



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

Note: Coordinators should complete a separate Administrative Hospital Record (**ADMINEVAL**) case report form for each event that is indicated in Event Notification generated by the Data Management System.

1. DMS tracking number:

Please record DMS tracking # on **EVENTS** case report form.

2. Medical Events Questionnaire (**EVENTS**) date:

___ / ___ / _____ (mm/dd/yyyy)

3. Was this hospitalization documented in Q. #5 – Medical Event Questionnaire (**EVENTS**) at this visit?

₁ Yes

₀ No

If “Yes” in question #3, go to question #3a. If “No” in question #3, go to question #4.

3a. Hospitalization dates reported by the participant in Q. #5 - Medical Event Questionnaire (**EVENTS**) for this event:

Admission ___ / ___ / _____ (mm/yyyy)

Discharge ___ / ___ / _____ (mm/yyyy)

3b. Were you previously notified of this hospitalization?

₁ Yes

₀ No

If “Yes” in question #3b, go to question #3c. If “No” in question #3b, go to question #4.

3c. Visit # ___ DMS tracking # ___ **STOP**

4. Did you identify and obtain hospital records (any medical records i.e., discharge summary, progress notes, lab. results, etc. and/or administrative hospital codes) for this hospitalization?

₁ Yes

₀ No

If “Yes” in question #4, go to question #4a and continue. If “No” in question #4, STOP.

4a. Hospitalization dates from hospital records:

Admission ___ / ___ / _____ (mm/dd/yyyy)

Discharge ___ / ___ / _____ (mm/dd/yyyy)

Name and address of hospital from administrative records:
(This field should NOT be entered into the DMS.)

5. Did you obtain administrative hospital codes for this hospitalization?

₁ Yes

₀ No

If “Yes” in question #5, continue to question #6. If “No” in question # 5, go to question #5a.



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5a. Did you obtain medical records (i.e., discharge summary, progress notes, lab. results, etc.)?

₁ Yes

₀ No

If "Yes in question #5a, complete the Principal Investigator-Determined Events (**PIEVENTS**) case report form. If "No" in question #5a, STOP.

6. Check **ALL** of the codes in the following list that were identified for this hospitalization in administrative records:

| | ICD-9 Code | Diagnosis | Category |
|--------------------------|------------|--|--|
| <input type="checkbox"/> | 398.91 | Rheumatic heart failure (includes all codes in series) | Heart Failure (CHF) |
| <input type="checkbox"/> | 402.01 | Hypertensive heart disease (malignant) with CHF | |
| <input type="checkbox"/> | 402.11 | Hypertensive heart disease (benign) with CHF | |
| <input type="checkbox"/> | 402.91 | Hypertensive heart disease (unspecified) with CHF | |
| <input type="checkbox"/> | 410 | Acute myocardial infarction (includes all codes in series) | Myocardial Infarction (MI) |
| <input type="checkbox"/> | 411 | Other acute and subacute forms of ischemic heart disease (includes all codes in series) | |
| <input type="checkbox"/> | 412 | Old myocardial infarction (include all codes in series in <u>primary position only</u>) | |
| <input type="checkbox"/> | 413 | Angina pectoris (includes all codes in series) | |
| <input type="checkbox"/> | 414 | Other forms of chronic ischemic heart disease (include all codes in series in <u>primary position only</u>) | |
| <input type="checkbox"/> | 425 | Cardiomyopathy (includes all codes in series) | Heart Failure (CHF) |
| <input type="checkbox"/> | 426 | Atrioventricular block, complete | Arrhythmias |
| <input type="checkbox"/> | 427 | Cardiac dysrhythmias (includes all codes in series) | |
| <input type="checkbox"/> | 428 | Heart failure (includes all codes in series) | Heart Failure (CHF) |
| <input type="checkbox"/> | 429 | Ill-defined descriptions and complications of heart disease (includes all codes in series) | |
| <input type="checkbox"/> | 430 | Subarachnoid hemorrhage | Cerebrovascular |
| <input type="checkbox"/> | 431 | Intracerebral hemorrhage | |
| <input type="checkbox"/> | 432 | Other and unspecified intracerebral hemorrhage (includes all codes in series) | |
| <input type="checkbox"/> | 433 | Occlusion and stenosis of intracerebral arteries (includes all codes in series) | |
| <input type="checkbox"/> | 434 | Occlusion of cerebral arteries (includes all codes in series) | |
| <input type="checkbox"/> | 435 | Transient cerebral ischemia (TIA) (includes all codes in series) | |
| <input type="checkbox"/> | 436 | Acute but ill-defined cerebrovascular disease | |
| <input type="checkbox"/> | 440 | Atherosclerosis (includes all codes in series) | Peripheral Vascular Disease (PVD) |
| <input type="checkbox"/> | 441 | Aortic aneurysm (includes all codes in series) and dissection | |
| <input type="checkbox"/> | 443 | Other peripheral vascular disease (includes all codes in series) | |
| <input type="checkbox"/> | 444 | Arterial embolism and thrombosis (includes all codes in series) | |
| <input type="checkbox"/> | 514 | Pulmonary congestion and hypostasis | Heart Failure (CHF) |
| <input type="checkbox"/> | 518.4 | Acute edema of lung, unspecified | |
| <input type="checkbox"/> | 798 | Sudden death, cause unknown (includes all codes in series)** | Deceased |
| <input type="checkbox"/> | 799 | Other ill-defined and unknown causes of morbidity and mortality** (includes all codes in series) | |
| <input type="checkbox"/> | V68.0 | Issue of medical certificate for cause of death** | |

