calgary health region

Foothills Medical Centre
Assessment for Cardiac Cath / PCI

Date: ____________ ☐ **Cath** ☐ **PCI**

Work Status: ☐ Full Time ☐ Part Time ☐ Unemployed ☐ Sick Leave ☐ Retired ☐ Homemaker ☐ Student

CD# **CLN#**

Home Phone # ____________ Work # ____________

Ht: ________ **Wt:** ________

Allergy History ☐ Yes ☐ No **If Yes:** ☐ Iodine ☐ Contrast ☐ Shellfish ☐ Asthma ☐ Latex

Admission CCS Class: ☐ None ☐ I ☐ II ☐ III ☐ IVa ☐ IVb ☐ IVc ☐ Atypical

Priority: ☐ Emergency ☐ Urgent-In ☐ Planned ☐ Emergency Salvage ☐ Urgent-Out Transfer from: Hospital Unit

PCI Scheduling:
- ☐ Direct AMI (☐ Primary ☐ Facilitated ☐ Rescue)
- ☐ Planned (Low Risk)
- ☐ Staged
- ☐ Crossover Cath to PCI
- ☐ Same Sitting/Lab
- ☐ Hemodynamically unstable – acute closure

Factors Present Pre-Procedure: ☐ Rales/S3 ☐ RV Infarction ☐ Intubation ☐ IABP ☐ Systolic BP <80

Indication Check (✓) One

☐ **Acute Coronary Syndrome**	**Diagnosis**	**Symptoms**	**Onsets of Symptoms**
	☐ STEMI ☐ NSTEMI ☐ Unstable Angina ☐ Unknown	☐ Ongoing Pain ☐ Re-MI ☐ Intermittent ☐ None	Date/Time: ____________ ☐ < 2 hours ☐ 2 – 6 hours ☐ 6 – 24 hours ☐ 1 – 7 days ☐ 8 – 21 days ☐ >21 days ☐ Unknown

- ☐ Stable Angina
- ☐ Serious Arrhythmia ☐ Supraventricular ☐ Ventricular
- ☐ Congestive Heart Failure NYHA ☐ I ☐ II ☐ III ☐ IV
- ☐ Non-Ischemic Cardiomyopathy NYHA ☐ I ☐ II ☐ III ☐ IV
- ☐ Valvular Heart Disease ☐ Aortic ☐ Mitral ☐ Pulmonary ☐ Tricuspid NYHA ☐ I ☐ II ☐ III ☐ IV
- ☐ Congenital Heart Disease
- ☐ Protocol ☐ Research ☐ Employment
- ☐ Aneurysm ☐ Aortic ☐ Left Ventricular
- ☐ Biopsy
- ☐ Transplant Workup ☐ Pre ☐ Post
- ☐ Atypical Pain
- ☐ Donor
- ☐ Other Specify:

Preceeding Tests	**Date**	**Strongly Positive**	**Positive**	**Negative**	**Not Done**
Treadmill Exercise Test	________	☐	☐	☐	☐
Thallium/MIBI	________	☐	☐	☐	☐
Stress Echocardiogram	________	☐	☐	☐	☐
Cardiac MR	________	☐	☐	☐	☐
CT	________	☐	☐	☐	☐

ECG (Most Acute) Date:		☐ ECG not available	☐ ECG Normal/Clinically Insignificant	
ECG	**Q**	**ST↑**	**ST↓**	**T↓**
I, aVL, V6				
V1 – 3				
V4 – 5				
II, III, aVF				
Dynamic ECG Changes	☐ **Yes** ☐ **No**	☐ **Unk**		

☐ **Atrial Fib/Flutter** ☐ **Pacemaker** ☐ **LBBB** ☐ **RBBB** ☐ **LVH**

Outcome Determinants – Please check (✓) the appropriate column

Hypertension ☐ Yes ☐ No ☐ Unk
Hyperlipidemia ☐ Yes ☐ No ☐ Unk
Diabetes Mellitus
Type I ☐ Yes ☐ No ☐ Unk
Type II ☐ Yes ☐ No ☐ Unk
Renal Insufficiency ☐ Yes ☐ No ☐ Unk
Chronic RF ☐ Yes ☐ No ☐ Unk
Dialysis ☐ Yes ☐ No ☐ Unk
Family History ☐ Yes ☐ No ☐ Unk

