

B3. PATIENT DISPOSITION: (CIRCLE ONE)

- RELEASED FROM HOSPITAL ALIVE.....1 (GO TO B4)
- TRANSFERRED TO ANOTHER HOSPITAL2
- DIED DURING ADMISSION3 (GO TO B4)

B3a. NAME OF HOSPITAL: _____

B3b. ADDRESS: _____
City State

B4. DISCHARGE DIAGNOSES:

	<u>ICD CODE</u>	<u>DESCRIPTION</u>
A. 1ST:	_ _ _ _ _ . _ _	_____
B. 2ND:	_ _ _ _ _ . _ _	_____
C. 3RD:	_ _ _ _ _ . _ _	_____
D. 4TH:	_ _ _ _ _ . _ _	_____
E. 5TH:	_ _ _ _ _ . _ _	_____
F. 6TH:	_ _ _ _ _ . _ _	_____
G. 7TH:	_ _ _ _ _ . _ _	_____
H. 8TH:	_ _ _ _ _ . _ _	_____
I. 9TH:	_ _ _ _ _ . _ _	_____
J. 10TH:	_ _ _ _ _ . _ _	_____
K. 11TH:	_ _ _ _ _ . _ _	_____
L. 12TH:	_ _ _ _ _ . _ _	_____
M. 13TH:	_ _ _ _ _ . _ _	_____
N. 14TH:	_ _ _ _ _ . _ _	_____
O. 15TH:	_ _ _ _ _ . _ _	_____

SECTION C: MEDICAL HISTORY

C1. PAST HISTORY OF CORONARY HEART DISEASE (ANT MENTION OF A HISTORY OF CHD, ANGINA PECTORIS, PTCA, CABG):

- YES.....1
- NO.....2
- NOT RECORDED.....<-8 >

C2. PAST HISTORY OF MI (EXCLUDING PRESENT ADMISSION):

YES1
 NO.....2
 NOT RECORDED<-8 >

SECTION D: PRESENTING SYMPTOM HISTORY

D1. PRESENTING SYMPTOM HISTORY FROM ATTENDING PHYSICIAN'S
ADMISSION NOTE (D1a-D1d):

AVAILABLE.....1
 NOT RECORDED<-8 > (GO TO D2)

D1a. PRESENTING SYMPTOM(S):

		YES	NO	NR	NA
A.	ABDOMINAL PAIN	1	2	<-8 >	<-1 >
B.	ARM PAIN AND/OR SHOULDER PAIN	1	2	<-8 >	<-1 >
C.	BACK PAIN	1	2	<-8 >	<-1 >
D.	CHEST PAIN	1	2	<-8 >	<-1 >
E.	CHEST PRESSURE	1	2	<-8 >	<-1 >
F.	CHEST TIGHTNESS	1	2	<-8 >	<-1 >
G.	CHEST DISCOMFORT (HEAVINESS/TENDERNESS BURNING)	1	2	<-8 >	<-1 >
H.	COUGH	1	2	<-8 >	<-1 >
I.	DIZZINESS/LIGHTHEADEDNESS	1	2	<-8 >	<-1 >
J.	HEADACHE	1	2	<-8 >	<-1 >
K.	INDIGESTION	1	2	<-8 >	<-1 >
L.	JAW PAIN	1	2	<-8 >	<-1 >
M.	LOSS OF CONSCIOUSNESS	1	2	<-8 >	<-1 >
N.	NAUSEA	1	2	<-8 >	<-1 >
O.	NECK PAIN	1	2	<-8 >	<-1 >
P.	NUMBNESS/TINGLING IN ARM OR HAND	1	2	<-8 >	<-1 >
Q.	PALPITATIONS/ RAPID HEART RATE	1	2	<-8 >	<-1 >
R.	SHORTNESS OF BREATH/DYSPNEA	1	2	<-8 >	<-1 >
S.	SWEATING/DIAPHORESIS	1	2	<-8 >	<-1 >
T.	VOMITING	1	2	<-8 >	<-1 >
U.	WEAKNESS/FATIGUE/FAINTNESS	1	2	<-8 >	<-1 >
V.	OTHER:(SPECIFY) _____	1	2	<-8 >	<-1 >

SECTION F: CLINICAL DATA

F1. MEDICATIONS ADMINISTERED:

	a.			b.	c.
	YES	NO	NR	DATE STARTED	START TIME
A. THROMBOLYTIC THERAPY					
1. STREPTOKINASE	1	2	<-8 >	___/___/___	___:___
2. TPA (ACTIVASE OR ALTEPLASE)	1	2	<-8 >	___/___/___	___:___
3. APSAC (EMINASE OR ANTISTREPLASE)	1	2	<-8 >	___/___/___	___:___
4. UROKINASE	1	2	<-8 >	___/___/___	___:___
5. OTHER MEDICATION (SPECIFY): _____	1		<-8 >	___/___/___	___:___
B. CLINICAL TRIAL USING THROMBOLYTIC THERAPY: (SPECIFY NAME OF STUDY) _____	1		<-8 >		

F2. SURGICAL OR THERAPEUTIC INTERVENTIONS DURING HOSPITALIZATION:
(CIRCLE THE CODE FOR YES, OR NR=NOT RECORDED FOR ALL QUESTIONS; IF YES RECORD DATE AND TIME. IF NO GO TO NEXT QUESTION)

		a.		b.	c.
		YES	NR	DATE RECEIVED	TIME RECEIVED
A.	CARDIAC ANGIOPLASTY (PTCA)	1	<-8 >	___/___/___	___:___
B.	CORONARY ARTERY BYPASS GRAFT (CABG)	1	<-8 >	___/___/___	___:___

SECTION G: END OF ABSTRACT

G1. ABSTRACT END TIME FIRST (MILITARY TIME): ___ : ___
 SECOND (MILITARY TIME): ___ : ___