Death Record Evaluation Form (DEATHREC**) should be completed



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ADMINISTRATIVE HOSPITAL RECORD EVALUATION

| | ICD-9 Procedure Code | Procedure | Category |
|--------------------------|----------------------|---|----------------------------|
| <input type="checkbox"/> | 36.01 | Percutaneous transluminal coronary angioplasty | Myocardial Infarction (MI) |
| <input type="checkbox"/> | 36.02 | | |
| <input type="checkbox"/> | 36.05 | | |
| <input type="checkbox"/> | 36.06 | | |
| <input type="checkbox"/> | 36.1 | Coronary artery bypass graft | |
| <input type="checkbox"/> | 36.10 | | |
| <input type="checkbox"/> | 36.11 | | |
| <input type="checkbox"/> | 36.12 | | |
| <input type="checkbox"/> | 36.13 | | |
| <input type="checkbox"/> | 36.14 | | |
| <input type="checkbox"/> | 36.15 | | |
| <input type="checkbox"/> | 36.16 | | |
| <input type="checkbox"/> | 36.17 | | |
| <input type="checkbox"/> | 36.19 | | |
| <input type="checkbox"/> | 37 | Other operations on heart or pericardium | |
| <input type="checkbox"/> | 37.2 | Cardiac Catherization | Myocardial Infarction (MI) |
| <input type="checkbox"/> | 37.21 | Right vessel | |
| <input type="checkbox"/> | 37.22 | Left vessel | |
| <input type="checkbox"/> | 37.23 | Both vessels | |
| <input type="checkbox"/> | 38.10 | Carotid Endarterectomy | Cerebrovascular |
| <input type="checkbox"/> | 38.13 | Coronary endarterectomy | Myocardial Infarction (MI) |
| <input type="checkbox"/> | 38.14 | | |
| <input type="checkbox"/> | 38.15 | | |
| <input type="checkbox"/> | 38.16 | | |
| <input type="checkbox"/> | 38.18 | | |
| <input type="checkbox"/> | 39.22 | Coronary artery bypass graft with other than vein | |
| <input type="checkbox"/> | 39.24 | | |
| <input type="checkbox"/> | 39.25 | | |
| <input type="checkbox"/> | 39.26 | | |
| <input type="checkbox"/> | 39.28 | | |
| <input type="checkbox"/> | 39.28 | | |



