# 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.

<table>
<thead>
<tr>
<th>Patient Year of Birth: <em><strong><strong>/</strong></strong></em>/_____</th>
<th>Gender: Male</th>
<th>Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Month/Day/Year (mm/dd/yyyy)</th>
<th>Hour/min (24hr Clock)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MI symptom onset</td>
<td>Date: N/A</td>
</tr>
<tr>
<td>Hospital arrival (this hospital)</td>
<td>Date: N/A</td>
</tr>
<tr>
<td>Departure from this hospital</td>
<td>Date: N/A</td>
</tr>
<tr>
<td>First 12-Lead ECG date/time</td>
<td>Date: N/A</td>
</tr>
</tbody>
</table>

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 > 2 leads: Yes | No
- # of leads: _____ or N/A
- LBBB (new/unknown): Yes | No
- Known LBBB (old): Yes | No
- Other/Unknown: Yes | No
- Normal: Yes | 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: ________________________________
(Skip the thrombolytic questions below if no thrombolytic was administered)

<table>
<thead>
<tr>
<th>Month/Day/Year (mm/dd/yyyy)</th>
<th>Hour/min (24 hr Clock)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IV thrombolytic ordered</strong></td>
<td>Date N/A</td>
</tr>
<tr>
<td>Date N/A</td>
<td>Time N/A</td>
</tr>
<tr>
<td><strong>IV thrombolytic initiated</strong></td>
<td>Date N/A</td>
</tr>
<tr>
<td>Date N/A</td>
<td>Time N/A</td>
</tr>
</tbody>
</table>

If the patient did not receive thrombolytics, was the patient transferred for consideration for primary PCI? Yes  No

If YES: Which hospital? ________________________

Time/Date patient left ED? ________________________________

Was the EMS Hotline used?  Yes    No

If NO, please provide the reason(s) the patient did not receive primary PCI from the list below.
Please check all reasons that apply to this patient.

- Reason unknown/Not documented
- 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
- Patient/family refusal
- Do not resuscitate order in effect at time when treatment decisions being made
- Transport not available
- No accepting hospital identified
- MI not acutely recognized
- Other reason not listed: _________________________________________

Please note any issues that were identified that caused delay in reperfusion and/or non use of reperfusion therapy and/or transfer:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Form prepared by (Name):  _________________________________________

Date:    _________________________________________

Signature:   _______________________________________