New Jersey Cardiac Catheterization Data Registry, Version 2.0

(Please report data only for patients 16 years or older.)

A. ADMINISTRATIVE

1. Facility Code: _____ 2. Facility Name: _____

3. Procedure Type *(Choose only one)*:
☐Diagnostic Cath. Only ☐ Coronary Intervention Only ☐ Diagnostic Cath. and Coronary Intervention

B. DEMOGRAPHICS

4. Last Name: _____ 5. First Name: _____ 6. MI: _____

7. SSN: ___ - ___ - ___ 8. Medical Record No.: _____

9. Date of Birth: ___ / ___ / ___ 10. Gender: ☐Male ☐Female

11. Race *(Choose only one)*:
☐White ☐Black ☐Asian ☐Native American/Alaska Native ☐Hawaiian/Other Pacific Islander ☐Other

12. Hispanic or Latino Origin? ☐Yes ☐No 13. Patient Zip Code: _____

C. ADMISSION

14. Admission Date: ___ / ___ / ___

15. Admission Status:
☐Outpatient Referral ☐ED ☐Transfer–Acute Care Facility ☐Transfer–Non-Acute Care Facility ☐Other

16. Inpatient Status: ☐Yes ☐No

17. Insurance Payor:
☐BC/BS ☐HMO ☐Medicare ☐Tricare (CHAMPUS) ☐Other
☐Commercial ☐Medicaid ☐Self Pay ☐Uninsured/Indigent

ADMISSION/LAB MEDICATIONS (Administered on admission up to and including all cath. lab visits):

Medication	Yes	No	Medication	Yes	No
18. Aspirin	☐	☐	25. Platelet Agg. Inhib.	☐	☐
19. Beta Blocker	☐	☐	26. Renal Adj. Therapy	☐	☐
20. Coumadin	☐	☐	27. Lipid Lowering Agents	☐	☐
21. Glycoprotein IIbIIIa Inhibitors	☐	☐	28. Thrombin Inhibitors	☐	☐
22. Heparin Low Molecular Weight	☐	☐	29. Thrombolytics	☐	☐
23. Heparin Unfract.	☐	☐	30. Other	☐	☐
24. ACEI/ARB	☐	☐	→ 31. If Other, Specify:		

D. HISTORY AND RISK FACTORS

32. Height: _____ cm. 33. Weight: _____ kg.

34. Previous MI (>7 days)? ☐Yes ☐No 35. CHF (Previous History)? ☐Yes ☐No

36. Most recent EF: _____ % 37. EF Method: ☐Not Done ☐LVG ☐Radionuclide ☐Estimate ☐Echo

38. Diabetes: ☐Yes ☐No → 39. If Yes, Diabetes Control: ☐None ☐Insulin ☐Oral ☐Diet

40. Renal Failure (Previous History)? ☐Yes ☐No → 41. If Yes, Dialysis? ☐Yes ☐No

42. Cerebrovascular Disease? ☐Yes ☐No

43. Cerebrovascular Accident? ☐Yes ☐No → 44. If Yes, When? ☐ ≤2 weeks ☐ >2 weeks

45. Peripheral Vascular Disease? ☐Yes ☐No 46. Chronic Lung Disease? ☐Yes ☐No

47. Dyslipidemia? ☐Yes ☐No 48. Hypertension? ☐Yes ☐No

49. Tobacco History? ☐Never ☐Current ☐Former 50. Previous Diagnostic Cath.? ☐Yes ☐No

51. Previous PCI? ☐Yes ☐No → 52. If Yes, Date of most recent: ___ / ___ / ___

53. Previous CABG? ☐Yes ☐No → 54. If Yes, Date of most recent: ___ / ___ / ___

55. Previous Valve Surgery? ☐Yes ☐No 56. Previous Cardiac Transplant? ☐Yes ☐No

E. CURRENT CLINICAL STATUS

57. CHF (Current Status)? ☐Yes ☐No
58. NYHA: ☐ I ☐ II ☐ III ☐ IV
59. Cardiogenic Shock? ☐Yes ☐No
60. Hemodynamically Stable? ☐Yes ☐No
61. Hypotension? ☐Yes ☐No
62. Last Creatinine: _____ mg/dl
63. Outcome of Non-Invasive Test: ☐No Test ☐Positive ☐Negative ☐Equivocal
64. Ventilator Support? ☐Yes ☐No
65. Defibrillation? ☐Yes ☐No
66. Admission Symptom (Sx) Presentation:
- ☐ No Sx/No Angina
- ☐ Atypical Chest Pain
- ☐ Stable Angina
- ☐ Unstable Angina
- ☐ Non-STEMI
- ☐ STEMI