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ADMINISTRATIVE HOSPITAL RECORD EVALUATION

| CPT Code | Procedure | Category |
|--------------------------------|---|-----------------------------------|
| <input type="checkbox"/> 24900 | Amputation of upper and lower limbs or digits | Peripheral Vascular Disease (PVD) |
| <input type="checkbox"/> 25900 | | |
| <input type="checkbox"/> 25927 | | |
| <input type="checkbox"/> 26910 | | |
| <input type="checkbox"/> 27880 | | |
| <input type="checkbox"/> 33200 | Insertion, repositioning, repair, or removal of pacemaker or defibrillator | Arrhythmias |
| <input type="checkbox"/> 33201 | | |
| <input type="checkbox"/> 33206 | | |
| <input type="checkbox"/> 33207 | | |
| <input type="checkbox"/> 33208 | | |
| <input type="checkbox"/> 33210 | | |
| <input type="checkbox"/> 33211 | | |
| <input type="checkbox"/> 33212 | | |
| <input type="checkbox"/> 33213 | | |
| <input type="checkbox"/> 33214 | | |
| <input type="checkbox"/> 33215 | | |
| <input type="checkbox"/> 33216 | | |
| <input type="checkbox"/> 33217 | | |
| <input type="checkbox"/> 33218 | | |
| <input type="checkbox"/> 33220 | | |
| <input type="checkbox"/> 33222 | | |
| <input type="checkbox"/> 33223 | | |
| <input type="checkbox"/> 33224 | | |
| <input type="checkbox"/> 33225 | | |
| <input type="checkbox"/> 33226 | | |
| <input type="checkbox"/> 33233 | | |
| <input type="checkbox"/> 33234 | | |
| <input type="checkbox"/> 33235 | | |
| <input type="checkbox"/> 33236 | | |
| <input type="checkbox"/> 33237 | | |
| <input type="checkbox"/> 33238 | | |
| <input type="checkbox"/> 33240 | | |
| <input type="checkbox"/> 33241 | | |
| <input type="checkbox"/> 33243 | | |
| <input type="checkbox"/> 33244 | | |
| <input type="checkbox"/> 33245 | | |
| <input type="checkbox"/> 33246 | | |
| <input type="checkbox"/> 33249 | | |
| <input type="checkbox"/> 33250 | Electrophysiological operative procedures (ablation or incisions/reconstruction of atria) | |
| <input type="checkbox"/> 33251 | | |
| <input type="checkbox"/> 33253 | | |
| <input type="checkbox"/> 33261 | Implantation/removal of patient-activated event recorder | |
| <input type="checkbox"/> 33282 | | |
| <input type="checkbox"/> 33284 | | |
| <input type="checkbox"/> 33322 | Suture repair of aorta or great vessels; with cardiopulmonary bypass | Peripheral Vascular Disease (PVD) |
| <input type="checkbox"/> 33335 | Insertion of graft, aorta or great vessels; with cardiopulmonary bypass | |



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| | CPT Code | Procedure | Category |
|--------------------------|----------|---|-----------------------------------|
| <input type="checkbox"/> | 33510 | Coronary artery bypass with venous grafts | Myocardial Infarction (MI) |
| <input type="checkbox"/> | 33511 | | |
| <input type="checkbox"/> | 33512 | | |
| <input type="checkbox"/> | 33513 | | |
| <input type="checkbox"/> | 33514 | | |
| <input type="checkbox"/> | 33516 | | |
| <input type="checkbox"/> | 33517 | | |
| <input type="checkbox"/> | 33518 | | |
| <input type="checkbox"/> | 33519 | | |
| <input type="checkbox"/> | 33521 | | |
| <input type="checkbox"/> | 33522 | | |
| <input type="checkbox"/> | 33523 | | |
| <input type="checkbox"/> | 33533 | | |
| <input type="checkbox"/> | 33534 | | |
| <input type="checkbox"/> | 33535 | | |
| <input type="checkbox"/> | 33536 | | |
| <input type="checkbox"/> | 33572 | Coronary endarterectomy | Cerebrovascular |
| <input type="checkbox"/> | 33860 | Ascending aorta graft, w/cardiopulmonary bypass, with or w/o valve suspension | Peripheral Vascular Disease (PVD) |
| <input type="checkbox"/> | 33870 | Transverse arch graft, w/cardiopulmonary bypass, with or w/o valve suspension | |
| <input type="checkbox"/> | 35301 | Thromboendarterectomy | |
| <input type="checkbox"/> | 35311 | | |
| <input type="checkbox"/> | 35321 | | |
| <input type="checkbox"/> | 35331 | | |
| <input type="checkbox"/> | 35341 | | |
| <input type="checkbox"/> | 35351 | | |
| <input type="checkbox"/> | 35355 | | |
| <input type="checkbox"/> | 35361 | | |
| <input type="checkbox"/> | 35363 | | |
| <input type="checkbox"/> | 35371 | | |
| <input type="checkbox"/> | 35372 | Transluminal balloon angioplasty | |
| <input type="checkbox"/> | 35381 | | |
| <input type="checkbox"/> | 35390 | | |
| <input type="checkbox"/> | 35450 | | |
| <input type="checkbox"/> | 35452 | | |
| <input type="checkbox"/> | 35454 | | |
| <input type="checkbox"/> | 35456 | | |
| <input type="checkbox"/> | 35458 | | |
| <input type="checkbox"/> | 35459 | Percutaneous transluminal coronary angioplasty | Myocardial Infarction (MI) |
| <input type="checkbox"/> | 35470 | | |
| <input type="checkbox"/> | 35471 | | |
| <input type="checkbox"/> | 35472 | | |
| <input type="checkbox"/> | 35473 | | |
| <input type="checkbox"/> | 35474 | | |
| <input type="checkbox"/> | 35475 | | |



