

**STEMI -ACT PROFORMA****CASE RECORD FORM**

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

STEMI ACT at Hub Hospital**A. REGISTRATION**

State:

City:

Hospital:

Patient Initials*: (Initials of First Name, Middle Name & Surname **Only**)

Ph no.

Address

Gender*: ☐ Male☐ Female

Date of Birth Known*:

☐ Yes

If Yes Mention Date/...../.....

(DD/MM/YYYY)

☐ No

Age :Yrs

Registration Date* :

...../...../..... (DD/MM/YY) : (24 Hour Clock)

(at Registry Hospital)

Informed consent

☐ Yes ☐ No**From Spoke hospital or not****if yes PRF id****A1. REASONS FOR NON_INCLUSION**

This questionnaire needs to be completed in case the attending doctor suspects that the clinical diagnosis of is STEMI and the patient is not included in the study.

Patient Admitted* ☐ No ☐ Yes If no,**Please tick the reasons for non-enrollment of this case in 'STEMI ACT' study.**Died before Consent could be obtained* ☐ No ☐ Yes If Yes

...../...../..... (DD/MM/YY) :(24 Hour Clock)

Patient / Relations refused consent* ☐ No ☐ YesMiscellaneous* ☐ No ☐ Yes If Yes Specify Here:



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B. DEMOGRAPHIC DETAILS

Residence*:

☐ Urban

☐ Semi-Urban

☐ Rural

Postal Code:

Monthly Income (average for Past 1 Year)* : Rs.

C. Broad INCLUSION/EXCLUSION CRITERIA

Inclusion Criteria* :

- ☐ STEMI definite ST elevation changes
☐ New/presumably new onset LBBB with typical symptoms
☐ STEMI equivalents*

Specify Here:

.....

Exclusion Criteria :

1. Patients age < 18 years
2. Mechanical complications prior to thrombolysis

*STEMI equivalents include Isolated true posterior MI, Hyperacute T-waves, De Winter sign and MI in a patient with implanted pacemaker (PPI)

Symptom/MI therapy from app

D. Past history/ Risk Factors

	Not Known	No	Yes	
Stable Angina*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prior MI*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes (if > 1 Episode, Give Year of the most recent one)
PTCA*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CABG*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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	Not Known	No	Yes		
Other Cardiovascular Events*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes <input type="checkbox"/> TIA/Stroke	<input type="checkbox"/> Peripheral Artery Disease
				<input type="checkbox"/> Renovascular Disease	<input type="checkbox"/> CHF
				<input type="checkbox"/> Any Other Vascular Disease	
Premature Family History of CHD / Stroke*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dyslipidemia/On statin therapy*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hypertension*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Duration (Yrs) :
Diabetes*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes <input type="checkbox"/> Insulin	Duration (Yrs) :
				<input type="checkbox"/> Only OHA	
Smoking Status*	<input type="checkbox"/> Never	<input type="checkbox"/> Yes	<input type="checkbox"/> Current	Smoking Since :Years	
			<input type="checkbox"/> Left ----- Years		
Smokeless Tobacco Status [Paan with tobacco,Gutka Etc.]*	<input type="checkbox"/> Never	<input type="checkbox"/> Yes	<input type="checkbox"/> Current	Taking Since :Years	
			<input type="checkbox"/> Left ----- years		

D. Presentation

Symptom Onset *:/...../..... (DD/MM/YY) : (24 Hour Clock)

First Contact With Medical Professional*:/...../..... (DD/MM/YY) : (24 Hour Clock)

a. First Medical Contact ☐ Spoke Hospital ☐ HUB Center

☐ Other (e.g. General Physician, Nursing Home etc)

If Other please specify:

b. Time lapsed after symptom onset to first medical contact:

c. If time lapse is more than 3 Hrs, Reasons for delay:

☐ Patient did not recognize symptoms

☐ Confused with gastritis/acidity

☐ Long travel time

☐ Lack of transportation

☐

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- ☐ Went to a FMC without ECG
☐
☐ Others Specify Here:
d. Whether patient admitted at first medical contact ☐ No ☐ Yes
health facility:
If Yes: ☐ Discharged ☐ Referred

Mode of Transport to First Medical
Contact/Spoke Facility *:
(Select One)

- ☐ Ambulance
☐ Private Transport e.g. Car
☐ Public Transport e.g. Bus
☐ Other Specify :

Mode of Transport to Hub Hospital*:
(Select One)

- ☐ Ambulance
☐ Private Transport e.g. Car
☐ Public Transport e.g. Bus
☐ Other Specify :

Presentation to Emergency
Room/Casualty*:

...../...../..... (DD/MM/YY) : (24 Hour Clock)

E. Physical Examination at Time of Presentation

Heart Rate(per minute) *: Blood Pressure (Systolic): Blood Pressure (Diastolic):

