dyslipidemia ☐ Familial Hypercholesterolemia ☐ Emerging Infectious Disease ☐ MERS ☐ SARS-COV-1 ☐ SARS-COV-2 (COVID-19) ☐ Heart Failure ☐ Hypertension ☐ Peripheral Artery Disease ☐ Prior CABG If Prior CABG, Most Recent CABG Date: ___/___/_____ ☐ Unknown ☐ Prior MI ☐ Prior PCI If Prior PCI, Most Recent PCI Date: ___/___/_____ ☐ Unknown
History of Smoking?	○ Yes ○ No
History of vaping or e-cigarette use in the past 12 months?	○ Yes ○ No/ND

Medications Prior to Admission

☐ No medications prior to admission

Anticoagulants prior to admission ○ Yes ○ No/ND

Anticoagulant Medication:

○ Apixaban
○ Dabigitran
○ Rivaroxaban
○ Warfarin
○ Other

Anti-hyperglycemics prior to admission ○ Yes ○ No/ND

Anti-hyperglycemic Medications:
☐ Biguanide
☐ DPP-4 Inhibitor
☐ GLP-1 Receptor Agonist
☐ Insulin
☐ SGLT2 Inhibitor
☐ Sulfonylurea
☐ Thiazolidinedrone
☐ Other

Anti-hypertensives prior to admission ○ Yes ○ No/ND

Anti-hypertensive Medications:
☐ ACEI
☐ Alpha-blocker
☐ ARB
☐ Beta-blocker
☐ Calcium channel blocker
☐ Diuretic
☐ Other

Antiplatelet prior to admission ○ Yes ○ No/ND

Antiplatelet Medications:
☐ Aspirin
☐ clopidogrel (Plavix)
☐ prasurel (Effient)
☐ P2Y12 Inhibitor
☐ ticagrelor (Brilinta)
☐ ticlopidine (Ticlid)

Cholesterol Reducer prior to admission ○ Yes ○ No/ND

Cholesterol Reducer Medications:
☐ ACL Inhibitors
☐ Bile Acid Sequestrants
☐ Ezetimbe
☐ Fibrates
☐ Niacin
☐ Omega-3 Fatty Acid
☐ PCSK9 Inhibitor
☐ Statin

Vitals			
Heart rate documented on first medical contact:		_____	
Heart rate documented - ND		☐	
Systolic blood pressure on first medical contact:		_____	
Systolic blood pressure – ND		☐	
Heart failure documented on first medical contact		○ Yes ○ No	
Cardiogenic shock documented on first medical contact		○ Yes ○ No	
Height (cm)	_____	Weight (kg)	_____
Height - ND	☐	Weight - ND	☐

Labs	
Positive cardiac biomarkers in the first 24 hours?	○ Yes ○ No
Initial Troponin value	_____ ○ ng/mL ○ng/L ○ ug/L ○ pg/ml
Initial Troponin – ND	☐

Date/Time of initial troponin results:		___/___/_____ ___: ___ ☐ Unknown	
Initial Serum Creatinine (mg/dL):		_____	
Initial Serum Creatinine - ND		☐	
LDL Cholesterol Value (mg/dL):	_____	LDL Not Documented:	☐
LP(a) Value:	_____	LP(a) Not Documented:	☐
LP(a) Unit:	○ nmol/L ○ mg/dl		

Risk Scores			
Risk-Stratification Score Documented?	☐ EDACS ☐ GRACE ☐ HEART ☐ SYNTAX Score	☐ TIMI ☐ Other ☐ No Risk-Stratification Score Documented	
EDACS Score:	_____	Grace Risk Score:	_____
HEART Score:	_____	SYNTAX Score:	_____
TIMI Risk Score	_____		

LVF Obtained	○ This Admission ○ W/in the last year ○ > 1 year ago ○ Planned After Discharge ○ Not Documented	LVF Assessment (%)	_____
Was early diagnostic coronary angiography performed?	○ Yes ○ No		
Date and time of diagnostic angiography:	___/___/_____ ___: ___ ☐ Unknown		
Date and time of diagnostic angiography Not Documented:	☐		
Reason for not performing early diagnostic angiography	☐ Yes, medical reason ☐ Yes, patient reason ☐ Yes, system reason ☐ No Reason documented		
Non-invasive cardiac stress test during this hospital episode:	○ Yes ○ No ○ NC		

New Diagnosis During this Admission		
Diabetes Mellitus	○ Yes ○ No/ND	
Active bacterial or viral infection at admission or during hospitalization:	☐ None/ND ☐ Bacterial Infection ☐ Emerging Infectious Disease ☐ MERS ☐ SARS-COV-1 ☐ SARS-COV-2 (COVID-19) ☐ Other Emerging Infectious Disease	☐ Influenza ☐ Seasonal Cold ☐ Other Viral Infection

Health Related Social Needs Assessment		
During this admission, was a standardized health related social needs form or assessment completed?	○ Yes ○ No/ND	
If Yes, identify the areas of unmet social need (select all apply)	☐ None of the areas of unmet social needs listed were identified ☐ Education ☐ Employment ☐ Financial Strain ☐ Food	☐ Living Situation/Housing ☐ Mental Health ☐ Personal Safety ☐ Substance Use ☐ Transportation Barriers

	☐ Utilities
Enrolled in Clinical Trial During Hospitalization	○ Yes ○ No
If Yes, Type of Clinical Trials(s) (select all that apply)	☐ Precluding the use of aspirin in protocol ☐ Related to reperfusion therapy ☐ Involving antiplatelet therapies ☐ Involving renin-angiotensin-aldosterone system inhibitor ☐ Related to lipid lowering therapy ☐ Related to AMI ☐ Related to STEMI ☐ Related to hyperglycemic control ☐ Other (please specify): _____

IN-HOSPITAL MEDICATIONS & VACCINATIONS TAB

Antiplatelet and Anticoagulant Medications During this Episode of Care

No antiplatelet or anticoagulant medications	☐
Aspirin Administration Was aspirin administered at this facility within 24 hours of arrival?	○ Yes ○ No ○ NC
Was aspirin administered within 24 hours prior to arrival?	○ Yes ○ No ○ NC
Was aspirin administered prior to transfer?	○ Yes ○ No ○ NC
Other Antiplatelet Medications Clopidogrel (Plavix) During this episode	○ Yes ○ No ○ NC
Dosage:	○ 75mg ○ Other ○ Unknown
Prasugrel (Effient) During this episode	○ Yes ○ No ○ NC
Dosage:	○ 5mg ○ 10mg ○ Other ○ Unknown
Ticagrelor (Brilinta) During this episode	○ Yes ○ No ○ NC
Dosage:	○ 90mg ○ Other ○ Unknown
Ticlopidine (Ticlid) During this episode	○ Yes ○ No ○ NC
Dosage:	○ 250mg ○ Other ○ Unknown
Anticoagulant Medications Bivalirudin (Angiomax) During this episode	○ Yes ○ No ○ NC
Heparin During this episode	○ Yes ○ No ○ NC
Low Molecular Weight Heparin (LMWH) During this episode	○ Yes ○ No ○ NC

Vaccinations

Influenza Vaccination:	○ Influenza vaccine was given during this hospitalization during the current flu season ○ Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization ○ Documentation of patient's refusal of influenza vaccine ○ Allergy/sensitivity to influenza vaccine or if medically contraindicated ○ Vaccine not available ○ None of the above/Not documented/UTD
COVID-19 Vaccination:	○ COVID-19 vaccine was given during this hospitalization ○ COVID-19 vaccine was received prior to admission, not during this hospitalization

	○ Documentation of patient's refusal of COVID-19 vaccine ○ Allergy/sensitivity to COVID-19 vaccine or if medically contraindicated ○ Vaccine not available ○ None of the above/Not documented/UTD		
COVID-19 Vaccination Date	___/___/____ ☐ Unknown	Is there documentation that this patient was included in a COVID-19 vaccine trial?	○ Yes ○ No/ND