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| | CPT Code | Procedure | Category |
|--------------------------|----------|---|-----------------------------------|
| <input type="checkbox"/> | 35511 | Bypass graft with vein | Peripheral Vascular Disease (PVD) |
| <input type="checkbox"/> | 35516 | | |
| <input type="checkbox"/> | 35518 | | |
| <input type="checkbox"/> | 35521 | | |
| <input type="checkbox"/> | 35531 | | |
| <input type="checkbox"/> | 35533 | | |
| <input type="checkbox"/> | 35536 | | |
| <input type="checkbox"/> | 35541 | | |
| <input type="checkbox"/> | 35546 | | |
| <input type="checkbox"/> | 35548 | | |
| <input type="checkbox"/> | 35549 | | |
| <input type="checkbox"/> | 35551 | | |
| <input type="checkbox"/> | 35556 | Bypass graft with vein | Peripheral Vascular Disease (PVD) |
| <input type="checkbox"/> | 35558 | | |
| <input type="checkbox"/> | 35560 | | |
| <input type="checkbox"/> | 35563 | | |
| <input type="checkbox"/> | 35565 | | |
| <input type="checkbox"/> | 35566 | In situ vein bypass | |
| <input type="checkbox"/> | 35571 | | |
| <input type="checkbox"/> | 35582 | | |
| <input type="checkbox"/> | 35583 | | |
| <input type="checkbox"/> | 35585 | | |
| <input type="checkbox"/> | 35587 | Bypass graft with other than vein | |
| <input type="checkbox"/> | 35612 | | |
| <input type="checkbox"/> | 35616 | | |
| <input type="checkbox"/> | 35621 | | |
| <input type="checkbox"/> | 35623 | | |
| <input type="checkbox"/> | 35631 | | |
| <input type="checkbox"/> | 35636 | | |
| <input type="checkbox"/> | 35641 | | |
| <input type="checkbox"/> | 35646 | | |
| <input type="checkbox"/> | 35650 | | |
| <input type="checkbox"/> | 35651 | | |
| <input type="checkbox"/> | 35654 | | |
| <input type="checkbox"/> | 35656 | | |
| <input type="checkbox"/> | 35661 | | |
| <input type="checkbox"/> | 35663 | | |
| <input type="checkbox"/> | 35665 | | |
| <input type="checkbox"/> | 35666 | | |
| <input type="checkbox"/> | 35671 | | |
| <input type="checkbox"/> | 35700 | Reoperation, femoral-popliteal or femoral (popliteal), anterior tibial, posterior tibial, peroneal artery or other distal vessels (>1 month after original operation) | Peripheral Vascular Disease (PVD) |
| <input type="checkbox"/> | 35879 | Revision, lower extremity arterial bypass w/o thrombectomy; with vein patch angioplasty | |
| <input type="checkbox"/> | 75962 | Transluminal balloon angioplasty; with radiological supervision and interpretation | |
| <input type="checkbox"/> | 75964 | | |
| <input type="checkbox"/> | 75966 | | |
| <input type="checkbox"/> | 75968 | | |