67. If any symptom, Time Period Sx Onset to Admission:
- ☐ > 0° - ≤ 6 hrs
- ☐ > 6° - ≤ 12°
- ☐ > 12° - ≤ 24°
- ☐ > 24° - ≤ 48°
- ☐ > 48° - ≤ 72°
- ☐ > 72° - ≤ 7d
- ☐ Silent MI (No Time Period)

F. CATH LAB VISIT

68. Procedure Date: _____ / _____ / _____
69. Right Heart Cath? ☐Yes ☐No
70. Left Heart Cath? ☐Yes ☐No
71. Coronary Angiography? ☐Yes ☐No
72. Ventricular Angiography? ☐Yes ☐No
73. Other Angiography? ☐Yes ☐No
74. PCI? ☐Yes ☐No
75. Fluoro Time? _____ Minutes

HEMODYNAMIC SUPPORT:

76. IABP? ☐Yes ☐No
→ 77. If Yes, IABP Placement Timing: ☐ Before Lab Visit ☐ During Lab Visit ☐ After Lab Visit
78. Vasopressors/Inotropes: ☐ None ☐ Before Lab Visit ☐ During Lab Visit ☐ After Lab Visit
79. Other Clinical Support? ☐Yes ☐No

LV STATUS:

80. LV Function Assessed? ☐Yes ☐No
→ 81. If Yes, LV Wall Motion: ☐ Normal ☐ Abnormal
82. EF? _____ %
83. Ventilator Support (in Lab)? ☐Yes ☐No
84. Defibrillation (in Lab)? ☐Yes ☐No

G. DIAGNOSTIC CATH PROCEDURE *(Skip this section if no diagnostic cath performed)*

85. Operator License Number: _____
86. Operator Last Name: _____ 87. Operator First Name: _____
88. Cardiac Cath. Status: ☐ Elective ☐ Urgent ☐ Emergency

INDICATIONS:

89. Valvular Heart Disease? ☐Yes ☐No
90. Arrhythmia? ☐Yes ☐No
91. Other Cardiac Indications: ☐ None ☐ Congenital Heart Disease ☐ Heart Failure ☐ Cardiomyopathy ☐ Cardiomyopathy/Heart Failure ☐ Other

G. DIAGNOSTIC CATH PROCEDURE, Continued

INDICATIONS, Continued:

Coronary Anatomy (if assessed, enter percent):

	Native Artery: Percent Stenosis	Grafts (Complete if Previous CABG=Yes): Percent Stenosis
Left Main:	92. _____ %	//////////////////////
Prox LAD:	93. _____ %	98. _____ %
Mid/Distal LAD:	94. _____ %	99. _____ %
Circumflex:	95. _____ %	100. _____ %
RCA:	96. _____ %	101. _____ %
Ramus:	97. _____ %	102. _____ %

VALVE FINDINGS:

103. Mitral Insufficiency: ☐ None ☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ Not Assessed

104. Aortic Stenosis: ☐ Yes ☐ No ☐ Not Assessed

→ If Yes, 105. Calculated Valve Area: _____ cm^2

106. Doppler Mean Gradient: _____ mmHg

107. Aortic Insufficiency: ☐ None ☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ Not Assessed

H. PCI PROCEDURE *(Skip this section if no PCI performed)*

108. Operator License Number: _____

109. Operator Last Name: _____ 110. Operator First Name: _____

111. PCI Status: ☐ Elective ☐ Urgent ☐ Emergency ☐ Salvage

INDICATIONS:

112. Ischemic symptoms compatible with AMI within 12 hours of onset? ☐Yes ☐ No

113. ST segment elevation compatible with AMI? ☐Yes ☐ No

114. Uninterpretable ECG? ☐Yes ☐ No

115. % Stenosis of upstream left main artery? _____ %

116. Is left main artery unprotected? ☐Yes ☐ No

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117. Lesion ≥ 50%:

☐ No ☐ Yes-De novo ☐ Yes-Restenosis ☐ Yes-De Novo/Restenosis ☐ Yes-Subacute Thrombosis

118. Acute PCI:

☐ No ☐ Yes-Primary PCI for STEMI ☐ Yes-Rescue PCI
☐ Yes-Facilitated PCI ☐ Yes-Non-STEMI/Unstable Angina

→ If Yes-Primary PCI for STEMI:

Symptom Onset: 119. Date: ___/___/___ 120. Time: ___:___

Date/Time of Arrival: 121. Date: ___/___/___ 122. Time: ___:___

123. Transfer in for Primary PCI: ☐Yes ☐No

→ If Yes, ED Presentation at Referring Facility:

