



**C. CHEST PAIN**

**If NO pain, ✓ here and skip to C.3 ( 1)**

- 1. a) Has the patient complained of pain in the (✓ all that apply)
  - i) left anterior chest ( 1)
  - ii) left arm ( 1)
  - iii) jaw ( 1)
  - iv) sternum upper or middle ( 1)
  - v) sternum lower ( 1)
- b) Did the pain also involve (✓ all that apply)
  - i) the back ( 1)
  - ii) the shoulder ( 1)
  - iii) the right arm ( 1)
  - iv) the abdomen on one or both sides ( 1)
- 2. a) If YES to any of the above, did the pain last for a duration of more than 20 minutes?
 

	No	Yes
	( 1)	( 2)
- b) Was there a definite non-cardiac cause for the pain (i.e. induced by an accident)?
 

	( 1)	( 2)
--	------	------
- c) Were additional doses of nitrates or calcium channel blockers self-administered without obtaining relief of the pain? (before medical care was sought)
 

	( 1)	( 2)
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3. Has the patient ever had any feeling of pressure or heaviness in the chest?
 

No	Yes
( 1)	( 2)

**If NO, skip to C.5**

- 4. If the patient has pain or discomfort (pressure, heaviness) in the chest:
  - a) Does the patient get this when walking up hill or hurrying?
 

	( 1)	( 2)
--	------	------
  - b) Does the patient get this pain when walking at an ordinary pace on a level surface?
 

	( 1)	( 2)
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  - c) When the patient gets this pain, what does he/she do?
 

Stop	( 1)
Slow down	( 2)
Continue at the same pace	( 3)
  - d) What happens to the pain when standing still?
 

Relieved	( 1)
Not relieved	( 2)
  - e) If relieved when standing still, how soon does the pain go away?
 

10 minutes or less	( 1)
More than 10 minutes	( 2)

5. Were any diagnostic tests performed on this patient?
 

No	Yes
( 1)	( 2)

 If YES, what tests were performed and what were the results?

	Result: Positive	Negative	Equivocal
Test 1 _____	( 1)	( 2)	( 3)
Test 2 _____	( 1)	( 2)	( 3)
Test 3 _____	( 1)	( 2)	( 3)
Test 4 _____	( 1)	( 2)	( 3)
Test 5 _____	( 1)	( 2)	( 3)

**D. ENZYME CHANGES**

The following questions refer to within 72 hours of hospital arrival or onset of symptoms.

- |       |  |                                     |
|-------|--|-------------------------------------|
|       |  | Un-                                 |
| 1. a) | Was the CPK at least twice the upper limit of normal?  | No Yes certain<br>( 1 ) ( 2 ) ( 3 ) |
| b)    | What was the CPK value?  | _ _ _ _                             |
| 2. a) | Was the CPK-MB "present"? (answer only if the lab uses criteria of "present" and "absent")                                     | ( 1 ) ( 2 ) ( 3 )                   |
| b)    | What was the CPK-MB value?   | _ _ _ _                             |
| 3. a) | Was either the CPK-MB heart fraction, LDH, SGOT, Troponin, or BNP at least twice the upper limit of normal?                    | ( 1 ) ( 2 ) ( 3 )                   |
| b)    | What was the value of:   |                                     |
|       | 1) CPK-MB heart fraction   | _ _ _ _                             |
|       | 2) LDH   | _ _ _ _                             |
|       | 3) SGOT  | _ _ _ _                             |
|       | 4) Troponin  | _ _ _ _                             |
|       | 5) BNP   | _ _ _ _                             |
| 4.    | Was there a known non-ischemic cause (i.e. defibrillation, surgery, liver disease, infections, etc.) for the elevated enzymes? | ( 1 ) ( 2 ) ( 3 )                   |

Specify: \_\_\_\_\_

Type or print name of person completing form:

\_\_\_\_\_

**E. CLASSIFICATION OF CHF:**

Defined as at least one symptom from EACH category:

- |  |             |
|--|-------------|
| Category A:  | No Yes      |
| Paroxysmal nocturnal dyspnea, dyspnea at rest, marked limitations of activity, or orthopnea.   | ( 1 ) ( 2 ) |
| Category B:  |             |
| Rales, ankle edema, tachycardia, cardiomegaly by chest x-ray, chest x-ray characteristics of CHF, S3 gallop, or jugular venous distention. | ( 1 ) ( 2 ) |

**F. ARE ECG TRACINGS ATTACHED?**

No Yes  
( 1 ) ( 2 )

If NO, why not?

\_\_\_\_\_  
\_\_\_\_\_

**G. ARE HOSPITAL RECORDS ATTACHED?**

No Yes  
( 1 ) ( 2 )

If NO, why not?

\_\_\_\_\_  
\_\_\_\_\_

**H. OUTCOME OF EVENT:**

- |                              |       |
|------------------------------|-------|
| Medication                   | ( 1 ) |
| Cardiology Followup          | ( 1 ) |
| Surgery                      | ( 1 ) |
| Tissue Plasminogen Activator | ( 1 ) |
| Other, specify:              | ( 1 ) |

\_\_\_\_\_

Certification  
Number

\_\_\_\_\_