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| | CPT Code | Procedure | Category | |
|--------------------------|----------|---|-----------------------------------|--|
| <input type="checkbox"/> | 92980 | Transcatheter placement of intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel | Myocardial Infarction (MI) | |
| <input type="checkbox"/> | 92981 | Transcatheter placement of intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel | | |
| <input type="checkbox"/> | 92982 | Percutaneous transluminal coronary angioplasty | | |
| <input type="checkbox"/> | 92984 | | | |
| <input type="checkbox"/> | 92986 | Percutaneous balloon valvuloplasty | Heart Failure (CHF) | |
| <input type="checkbox"/> | 92987 | | | |
| <input type="checkbox"/> | 92990 | | | |
| <input type="checkbox"/> | 92995 | Percutaneous transluminal coronary atherectomy | Myocardial Infarction (MI) | |
| <input type="checkbox"/> | 92996 | | | |
| <input type="checkbox"/> | 93600 | Intracardiac electrophysiological procedures/studies (recordings, pacing, ablation, echocardiography) | Arrhythmias | |
| <input type="checkbox"/> | 93602 | | | |
| <input type="checkbox"/> | 93603 | | | |
| <input type="checkbox"/> | 93609 | | | |
| <input type="checkbox"/> | 93610 | | | |
| <input type="checkbox"/> | 93612 | | | |
| <input type="checkbox"/> | 93613 | | | |
| <input type="checkbox"/> | 93615 | | | |
| <input type="checkbox"/> | 93616 | | | |
| <input type="checkbox"/> | 93618 | | | |
| <input type="checkbox"/> | 93619 | | | |
| <input type="checkbox"/> | 93620 | | | |
| <input type="checkbox"/> | 93621 | | | |
| <input type="checkbox"/> | 93622 | | | |
| <input type="checkbox"/> | 93623 | | | |
| <input type="checkbox"/> | 93624 | | | |
| <input type="checkbox"/> | 93631 | | | |
| <input type="checkbox"/> | 93640 | | | |
| <input type="checkbox"/> | 93641 | | | |
| <input type="checkbox"/> | 93642 | | | |
| <input type="checkbox"/> | 93650 | | | |
| <input type="checkbox"/> | 93652 | | | |
| <input type="checkbox"/> | 93660 | | | |
| <input type="checkbox"/> | 93662 | | | |
| <input type="checkbox"/> | 93724 | | | Electronic analysis of pacemaker/defibrillator |
| <input type="checkbox"/> | 93727 | | | |
| <input type="checkbox"/> | 93731 | | | |
| <input type="checkbox"/> | 93732 | | | |
| <input type="checkbox"/> | 93733 | | | |
| <input type="checkbox"/> | 93734 | | | |
| <input type="checkbox"/> | 93735 | | | |
| <input type="checkbox"/> | 93736 | | | |
| <input type="checkbox"/> | 93740 | | | |
| <input type="checkbox"/> | 93741 | | | |
| <input type="checkbox"/> | 93742 | | | |
| <input type="checkbox"/> | 93743 | | | |
| <input type="checkbox"/> | 93744 | | | |



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| | CPT Code | Procedure | Category |
|--------------------------|----------|-----------------------|-----------------------------------|
| <input type="checkbox"/> | V42.0* | Kidney transplant* | Renal Replacement Therapy |
| <input type="checkbox"/> | V49.7 | Lower limb amputation | Peripheral Vascular Disease (PVD) |

*If the code for a kidney transplant is present, complete and data enter the RRTPRIM or RRTFUP case report form.

If one or more administrative codes are identified in item #6, obtain, copy and de-identify relevant hospital records (as defined by the table on the next page) and transfer to the SDCC.

7. Administrative Hospital Record Evaluation Summary:

Check a response in item #7 and go to item #7a.

