



**STEMI - CASE REPORT FORM**

**Patient Last Name:** \_\_\_\_\_ **Patient First Name:** \_\_\_\_\_

**Gender:**  Male  Female **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ (yyyy/mm/dd)

**ID Number (MRN):** \_\_\_\_\_ **WLEID:** \_\_\_\_\_

**Killip Class on Presentation:**  1  2  3  4

**Qualifying ECG:**

Anterior ST Elevation (V1-V4)  Lateral ST Elevation (I, AVL,V5,V6)  Inferior ST Elevation (II, III, AVF)  
 Other \_\_\_\_\_

**Patient Presentation:**

Ambulance  
 Direct Field to Cath Lab  Field to ED of PCI Hospital  Field to ED of Non-PCI Hospital (name of hospital)  
 Self-Transport  
 To PCI Hospital  To Non-PCI Hospital **Name of Non-PCI Hospital:** \_\_\_\_\_  
 In-Hospital Patient

**Time intervals:**

**Fibrinolysis Administered:**  Yes  No  Fibrinolysis Contraindicated

**Onset of Symptoms:** \_\_\_/\_\_\_/\_\_\_ (yyyy/mm/dd) \_\_\_:\_\_\_ (hh:mm)  Not Available \_\_\_\_\_

**First Contact with Paramedics:** \_\_\_/\_\_\_/\_\_\_ (yyyy/mm/dd) \_\_\_:\_\_\_ (hh:mm)  Not Available \_\_\_\_\_

**Ambulance ECG:** \_\_\_/\_\_\_/\_\_\_ (yyyy/mm/dd) \_\_\_:\_\_\_ (hh:mm)  Not Available \_\_\_\_\_

**First Hospital Arrival:** \_\_\_/\_\_\_/\_\_\_ (yyyy/mm/dd) \_\_\_:\_\_\_ (hh:mm)

**First Hospital ECG:** \_\_\_/\_\_\_/\_\_\_ (yyyy/mm/dd) \_\_\_:\_\_\_ (hh:mm)  Not Available \_\_\_\_\_

**Qualifying ECG:** \_\_\_/\_\_\_/\_\_\_ (yyyy/mm/dd) \_\_\_:\_\_\_ (hh:mm)

**Fibrinolysis Given:** \_\_\_/\_\_\_/\_\_\_ (yyyy/mm/dd) \_\_\_:\_\_\_ (hh:mm)  Not Available \_\_\_\_\_

**Arrival at Cath Lab:** \_\_\_/\_\_\_/\_\_\_ (yyyy/mm/dd) \_\_\_:\_\_\_ (hh:mm)

**First Balloon Inflation/Device:** \_\_\_/\_\_\_/\_\_\_ (yyyy/mm/dd) \_\_\_:\_\_\_ (hh:mm)  Not Applicable \_\_\_\_\_

**Ongoing Ischemic Symptoms at Time of Cath:**  Yes  No

**Persistent ST Elevation at Time of Cath:**  Yes  No

**Stent Thrombosis:**  Yes  No

**Initial Diameter Stenosis in IRA:** \_\_\_\_\_%

**Initial TIMI Grade Flow in IRA:**  0  1  2  3

**Final Diameter Stenosis in IRA:** \_\_\_\_\_%

**Final TIMI Grade Flow in IRA:**  0  1  2  3

**Additional Treatments from Symptom Onset to Coronary Intervention: (Choose All that Apply)**

Transvenous Pacemaker  Ventilator Support  CPR  Inotropes  Cardioversion/Defibrillation  ROSC  
 Other: \_\_\_\_\_

**Cardiac Cath Lab Offlisting Information**

**Treatment:**

Primary PCI  
 Pharmacoinvasive PCI (immediate transfer to a PCI centre within 3-24 hours of fibrinolysis)  
 Rescue PCI (immediate transfer following fibrinolysis failure)  
 Late PCI >24 hours from symptom onset to Cath lab  
 Cath Only **Diagnosis:** \_\_\_\_\_

**Additional Device(s):**

Thrombectomy  IVUS  
 FFR  OCT  
 Therapeutic Hypothermia