Smoking Never ☐ Yes ☐ No ☐ Unk
Current ☐ Yes ☐ No ☐ Unk Pack years: ____________
Former ☐ Yes ☐ No Date Quit: ____________
Alcoholism ☐ Yes ☐ No ☐ Unk Number of drinks/week: ____________

Prior MI ☐ Yes ☐ No ☐ Unk
Date: ____________
Prior PCI ☐ Yes ☐ No ☐ Unk
Prior CABG ☐ Yes ☐ No ☐ Unk
CHF ☐ Yes ☐ No ☐ Unk
PVD ☐ Yes ☐ No ☐ Unk
DVT ☐ Yes ☐ No ☐ Unk
Thromboembolic Hx ☐ Yes ☐ No ☐ Unk
Pulmonary Embolism ☐ Yes ☐ No ☐ Unk

Co-morbidity Factors:
Pulmonary ☐ Yes ☐ No ☐ Unk
Malignancy ☐ Yes ☐ No ☐ Unk
Liver ☐ Yes ☐ No ☐ Unk
GI ☐ Yes ☐ No ☐ Unk
Other: ____________
Cerebrovascular ☐ Yes ☐ No ☐ Unk
☐ CVA <2 weeks ☐ CVA >2 weeks
☐ COMA ☐ RIND ☐ TIA
☐ Non-invasive > 75% ☐ Prev Carotid Sx
☐ **Delirium**
☐ **Psychiatric history**
Inf. Endocarditis ☐ Yes ☐ No ☐ Unk
☐ Active ☐ Treated

Medications – Please check (✓) the appropriate column

Thrombolytic Date/Time: ____________ ☐ STK ☐ tPA ☐ rPA ☐ nPA ☐ TNK ☐ Other ☐ None
☐ Failed thrombolysis ☐ Contraindication to thrombolytic

GP IIb/IIIa Date/Time: ____________ ☐ ReoPro ☐ Integrelin ☐ Aggrastat ☐ Other ☐ None

Beta-Blockers ☐ Yes ☐ No ☐ Unk
Calcium Channel ☐ Yes ☐ No ☐ Unk
Long-Acting Nitrates ☐ Yes ☐ No ☐ Unk
ARB Antagonists ☐ Yes ☐ No ☐ Unk
ACE Inhibitors ☐ Yes ☐ No ☐ Unk
Lipid Lowering ☐ Statin ☐ Other
Digitalis ☐ Yes ☐ No ☐ Unk
Diuretics ☐ Yes ☐ No ☐ Unk
Mucomyst ☐ Yes ☐ No ☐ Unk

ASA ☐ Yes ☐ No ☐ Unk
Clopidogrel ☐ Yes ☐ No ☐ Unk
Coumadin ☐ Yes ☐ No ☐ Unk
Last Dose: ____________
Hypoglycemic ☐ Yes ☐ No ☐ Unk
Insulin ☐ Pump ☐ S/C
Immunosuppressant ☐ Yes ☐ No ☐ Unk
Bronchodilators ☐ Yes ☐ No ☐ Unk

Nitrates IV ☐ Yes ☐ No ☐ Unk
Inotropes IV ☐ Yes ☐ No ☐ Unk
Heparin ☐ Yes ☐ No ☐ Unk
LMWH ☐ Yes ☐ No ☐ Unk
Bivalrudin ☐ Yes ☐ No ☐ Unk
Anti-depressants ☐ Yes ☐ No ☐ Unk
Anti-anxiety ☐ Yes ☐ No ☐ Unk

Lab Values – Please enter exact values

Hemoglobin ____________
Platelets ____________
WBC ____________
INR ____________
Glucose ____________
HBAIC ____________
K ____________
Ca ____________
Na ____________

Creatinine ____________
CRP ____________
CK ____________
CK-MB ____________
Trop I ____________
Trop T ____________

Cholesterol ____________
Triglycerides ____________
HDL ____________
LDL ____________

Printed Name: ____________ Designation: ____________

Signature: ____________ Date: ____________