STEMI -ACT PROFORMA

CASE RECORD FORM

Unique ID (As Generated Automatically Online) :.....

FOLLOW UP ..... (To be filled AFTER ..... of Acute Event by Treating Physician)

DATE OF FOLLOW-UP : ...../...../..... (DD/MM/YY)

Lost to Follow-up ☐ No ☐ Yes Specify Reasons .....

Follow-up ☐ Hospital Visit ☐ Home Visit ☐ Telephone ☐ Postal

Outcome ☐ Alive ☐ Death If Dead: ...../...../..... (DD/MM/YY) ..... : ..... (24 Hour Clock)
Cause: ☐ Cardiovascular ☐ Non-Cardiovascular

Clincial status

Angina ☐ No ☐ Yes if Yes Class _____

Dyspnea ☐ No ☐ Yes if Yes Class _____

Re-hospitalization ☐ No ☐ Yes if Yes ☐ ACS ☐ HF ☐ Arrhtyhmia ☐ Others _____

DRUGS PRESCRIBED AND TAKEN

				Define Regularity (Adherence Rate)↓
Anti Platlet Agents	☐ No ☐ Yes	If Yes	☐ Aspirin ☐ Cilostazol ☐ Clopidogrel ☐ Prasugrel ☐ Other	☐ < 50% ☐ 50 - 70% ☐ 71 - 90 % ☐ > 90 %
Oral antithrombotics	☐ No ☐ Yes	If Yes	☐ Acitrom ☐ Warfarin ☐ Other	☐ < 50% ☐ 50 - 70% ☐ 71 - 90 % ☐ > 90 %
Beta Blockers	☐ No ☐ Yes	If Yes	☐ Atenolol ☐ Carvedilol ☐ Metoprolol ☐ Nebivolol ☐ Propranolol ☐ Other	☐ < 50% ☐ 50 - 70% ☐ 71 - 90 % ☐ > 90 %

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ACE inhibitors	☐ No ☐ Yes	If Yes	☐ Enalapril ☐ Lisinopril ☐ Ramipril ☐ Other	☐ < 50% ☐ 50 - 70% ☐ 71 - 90 % ☐ > 90 %
MRA	☐ No ☐ Yes	If Yes	☐ Aldactone ☐ Eplerenone ☐ ☐ Other	☐ < 50% ☐ 50 - 70% ☐ 71 - 90 % ☐ > 90 %
Calcium Channel Blockers	☐ No ☐ Yes	If Yes	☐ Amlodipine ☐ Diltiazem ☐ Verapamil ☐ Other	☐ < 50% ☐ 50 - 70% ☐ 71 - 90 % ☐ > 90 %
Angiotensin Receptor Antagonists	☐ No ☐ Yes	If Yes	☐ Losartan ☐ Olmesartan ☐ Telmisartan ☐ Other	☐ < 50% ☐ 50 - 70% ☐ 71 - 90 % ☐ > 90 %
Lipid Lowering Drugs	☐ No ☐ Yes	If Yes	☐ Atorvastatin ☐ Fenofibrate ☐ Rosuvastatin ☐ Simvastatin ☐ Other	☐ < 50% ☐ 50 - 70% ☐ 71 - 90 % ☐ > 90 %
Other Cardiovascular Drugs	☐ No ☐ Yes	If Yes	☐ A. NITRATES ☐ -- Nitrotryglcerine ☐ --Isosorbide Mononitrate ☐ B. NICORANDIL ☐ C. TRIMETAZIDINE ☐ D. RANOLAZINE ☐ E. DIURETICS ☐ --Chlorthalidone ☐ --Furosemide ☐ -Hydrochlorothiazide ☐ --Spironolactone ☐ --Torsemide ☐ F. OTHER	☐ < 50% ☐ 50 - 70% ☐ 71 - 90 % ☐ > 90 %
Insulin	☐ No ☐ Yes	If Yes	☐ Regular Insulin ☐ Other	☐ < 50% ☐ 50 - 70%

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☐ 71 - 90 %
☐ > 90 %

EVENTS AND PROCEDURES AFTER DISCHARGE UPTO _____ FROM ADMISSION

Rehospitalization ☐ No ☐ Yes If Yes ……/……/…… (DD/MM/YY)
Reason ☐ Worsening Angina ☐ Heart Failure

FOLLOW UP …… (Contd.)

Reinfarction ☐ No ☐ Yes If Yes ……/……/…… (DD/MM/YY)

Stroke ☐ No ☐ Yes If Yes ……/……/…… (DD/MM/YY)
Cause ☐ Hemorrhagic[CT/MRI Confirmed] ☐ Ischemic[CT/MRI confirmed] ☐ Unclassified [Only Clinical Diagnosis or Uncertain]

Cardiac Arrest ☐ No ☐ Yes If Yes ……/……/…… (DD/MM/YY)
Cause ☐ Ventricular Fibrillation ☐ Pulseless VT ☐ Asystole

Coronary Angiography ☐ No ☐ Yes If Yes ……/……/…… (DD/MM/YY)

PTCA ☐ No ☐ Yes If Yes ……/……/…… (DD/MM/YY)
Reason ☐ Recurrence of ACS ☐ Worsening Angina ☐ Inducible Ischemia on Stress ☐ Any Other

CABG Surgery ☐ No ☐ Yes If Yes ……/……/…… (DD/MM/YY)
Reason ☐ Recurrence of ACS ☐ Worsening Angina ☐ Ischemia on Stress ☐ Any Other
Specify: ……