Kilip Class*:

- ☐ I (No CHF) ☐ II(Rales)
☐ III (Pulmonary Edema) ☐ IV (Cardiogenic Shock)

F. ECG Findings

1a. Index ECG in Hub Hospital

...../...../..... (DD/MM/YY) : (24 Hour Clock)

1b. ECG Findings of the heart

- ☐ STEMI ☐ ST elevation
☐ Anterior leads
Lateral leads
Inferior leads
Septal leads
☐ ST depression
☐ T waves
☐ None

Left Bundle Branch Block*

- ☐ No ☐ Yes If Yes ☐ New ☐ Old ☐ Unknown

Right Bundle Branch Block*

- ☐ No ☐ Yes If Yes ☐ New ☐ Old ☐ Unknown

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1c. Other abnormalities ? (Fill in all that apply) *

☐ No☐ Yes

If Yes

☐ Atrial Fib/Flutter☐ Vtach☐ Posterior Infarction☐ RBBB☐ Nonspecific ST/T Change☐ Paced Rhythm☐ Left Ventricular Hypertrophy☐ AV Block

(mobitz,3) →

☐ First Degree☐ Type I 2nd Degree☐ Type II 2nd Degree☐ 3rd Degree**FORM 2****G. Laboratory**

Initial Creatinine*

☐ No☐ Yes☐ $\mu\text{mol/liter}$ ☐ mg/dl

Random Glucose*

☐ No☐ Yes☐ $\mu\text{mol/liter}$ ☐ mg/dl

Fasting Glucose*

☐ No☐ Yes☐ $\mu\text{mol/liter}$ ☐ mg/dl

Cardiac Marker - Maximum Values in 1st 24 hrs

CPK*

☐ Not Done☐ Done☐ Qualitative☐ Quantitative☐ +ve☐ -ve

ULN :

CK-MB*

☐ Not Done☐ Done☐ Qualitative☐ Quantitative☐ +ve☐ -ve

ULN :

Troponin*

☐ Not Done☐ Done☐ Trop I☐ Trop T☐ Qualitative☐ Quantitative☐ +ve☐ -ve

ULN :

H. Hospital Treatment & Counselling (Fill in all that apply)

Pre-Hub/Spoke Hospital Management*

☐ Aspirin☐ Statins☐ Clopidogrel / Prasugrel / Ticagrelor☐ Others → Select From List☐ Heparin

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During Admission*

- | | |
|---|---|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Nitrates |
| <input type="checkbox"/> Clopidogrel / Prasugrel / Ticagrelor | <input type="checkbox"/> Beta-Blockers |
| <input type="checkbox"/> Unfractionated Heparin | <input type="checkbox"/> ACE Inhibitors |
| <input type="checkbox"/> LMWH & Fondaparinux | <input type="checkbox"/> None of These |
| <input type="checkbox"/> Statins | <input type="checkbox"/> ARNI |
| <input type="checkbox"/> Nitrates | <input type="checkbox"/> SGLT2 Inhibitors |
| <input type="checkbox"/> Beta-Blockers | <input type="checkbox"/> MRA |
| <input type="checkbox"/> ACE Inhibitors | <input type="checkbox"/> ARBs |
| | <input type="checkbox"/> Glycoprotein II B/III A Inhibitors |
| | <input type="checkbox"/> Insulin |
| | <input type="checkbox"/> Other Antidiabetics |
| | <input type="checkbox"/> Others |

Prescribed at Discharge*

- | | |
|---|--|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> ARNI |
| <input type="checkbox"/> Clopidogrel / Prasugrel / Ticagrelor | <input type="checkbox"/> SGLT2 Inhibitors |
| <input type="checkbox"/> Oral Anticoagulants | <input type="checkbox"/> MRA |
| <input type="checkbox"/> Nitrates | <input type="checkbox"/> Insulin |
| <input type="checkbox"/> Beta-Blockers | <input type="checkbox"/> Other Antidiabetics |
| <input type="checkbox"/> ACE Inhibitors | <input type="checkbox"/> Others |
| <input type="checkbox"/> ARBs | |
| <input type="checkbox"/> Statins | |

I. Revascularization Therapy

Did the Patient undergo following Treatment / Procedure during Hospitalization ?

