

Primary PCI is defined as use of PCI as the initial mode of reperfusion with STEMI

Instructions: PLEASE PRINT CLEARLY - Please ensure all **MANDATORY** data collection fields have been completed.

You may complete optional data elements at the discretion of the CATH Lab Director.

After each PRIMARY PCI Case, complete this form and FAX to:

**Cardiac Care Network, Director of Clinical Practice
 FAX: (416) 512-6425 PHONE: (416) 512-7472 ext 229**

Hospital Name:			
MANDATORY DATA ELEMENTS			
Where Did the Patient Present From Circle one only	Transferred In from other ED/Hospital	Own Emergency Department	Field EMS directly to Cath lab
Patient PPCI HOSPITAL ID Patient Hospital ID at Registration	Hospital ID Number (not health card number)		
Patient Age Patient Age at Time of Procedure	Age:		
Patient Gender Circle Male or Female	MALE	FEMALE	
Fibrinolysis Contraindicated Circle Yes or No	YES	NO	
Cardiogenic Shock Circle Yes or No	YES	NO	
MANDATORY PRIMARY PCI BENCHMARK DATA ELEMENTS			
Time of Onset of Chest Pain/Symptoms When did the patient report pain started Obtained from ED or Ambulance Record	Specify DATE and TIME of onset of chest pain/symptoms	Date: (YY/MM/DD) ___/___/___	Time: (HH:MM) ___:___
Time of First Medical Contact If arrival to Emergency Department (ED) is walk in or NOT by ambulance, then first contact is ED Department. First contact is defined as the earliest recorded time on the ED record If an ambulance is involved - then first contact is with PARAMEDICS	Was AMBULANCE involved circle YES or NO	YES	NO
	If NO, specify DATE and TIME of first contact in ED	Date: (YY/MM/DD) ___/___/___	Time: (HH:MM) ___:___
	If YES, specify DATE and TIME of first patient contact with PARAMEDICS	Date: (YY/MM/DD) ___/___/___	Time: (HH:MM) ___:___
Time of <u>First</u> ECG Diagnostic of STEMI	Date: (YY/MM/DD): ___/___/___	TIME: (HH:MM) ___:___	
Time of <u>First</u> Balloon Inflation	Date: (YY/MM/DD): ___/___/___	TIME: (HH:MM) ___:___	
OPTIONAL PRIMARY PCI BENCHMARK DATA ELEMENTS			
Time of Arrival in the First ED	Date: (YY/MM/DD): ___/___/___	TIME: (HH:MM) ___:___	
Time PCI Centre Called	Date: (YY/MM/DD): ___/___/___	TIME: (HH:MM) ___:___	
Time of EMS Arrival in First ED for PPCI Transfer	Date: (YY/MM/DD): ___/___/___	TIME: (HH:MM) ___:___	
Time Left First ED	Date: (YY/MM/DD): ___/___/___	TIME: (HH:MM) ___:___	
Time of Arrival In PCI Cath Lab	Date: (YY/MM/DD): ___/___/___	TIME: (HH:MM) ___:___	