

# RACE Referring Hospitals Data Collection Form

Hospital Instructions: Please pull all discharge charts coded with ICD-9 410.x0- & x1 for one month pre- RACE intervention for chart review.

Purpose: To identify the subset of ST-elevation myocardial infarction patients and new left bundle branch block AMIs from chart pull and enter this subset of de-identified individual patient data for an aggregate data set. This will be repeated one year after RACE intervention at your center.

Patient Year of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender Male  Female

Month/Day/Year (mm/dd/yyyy)	Hour/min (24hr Clock)
<b>MI symptom onset</b> _____ / _____ / _____ <input type="checkbox"/> Date N/A	_____ : _____ <input type="checkbox"/> Time N/A
<b>Hospital arrival (this hospital)</b> _____ / _____ / _____	_____ : _____ <input type="checkbox"/> Time N/A
<b>Departure from this hospital</b> _____ / _____ / _____	_____ : _____ <input type="checkbox"/> Time N/A
<b>First 12-Lead ECG date/time</b> _____ / _____ / _____ <input type="checkbox"/> Date N/A	_____ : _____ <input type="checkbox"/> Time N/A

Did the patient have chest pain at presentation?  Yes  No  N/A

Was a pre-hospital 12-lead ECG obtained?  Yes  No  N/A By EMS?  Yes  No  N/A

Was reperfusion checklist performed by EMS?  Yes  No

**First 12-Lead ECG results (Select Yes or No for each item):**

ST elevation $\geq 2$ leads <input type="checkbox"/> Yes <input type="checkbox"/> No	# of leads: _____ or <input type="checkbox"/> N/A
LBBB (new/unknown) <input type="checkbox"/> Yes <input type="checkbox"/> No	Known LBBB (old) <input type="checkbox"/> Yes <input type="checkbox"/> No
Other/Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No	
Normal <input type="checkbox"/> Yes <input type="checkbox"/> No	

Was an IV thrombolytic administered?  Yes  No

*If no, please provide the reason(s) thrombolytic was not administered on from the list below. Please check all reasons that apply to this patient.*

- Reason unknown/Not documented
- Patient underwent primary PCI at this hospital (*complete related information on other side of page*)
- Active internal bleeding or known bleeding diathesis on arrival or within 24 hours
- History of CVA
- Recent surgery/trauma (< 2 weeks)
- Intracranial neoplasm, AV malformation or aneurysm
- Severe uncontrolled hypertension
- No ST elevation/LBBB
- ST elevation resolved
- MI diagnosis unclear
- MI symptom onset >12 hours
- Chest pain resolved
- No chest pain
- Quality of life decision
- Co-morbid disease
- Traumatic CPR
- Patient/family refusal
- Do not resuscitate order in effect at time when treatment decisions being made
- MI not acutely recognized
- Other reason not listed: \_\_\_\_\_