- ₁ No listed administrative codes (in item #6) were identified
- ₂ One or more listed administrative codes (in item #6) were identified

7a. List all ICD-9 codes (no CPT codes) in the order that they are recorded in the participant's administrative hospital records:

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 11. _____ | 21. _____ |
| 2. _____ | 12. _____ | 22. _____ |
| 3. _____ | 13. _____ | 23. _____ |
| 4. _____ | 14. _____ | 24. _____ |
| 5. _____ | 15. _____ | 25. _____ |
| 6. _____ | 16. _____ | 26. _____ |
| 7. _____ | 17. _____ | 27. _____ |
| 8. _____ | 18. _____ | 28. _____ |
| 9. _____ | 19. _____ | 29. _____ |
| 10. _____ | 20. _____ | 30. _____ |



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ADMINISTRATIVE HOSPITAL RECORD EVALUATION

DMS tracking number: _____

Admission Date: _____

Discharge Date: _____

Date cardiac enzymes drawn: _____

Date ECG performed: _____

Date of Arrhythmia event: _____

Date of Cerebrovascular event: _____

| MEDICAL RECORDS | MI | CHF | Arrhythmia | PVD | CVA/ICH |
|---|------------------------------|------------------------------|------------------------------|--------------------------|------------------------------|
| ED physician note | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Admission note | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Selected daily progress notes | <input type="checkbox"/> (a) | <input type="checkbox"/> (d) | <input type="checkbox"/> (e) | | <input type="checkbox"/> (f) |
| Discharge summary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cardiologist notes | <input type="checkbox"/> (a) | <input type="checkbox"/> (d) | <input type="checkbox"/> (e) | | |
| Neurologist notes | | | | | <input type="checkbox"/> (f) |
| Cerebrovascular imaging of head or neck | | | | | |
| CT scans or CT angiograms | | | | | <input type="checkbox"/> |
| Magnetic resonance imaging | | | | | <input type="checkbox"/> |
| Magnetic resonance angiography | | | | | <input type="checkbox"/> |
| Angiograms | | | | | <input type="checkbox"/> |
| Carotid ultrasound | | | | | <input type="checkbox"/> |
| Cardiovascular procedures and imaging | | | | | |
| Cardiac catheterizations | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Rhythm strips | | | <input type="checkbox"/> (e) | | |
| Electrocardiograms (ECG) | <input type="checkbox"/> (b) | | <input type="checkbox"/> (e) | | |
| Chest X-rays | | <input type="checkbox"/> (d) | | | |
| Pulmonary artery (Swan-Ganz) catheterization readings (wedge pressure, cardiac index, etc.) | | <input type="checkbox"/> (d) | | | |
| Peripheral vascular arteriogram or angioplasty | | | | <input type="checkbox"/> | |
| Operative reports | | | | | |
| Coronary artery bypass | <input type="checkbox"/> | | | | |
| Cardioverter or pacemaker implantation | | | <input type="checkbox"/> | | |
| Neurologic operations | | | | | <input type="checkbox"/> |
| Peripheral vascular amputations | | | | <input type="checkbox"/> | |
| Laboratory reports | | | | | |
| Cardiac enzymes | <input type="checkbox"/> (c) | | | | |
| Brain natriuretic peptide | | <input type="checkbox"/> | | | |
| Lumbar puncture results | | | | | <input type="checkbox"/> |

- (a) Copy all progress notes starting 48 hours before and ending 48 hours after the sets of cardiac enzymes and ECGs were performed to rule in or rule out MI and acute coronary syndrome (in the case of MI/ACS)
- (b) Copy ECGs from 48 hours before until 48 hours after event; also include admission ECG and last ECG prior to discharge
- (c) Includes CK, CK-MB, Troponin-I, Troponin-T, LDH, LDH1, and LDH2, if available
- (d) Copy all progress notes, chest X-rays, and pulmonary artery catheterizations during first 48 hours of admission
- (e) Copy all progress notes, ECGs, and rhythm/telemetry strips starting 48 hours before and ending 48 hours after the episode of arrhythmia (rhythm/telemetry strips should only include those that are pertinent to the arrhythmia)
- (f) Copy all progress notes starting 48 hours before and ending 48 hours after the cerebrovascular event