- Thrombolysis* ☐ No If No ☐ Out of window period ☐ Contraindicated
☐ Eligible but no consent ☐ Primary PCI
- ☐ Yes If Yes/...../..... (DD/MM/YY) : (24 Hour Clock)
- Thrombolytic Agents ☐ Tenecteplase ☐ Urokinase
☐ Streptokinase ☐ r-TPA
- Thrombolysis at: ☐ Spoke Center ☐ HUB Center

Chest Pain Resolution: None ☐ Complete ☐ If partial than Percent

ECHO*

- ☐ No
- ☐ Yes If Yes LVEF Ejection Fraction % Value :
RWMA ☐ Yes ☐ No
Mitral regurgitation

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Angiography*	<input type="checkbox"/> No	If No	<input type="checkbox"/> Not Indicated	<input type="checkbox"/> Eligible but no consent
			<input type="checkbox"/> Planned later	<input type="checkbox"/> Patient could not afford
	<input type="checkbox"/> Yes	If Yes/...../..... (DD/MM/YY) : (24 Hour Clock)
			Left Main Disease $\geq 50\%$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Number Diseased Vessels with $\geq 50\%$ Stenosis	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
			Culprit Vessel	<input type="checkbox"/> LAD <input type="checkbox"/> Left Circumflex
				<input type="checkbox"/> Right Coronary <input type="checkbox"/> Left Main
				Others
PTCA*	<input type="checkbox"/> No	If No	<input type="checkbox"/> Not Indicated	<input type="checkbox"/> Eligible but no consent
			<input type="checkbox"/> Others	<input type="checkbox"/> Patient could not afford
	<input type="checkbox"/> Yes	If yes/...../..... (DD/MM/YY) : (24 Hour Clock)
CABG*	<input type="checkbox"/> No	If No	<input type="checkbox"/> Not Indicated	<input type="checkbox"/> Eligible but no consent
			<input type="checkbox"/> Hospital does not have facility	<input type="checkbox"/> Patient could not afford
			<input type="checkbox"/>	
	<input type="checkbox"/> Yes	If yes/...../..... (DD/MM/YY) : (24 Hour Clock)

J. Events and Outcome in The Hospital

Reinfarction*	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	If Yes :/...../..... (DD/MM/YY)
Stroke*	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	If Yes :/...../..... (DD/MM/YY)
		<input type="checkbox"/> Hemorrhagic[CT/MRI Confirmed]
		<input type="checkbox"/> Ischemic[CT/MRI confirmed]
		<input type="checkbox"/> Unclassified [Only Clinical Diagnosis or Uncertain]
LV Failure*	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	If Yes :/...../..... (DD/MM/YY)
Recurrent Ischemia/Angina*	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	If Yes :/...../..... (DD/MM/YY)



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Cardiac Arrest*

☐ No

☐ Yes

If Yes :/...../..... (DD/MM/YY)

☐ Ventricular Fibrillation

☐ Pulseless VT

☐ Asystole

☐ Un-witnessed Arrest

Cardiogenic Shock*

☐ No

☐ Yes

If Yes :/...../..... (DD/MM/YY)

Mechanical complications –
MR/VSD*

☐ No

☐ Yes

If Yes :/...../..... (DD/MM/YY)

Bleeding Requiring any
Transfusion*

☐ No

☐ Yes

If Yes :/...../..... (DD/MM/YY)

Final Outcome*

Death

☐ No

☐ Yes

If Yes :/...../..... (DD/MM/YY)

Cause: ☐ Cardiovascular

☐ Non-Cardiovascular

Discharge

☐ No

☐ Yes

If Yes :/...../..... (DD/MM/YY)

Physical measurements at discharge

Height(cm) :

Weight(kg) :

BMI(kg/m²) : Automatically Calculated [Please do not fill]

Working definitions

Reinfarction - The universal definition of reinfarction requires symptoms, fresh ECG changes and an elevation of biomarkers (troponin preferred) to any level above the ULN for spontaneous or type 2 infarction (supply-demand), or $\geq 3 \times$ ULN after PCI, or $\geq 5 \times$ ULN after CABG. We should use laboratory reported upper reference limit values according to the individual study site laboratories. We will also designate the IRA (Infarct related artery) associated with the reinfarction.

Stroke - Clinical diagnosis with definitive neurological signs and symptoms lasting 24 hours or more. Although not an absolute requirement, centers will be encouraged to confirm strokes with computerized tomography (CT) or magnetic resonance imaging (MRI).

LV failure – Sudden new onset dyspnea or worsening of pre-existing dyspnea may be accompanied by B/L basal crepitations, tachypnea and tachycardia, with worsening SaO₂ and may require ventilatory support

Recurrent Ischemia/Angina - defined as the persistence/reappearance of chest pain due to myocardial ischemia after 48 hours of STEMI



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Cardiac Arrest: Defined as a) Ventricular fibrillation, b) sustained pulseless ventricular tachycardia, or c) asystole followed by successful resuscitation

Cardiogenic Shock: Persistent hypotension (Systolic BP < 90 mmHg), unresponsive to fluid administration and requiring IV inotropic therapy or insertion of an intra-aortic balloon pump

Pulmonary Embolism Sudden occlusion of a pulmonary artery or one of its branches, caused by a blood-borne clot or in situ thrombosis in the vessel.

K. Counselling

Primary PCI/rescue PCI/PI related

LDL/HDL/TG