124. Date: ___/___/___ 125. Time: ___:___

Reperfusion Date/Time: 126. Date: ___/___/___ 127. Time: ___:___

128. Transfer out for Emergency CABG: ☐Yes ☐No

→ If Yes, Call to Surgery Center: 129. Date: ___/___/___ 130. Time: ___:___

Left Original Hospital: 131. Date: ___/___/___ 132. Time: ___:___

Arrival at Receiving Hosp.: 133. Date: ___/___/___ 134. Time: ___:___

Arrival at OR: 135. Date: ___/___/___ 136. Time: ___:___

I. **LESIONS/DEVICES** *(Skip this section if no PCI performed. Provide detailed information for the first 3 lesions.))*

137. Total Number of Lesions: _____

Lesion Counter:	1	2	3
Segment Number:	138.	161.	184.
% Pre-Stenosis:	139. _____%	162. _____%	185. _____%
% Post-Stenosis:	140. _____%	163. _____%	186. _____%
Pre-Proc TIMI Flow:	141. 0☐No 2☐Partial 1☐Slow 3☐Complete	164. 0☐No 2☐Partial 1☐Slow 3☐Complete	187. 0☐No 2☐Partial 1☐Slow 3☐Complete
Post-Proc TIMI Flow:	142. 0☐No 2☐Partial 1☐Slow 3☐Complete	165. 0☐No 2☐Partial 1☐Slow 3☐Complete	188. 0☐No 2☐Partial 1☐Slow 3☐Complete
Prev. Treated Lesion:	143. ☐Yes ☐No	166. ☐Yes ☐No	189. ☐Yes ☐No
If Yes: Select Multiple:	144. ☐Balloon 145. ☐DES or NonDES 146. ☐Radiation 147. ☐Other/Unknown	167. ☐Balloon 168. ☐DES or NonDES 169. ☐Radiation 170. ☐Other/Unknown	190. ☐Balloon 191. ☐DES or NonDES 192. ☐Radiation 193. ☐Other/Unknown
If Yes: Prev. Treat Date:	148. ____/____/____	171. ____/____/____	194. ____/____/____
Segment in Graft:	149. ☐No ☐Yes-Vein ☐Yes-Artery	172. ☐No ☐Yes-Vein ☐Yes-Artery	195. ☐No ☐Yes-Vein ☐Yes-Artery
→ If Yes Loc. In Graft:	150. ☐Aortic ☐Body ☐Distal	173. ☐Aortic ☐Body ☐Distal	196. ☐Aortic ☐Body ☐Distal
Lesion Risk:	151. ☐Non-High/Non-C ☐High/C	174. ☐Non-High/Non-C ☐High/C	197. ☐Non-High/Non-C ☐High/C
Lesion Length (mm):	152. _____ mm	175. _____ mm	198. _____ mm
Bifurcation Lesion:	153. ☐Yes ☐No	176. ☐Yes ☐No	199. ☐Yes ☐No
Intracoronary Devices (*Note: For each lesion enter either "No Device Deployed" or one of the following):*	154. 0 ☐ No Device Deployed 1 ☐ Balloon Only 2 ☐ Drug Eluting Stent Only 3 ☐ Bare Metal Stent Only 4 ☐ Rotational Atherectomy Only 5 ☐ Thrombectomy Only 6 ☐ Cutting Balloon Only 7 ☐ Balloon and Drug Eluting Stent Only 8 ☐ Balloon and Bare Metal Stent Only 9 ☐ Other (Specify) 10 ☐ Unsuccessful- Balloon Only 11 ☐ Unsuccessful- Drug Eluting Stent Only 12 ☐ Unsuccessful- Bare Metal Stent Only 13 ☐ Unsuccessful - Balloon and Drug Eluting Stent Only 14 ☐ Unsuccessful - Balloon and Bare Metal Stent Only 15 ☐ Unsuccessful–Other (Specify) → 155. Specify:	177. 0 ☐ No Device Deployed 1 ☐ Balloon Only 2 ☐ Drug Eluting Stent Only 3 ☐ Bare Metal Stent Only 4 ☐ Rotational Atherectomy Only 5 ☐ Thrombectomy Only 6 ☐ Cutting Balloon Only 7 ☐ Balloon and Drug Eluting Stent Only 8 ☐ Balloon and Bare Metal Stent Only 9 ☐ Other (Specify) 10 ☐ Unsuccessful- Balloon Only 11 ☐ Unsuccessful- Drug Eluting Stent Only 12 ☐ Unsuccessful- Bare Metal Stent Only 13 ☐ Unsuccessful - Balloon and Drug Eluting Stent Only 14 ☐ Unsuccessful - Balloon and Bare Metal Stent Only 15 ☐ Unsuccessful–Other (Specify) → 178. Specify:	200. 0 ☐ No Device Deployed 1 ☐ Balloon Only 2 ☐ Drug Eluting Stent Only 3 ☐ Bare Metal Stent Only 4 ☐ Rotational Atherectomy Only 5 ☐ Thrombectomy Only 6 ☐ Cutting Balloon Only 7 ☐ Balloon and Drug Eluting Stent Only 8 ☐ Balloon and Bare Metal Stent Only 9 ☐ Other (Specify) 10 ☐ Unsuccessful- Balloon Only 11 ☐ Unsuccessful- Drug Eluting Stent Only 12 ☐ Unsuccessful- Bare Metal Stent Only 13 ☐ Unsuccessful - Balloon and Drug Eluting Stent Only 14 ☐ Unsuccessful - Balloon and Bare Metal Stent Only 15 ☐ Unsuccessful–Other (Specify) → 201. Specify:
No Reflow Phenom	156. ☐Yes ☐No	179. ☐Yes ☐No	202. ☐Yes ☐No
Dissection	157. ☐Yes ☐No	180. ☐Yes ☐No	203. ☐Yes ☐No
Acute Closure	158. ☐Yes ☐No	181. ☐Yes ☐No	204. ☐Yes ☐No
→ If Yes: Successful Reopening	159. ☐Yes ☐No	182. ☐Yes ☐No	205. ☐Yes ☐No
Perforation	160. ☐Yes ☐No	183. ☐Yes ☐No	206. ☐Yes ☐No