REPERFUSION TAB	
Thrombolytics administered at this facility?	○ Yes ○ No/ND
Thrombolytics administered prior to arrival?	○ Yes, by transferring facility ○ Yes, by EMS ○ No/ND
Thrombolytic Dose Start Date/Time:	___/___/_____ ___: ___ ☐ Unknown
Thrombolytic medication:	○ tenecteplase (TNKase) ○ alteplase (Activase) ○ reteplase (Retavase) ○ Other (please specify) _____
Was there a documented reason for delay in thrombolytics?	○ Yes ○ No
Reason(s) for delay in thrombolytics:	☐ Cardiac Arrest ☐ Need for additional PPE for suspected/ confirmed infectious disease ☐ Need for advanced airway placement (Intubation) ☐ Patient/family consent ☐ Change in reperfusion strategy* ☐ Provider unable to administer thrombolytics* ☐ Other reason (please specify) _____
Reasons for not administering a thrombolytic	☐ Active peptic ulcer ☐ Any prior intracranial hemorrhage ☐ DNR at time of treatment decision ☐ Expected DTB ☐ Intracranial neoplasm, AV malformation, or aneurysm ☐ Ischemic stroke w/in 3 months except acute ischemic stroke within 3hrs ☐ Known bleeding diathesis ☐ No Reason documented ☐ Patient/family refusal ☐ Pregnancy ☐ Prior allergic reaction to thrombolytics ☐ Recent bleeding within 4 weeks ☐ Recent surgery/trauma ☐ Severe uncontrolled hypertension ☐ Significant close head or facial trauma within previous 3 months ☐ Suspected aortic dissection ☐ Transferred for PCI ☐ Traumatic CPR that precludes thrombolytics ☐ Other (please specify) _____
Was the patient brought to the cath lab with the intention of performing PCI?	○ Yes ○ No
PCI performed during this episode of care?	○ Yes ○ No
Reasons for not performing PCI	☐ Active bleeding on arrival or within 24 hours ☐ Anatomy not suitable to primary PCI ☐ DNR at time of treatment decision ☐ Patient/family refusal ☐ Prior allergic reaction to IV contrast ☐ Quality of life decision

	☐ No PCI Capability ☐ No reason documented ☐ Non-compressible vascular puncture(s)	☐ Spontaneous reperfusion (documented by cath only) ☐ Thrombolytic Administered ☐ Other (please specify) _____
PCI Time Tracker Data		
Cath Lab Activation:	___/___/_____ ___: ___ ☐ Unknown	
Patient Arrival to Cath Lab:	___/___/_____ ___: ___ ☐ Unknown	
Team Arrival to Cath Lab:	___/___/_____ ___: ___ ☐ Unknown	
Interventionalist Arrival to Cath Lab:	___/___/_____ ___: ___ ☐ Unknown	
First PCI Date/Time:	___/___/_____ ___: ___ ☐ Unknown	
PCI Indication	○ Primary PCI for STEMI ○ PCI for STEMI (unstable, >12 hr from sx onset) ○ PCI for STEMI (stable, >12 hr from sx onset) ○ PCI for STEMI (stable after successful full-dose lytic) ○ PCI for STEMI (facilitated PCI after half/reduced-dose lytic) ○ Rescue PCI for STEMI (after failed full-dose lytic) ○ PCI for NSTEMI ○ Other _____	
Was there a documented reason for delay in PCI?	○ Yes ○ No	
Reasons for delay in PCI:	☐ Cardiac Arrest ☐ Difficult vascular access ☐ Difficulty crossing the culprit lesion ☐ Need for additional PPE for suspected/confirmed infectious disease ☐ Need for advanced airway placement (Intubation) ☐ Need for Mechanical circulatory support prior to PCI ☐ Patient/family consent ☐ Other reason please specify) _____	
CABG During This Admission:	○ Yes ○ No	
		DISCHARGE TAB
In-hospital Risk Adjusted Mortality Score:	_____ (auto calculated)	
Discharge Date/Time:	___/___/_____ ___: ___	
Discharge Disposition:	○ 1 – Home ○ 2 – Hospice-Home ○ 3 – Hospice-Healthcare Facility ○ 4 – Acute Care Facility ○ 5 – Other Health Care Facility	○ 6 – Expired ○ 7 – Left Against Medical Advice/AMA ○ 8 – Not Documented or Unable to Determine (UTD)
Comfort Measures Only?	○ Yes ○ No	If Yes, Date/Time: ___/___/_____ ___: ___ ☐ Unknown
Final Clinical Diagnosis	○ Confirmed AMI – STEMI ○ Confirmed AMI – non-STEMI	○ Angina not specified ○ Chest Pain (cardiac)

	○ Confirmed AMI - STEMI/Non-STEMI unspecified ○ Unstable Angina	○ Chest Pain (non cardiac) (please specify) _____ ○ Noncardiac condition

Referrals/Counseling and Follow-up	
Patient Referred to Cardiac Rehab?	○ Yes ○ No referral documented ○ No-Medical Reason ○ No-Patient Oriented Reason ○ No-Healthcare System Reason
Smoking Cessation Counseling?	○ Yes ○ No
Follow-up visit scheduled?	○ Yes ○ No
Date of first follow-up visit	___/___/_____ ___: ___ ☐ Unknown
Location of first follow-up visit	○ Home health visit ○ Office visit ○ Telehealth ○ Not documented

Discharge Medications				
ACEI at discharge	Prescribed	○ Yes	○ No	○ NC
ARB at discharge	Prescribed	○ Yes	○ No	○ NC
Aspirin at discharge	Prescribed	○ Yes	○ No	○ NC
	If yes,	Dose:	○ 75-100 mg ○ >100 mg ○ Other ○ Unknown	
		Frequency:	○ Every Day ○ 2 Times a day ○ 3 Times a day ○ 4 Times a day ○ Other ○ Unknown	
Clopidogrel at discharge	Prescribed	○ Yes	○ No	○ NC
	If yes,	Dose:	○ 75mg ○ Other ○ Unknown	
		Frequency:	○ Every Day ○ Other ○ Unknown	
Prasugrel at discharge	Prescribed	○ Yes	○ No	○ NC
	If yes,	Dose:	○ 5mg ○ 10mg ○ Other ○ Unknown	
		Frequency:	○ Every Day ○ Other ○ Unknown	
Ticagrelor at discharge	Prescribed	○ Yes	○ No	○ NC
	If yes,	Dose:	○ 90mg ○ Other ○ Unknown	

		Frequency:	○ 2 Times a day ○ Other ○ Unknown		
Ticlopidine at discharge	Prescribed	○ Yes	○ No		○ NC
	If yes,	Dose:	○ 250mg ○ Other ○ Unknown		
		Frequency:	○ 2 Times a day ○ Other ○ Unknown		
Anticoagulation at discharge	Prescribed	○ Yes	○ No		○ NC
	If yes,	Class:	○ Warfarin	○ Direct Thrombin Inhibitor	○ Factor Xa Inhibitor
		Medication:	○ Coumadin (warfarin)	○ Dabigatran ○ Other Direct Thrombin Inhibitor	○ Apixaban ○ Edoxaban ○ Rivaroxaban ○ Other Factor Xa Inhibitor
		Dose:	N/A	○ 75mg ○ 150 mg ○ Other ○ Unknown	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
		Frequency:	N/A	○ 2 Times a day ○ Other ○ Unknown	1. _____ 2. _____ 3. _____
Beta Blocker at discharge	Prescribed	○ Yes	○ No		○ NC
Statin at discharge	Prescribed	○ Yes	○ No		○ NC
	If yes,	Medication:	○ amlodipine + atorvastatin (Caduet) ○ atorvastatin (Lipitor) ○ ezetimibe + simvastatin (Vytorin) ○ fluvastatin (Lescol) ○ fluvastatin (Lescol XL) ○ lovastatin (Mevacor) ○ lovastatin extended release (Altoprev) ○ lovastatin + niacin (Advicor) ○ pitavastatin (Livalo) ○ pravastatin (Pravachol) ○ rosuvastatin (Crestor) ○ simvastatin (Zocor) ○ simvastatin + niacin (Simcor)		
		Dose:	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
		Statin Level of Intensity:	○ Low	○ Moderate	○ High
Is there a non-system reason for not prescribing	☐ Yes, medical reason ☐ Yes, patient reason				

a high intensity statin medication?	☐ No
Anti-hyperglycemic Medication Prescribed	○ Yes ○ No ○ NC
Anti-hyperglycemic Class	1. _____ 2. _____ 3. _____ 4. _____
Anti-hyperglycemic Medication	1. _____ 2. _____ 3. _____ 4. _____
Was there a documented reason for not prescribing a medication with proven CVD benefit?	○ Yes ○ No/ND
PCSK9 Inhibitor Prescribed	○ Yes ○ No ○ NC
PCSK9 Medication	○ alirocumab (Praluent) ○ evolocumab (Repatha) ○ inclisiran
Comments	

TIME METRICS TAB (AUTO-POPULATED)	
Symptom onset to FMC	
EMS FMC to ECG	
EMS Depart Scene to Hospital Arrival	
Arrival at this Hospital to First ECG	
Time in ED	
Arrival to Transfer Out (DIDO) (Referring Hospital)	
Arrival at First Hospital to Transfer Out	
EMS FMC to Cath Lab Activation	
Arrival to Cath Lab Activation	
EMS FMC to PCI	
Arrival at Referring Hospital to PCI	
Arrival at Receiving Hospital to PCI	