J. ADVERSE OUTCOMES PRIOR TO DISCHARGE *(Complete this section for each Admission/Discharge)*

GENERAL COMPLICATIONS:

207. Periprocedural MI	☐Yes	☐No
208. Cardiogenic Shock	☐Yes	☐No
209. CHF	☐Yes	☐No
210. CVA/Stroke	☐Yes	☐No
211. Tamponade	☐Yes	☐No
212. Thrombocytopenia	☐Yes	☐No
213. Contrast Reaction	☐Yes	☐No
214. Renal Failure	☐Yes	☐No
215. Emergency PCI	☐Yes	☐No
216. TIA	☐Yes	☐No
217. Sepsis	☐Yes	☐No
218. Arrhythmia	☐Yes	☐No
219. Ventilator Support	☐Yes	☐No

VASCULAR/BLEEDING COMPLICATIONS:

220. Bleeding at Percutaneous Entry Site	☐Yes	☐No
221. Retroperitoneal Bleeding	☐Yes	☐No
222. Gastrointestinal Bleeding	☐Yes	☐No
223. Genito-Urinary Bleeding	☐Yes	☐No
224. Bleeding - Other/Unknown Cause	☐Yes	☐No
225. Access Site Occlusion	☐Yes	☐No
226. Peripheral Embolization	☐Yes	☐No
227. Dissection	☐Yes	☐No
228. Pseudoaneurysm	☐Yes	☐No

→ 229. If Yes, Treatment:
None ☐Pressure ☐Fibrin Injection ☐Surgery

230. AV Fistula	☐Yes	☐No

K. DISCHARGE *(Complete this section for each Admission/Discharge)*

231. CABG Status - During This Admission:
☐No CABG ☐Elective ☐Urgent ☐Emergency ☐Salvage ☐ Transferred for CABG

→ If Yes,232. CAB Date: ____/____/____

233. Blood products transfused after lab visit: ☐Yes ☐No

234. Discharge Date: ____/____/____ 235. Discharge Status: ☐Alive ☐Dead

236. If Dead, Date of Death: ____/____/____

237. If Dead, Primary Cause of Death:
☐Cardiac ☐Neurologic ☐Renal ☐Vascular ☐Infection
☐Pulmonary ☐Valvular ☐Unknown ☐Other

238. If Dead, Location of Death:
☐Died in Cath Lab ☐Died in Hospital Performing Procedure, but not in Cath Lab
☐Died in Transit to Cardiac Surgery Center ☐Died at Cardiac Surgery Center

239. If Alive, Discharge Location:
☐Not Discharged ☐Home ☐Other Acute Care ☐Rehab/Subacute Care
☐Nursing Home ☐Unknown ☐Other

IF ALIVE AT DISCHARGE, MEDICATIONS (Prescribed at Discharge):

Medication			**Medication**		
240. Aspirin:	☐Yes	☐No	243. Platelet Agg. Inhib.:	☐Yes	☐No
241. Beta Blocker:	☐Yes	☐No	244. Lipid-Lowering Agents:	☐Yes	☐No
242. Coumadin:	☐Yes	☐No	245. ACEI/ARB:	☐Yes	☐No

246. Reserved 1: 247. Reserved 2: 248. Reserved 3: