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| **#** | **Name** | Past Medical History (Diagnoses in othrdx must be entered in pasthx4; however, abstractor may indicate additional dx not in othrdx) | |
|  |  | **Indicate all applicable diagnoses, past medical history, past cardiac procedures, and past history of MI for this patient as found in the H&P, discharge summary, progress notes, and nursing assessments for this episode of care. If coded, codes must be applicable.** | |
|  |  | **Name** | **ICD-9-CM Diagnosis Code** |
| 1 | pasthx4\_1 | Site of Infarct-Anterior or Anterolateral (this episode of care) 410.01, 410.11 | **Abstractor can override the hospital code, if code is non-specific and the** |
| 2 | pasthx4\_2 | Site of infarct –Subendocardial , (NSTEMI) (this episode of care) 410.71 | **site of infarct is documented as one of the sites listed in the first column** |
| 3 | pasthx4\_3 | Diabetes Mellitus | 250.01 –250.03, 250.10-250.93, 648.00-648.04 |
| 4 | pasthx4\_4 | Tobacco Use Disorder (exclude history of tobacco use) | 305.1 |
| 5 | pasthx4\_7 | Cerebrovascular Disease (TIA, carotid artery stenosis/intervention) | 433.00-433.91, 434.00-434.91, 435.0-435.9, 436, 437.0, 437.8, 437.9, 438.0-438.9, 38.12, 0061 |
| 6 | pasthx4\_11 | Chronic Lung Disease | 491.21, 491.22, 493.20, 493.21, 496 |
| 7 | pasthx4\_15 | Prior CABG | V45.81 |
| 8 | pasthx4\_18 | Prior MI | 412 |
| 9 | pasthx4\_19 | Heart Failure | 398.91, 402.01, 402.11, 402.91, 404.01, 404.11, 404.91, 428.0-428.43, 428.9 |
| 10 | pasthx4\_22 | Peripheral Arterial Disease | 440.0 – 440.9, 441.0 – 441.9, 442.0 – 442.9, 443.1 – 443.9, 447.1, 557.1, 557.9, V43.4 |
| 11 | pasthx4\_23 | Hypertension | 401.0, 401.1, 401.9, 402.00, 402.10, 402.90, 403.00, 403.10, 403.90, 404.00, 404.10, 404.90, 405.01, 405.09, 405.11, 405.19, 405.91, 405.99, 642.00 – 642.04, 642.10 – 642.24, 642.70 – 642.94 |
| 12 | pasthx4\_25 | Prior CVA/Stroke | 430, 431, 432.0-432.9, 434.01, 434.11, 434.91 |
| 13 | pasthx4\_26 | Prior PCI | V45.82 |
| 14 | pasthx4\_27 | Dyslipidemia | 272.0, 272.2, 272.4 |
| 15 | pasthx4\_99 | **None of these diagnoses** | **99** |

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|  |  | **Patient Weight and Height** |  |  |
| 16 | frstwt | Enter the patient’s first weight measured during this episode of care. | \_\_ \_\_ \_\_ **Abstractor can enter default zzz if no weight measured during this episode of care.**  If z-filled, auto-fill wtunit3 as 95, and go to height. | **Inpatient Sources**: ED record, Nursing admission assessment. H&P, admission note, progress notes, nursing notes. Assessment form and notes by Dietary Service are a good source of weight and height data.  **If no weight was measured during this episode of care, enter default zzz.** |
| 17 | wtunit3 | Unit of measure   1. Pounds 2. Kilograms 3. Not applicable | 1,2,95  **Will be auto-filled as 95 if frstwt = zzz**   |  | | --- | | Warning window when wtunit3 = 1 and weight < = 98 or > = 278  When wtunit3 = 2, and weight < = 44 or > = 126 | | BMI is calculated in kilograms. If pounds are entered, the computer will convert pounds to kilograms in making the calculation. The resulting BMI is displayed on the computer screen as BMI. |
| 18 | height | Enter the patient’s height. | \_\_\_\_\_ **The abstractor can enter default zzz if no height available.**  **If z-filled, auto-fill htunit as 95** | Height must be entered wholly in inches or centimeters. If pt. is 5 feet 8 inches, enter 68. 5ft = 60 in. 6ft = 72in.  **If no height can be found in the medical record, enter default zzz.** |
| 19 | htunit | Unit of measure   1. Inches 2. Centimeters 3. Not applicable | 1,2,95  If height z-filled, will be auto-filled as 95   |  | | --- | | Warning window  when htunit = 1, and height < = 56 or > = 77  when htunit = 2, and height < = 156 or > = 191 | | Height must be entered wholly in inches or centimeters. If pt. is 5 feet 8 inches, enter 68. 5ft = 60 in. 6ft = 72in.  If HEIGHT is z-filled, HTUNIT will be auto-filled as 95. Abstractor cannot enter 95 if HEIGHT contains a valid value. |

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|  |  | **Laboratory Testing** |  |  |
| 20 | dotrop  IHI29n, IHI40n, IHI45 | Was a troponin level collected for this patient? 1. Yes  2. No | 1,2\*  \*If 2, go to frsthgb, else go to wichtrop | **Collected**: when the blood sample was actually drawn from the patient. Most lab reports have date and time sample is collected.  Troponin is a protein complex consisting of three isotypes, T, I, and C. Troponin has become the marker of choice for diagnosis of myocardial necrosis, and Troponin T and I are powerful tools for risk stratification. Portable devices allow bedside (point of care or POCT) cardiac marker determinations rapidly and accurately. Point of care systems have the advantage of reducing diagnostic delays due to transportation and processing in a central laboratory. |
| 21 | wichtrop | Which troponin is used by this VAMC’s laboratory as a biomarker of myocardial injury?Troponin T  1. Troponin I 2. unable to determine | 1,2,99 | Troponin is a protein complex consisting of three isotypes, T, I, and C. Troponin has become the marker of choice for diagnosis of myocardial necrosis. **If unable to determine which troponin is measured by the facility laboratory, ask the EPRP Liaison to obtain this data. Default “99” should be used only if the laboratory cannot provide the information.** |
| 22 | frstrslt | Enter the result of the first troponin level reported for this patient. | **\_ \_ \_. \_ \_ \_**   |  | | --- | | If dotrop = 1, must be > 0 | | **The first troponin level reported could be a POCT or a lab result.**  **If a level greater than 999.99 is entered, the computer will ask the abstractor to re-check his/her entry since a level over this value is likely to be a quality control issue.** |
| 23 | cutoff | Referring to the first troponin level reported for this patient, what is the “cutoff point” (or lowest level at which troponin is considered positive) as determined by this facility’s bioassay? | **\_ \_ \_. \_ \_ \_ Abstractor can enter zzz.zzz**   |  | | --- | | Cutoff must be > 0 | | **This “cutoff point” should refer to the first troponin level reported for this patient. The abstractor will have to work with the facility Liaison to determine the lowest level at which the concentration of troponin is considered to be positive. This level, which will likely vary from facility to facility, is critical to the determination of whether AMI occurred**. **Enter the exact cutoff used by the facility - DO NOT ROUND. For example, if the cutoff point is 0.39, enter 0.39 - NOT 0.4.**  **If this troponin was a point of care test (POC) and the result is reported as only “positive” or “negative” without a lab reference range, enter zzz.zzz for the “cutoff point”. Do NOT enter zzz.zzz for troponin tests performed by laboratory.** |
| 24 | tropone  IHI45 | Indicate whether the result of the first troponin level was positive or negative. 3. Positive (greater than or equal to cutoff point)  4. Negative (less than cutoff point) | 3,4   |  | | --- | | If frstrslt > = cutoff, tropone <> 4 |  |  | | --- | | If frstrslt < cutoff, tropone <> 3 | | **Point of care bedside testing may only be reported as positive or negative. Values that are reported as an actual numeric value will need to be compared to the reference range to determine if the result exceeds the lowest level at which troponin is considered positive, according to the hospital’s laboratory parameters. Consult your liaison for help if you are unsure. If the value is greater than the normal value of the reference range, it is positive.** |
| 25 | entrord  IHI29n, IHI40n | Enter the date the first troponin level was **ordered**. | mm/dd/yyyy  **Abstractor can enter default date 99/99/99 if order date cannot be determined**   |  | | --- | | < = 15 minutes prior to or = acutedt and < = dcdate | | **This ORDER date** **refers to the first troponin level reported for this patient in the question “FRSTRSLT”.**  Order date = the date the first troponin level was ordered; refers to the date in the **“Ord’d”** column under the **Order Summary Tab**. If the sample was drawn at the point of care, look in physician orders for documentation of troponin order even if POCT is not specified. If POCT was done but no order was written, use the POCT date.  **NOTE: Do Not use the “Start” date.** The **“Start”** date is when the Lab accessioned the order which is considered the “Lab Arrival” date (when Lab “processes” the order).This is not always the same as the **“Ord’d”** date.  **Enter the actual order date if it is documented in the record.**  **Troponin order date can be 15 minutes prior to arrival date, and can occur on the date prior to the arrival date. If order date cannot be determined, abstractor can enter default date 99/99/9999.** |
| 26 | timeord  IHI29n, IHI40n | Enter the time the first troponin level was **ordered**. | \_\_\_\_\_ UMT  **Abstractor can enter default time 99:99 if order time cannot be determined**   |  | | --- | | < = 15 minutes prior to or = acutedt/acutetm and < = dcdate/dctime | | **This ORDER time** **refers to the first troponin level reported for this patient in the question “FRSTRSLT”.**  Order time = the time the first troponin level was ordered; refers to the time in the **“Ord’d”** column under the **Order Summary Tab**. If the sample was drawn at the point of care, look in physician orders for documentation of troponin order even if POCT is not specified. If POCT was done but no order was written, use the POCT time.  **NOTE: Do Not use the “Start” time.** The **“Start”** time is when the Lab accessioned the order which is considered the “Lab Arrival” time (when Lab “processes” the order). This is not always the same as the **“Ord’d”** time.  **Enter the actual order time if it is documented in the record. Troponin order time can be 15 minutes prior to arrival time.**  **If order time cannot be determined, abstractor can enter default time 99:99.** |
| 27 | reprtdt  IHI29n, IHI45 | Enter the date the first troponin level was **reported**. | mm/dd/yyyy  **Abstractor can enter default date 99/99/9999 if date of report cannot be determined**   |  | | --- | | If entrord = 99/99/9999, default to > = acutedt and < = dcdate | | If entrord <> 99/99/9999, > = entrord and < = dcdate | | **This REPORT date** **refers to the first troponin level reported for this patient in the question “FRSTRSLT”.**  **Troponin level report = the date the troponin results were available to the clinician**; refers to the date in the **“Stop”** column under the **Order Summary Tab**. This **“Stop”** date is when the Lab verifies the result and the result becomes available in CPRS. This does not mean the results must be reported to the clinician. Report date is the date on which the results were completed by the lab and could be reported to the clinician if he/she called to ask for the results. If the sample was drawn at the point of care, and the results are immediately available, look in the progress note for documentation of the outcome of POCT testing.  If the sample was drawn by the lab, use the lab report date.  **Enter the actual report date if it is documented in the record.**  **If report date cannot be determined, abstractor can enter default date 99/99/9999.**  **If the troponin was determined by point of care testing, the order date/time are the same as report date/time.** |

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| 28 | reportme  IHI29n, IHI45 | Enter the time the first troponin level was **reported.** | \_\_\_\_\_ UMT  **Abstractor can enter default time 99:99 if report time cannot be determined**   |  | | --- | | If entrord/timeord <> valid date, default to > = acutedt/acutetm and < = dcdate/dctime | | If entrord/timeord = valid date, >= entrord/timeord and < = dcdate/dctime | | **This REPORT time** **refers to the first troponin level reported for this patient in the question “FRSTRSLT”.**  Refers to the time in the **“Stop”** column under the **Order Summary Tab.**  This **“Stop”** time is when the Lab verifies the result and the result becomes available in CPRS. If the troponin level was drawn by POCT and the result entered in the progress notes, use the time of the progress note unless the exact time the result was known is documented in the record.  **Enter the actual report time if it is documented in the record.**  **If report time cannot be determined, abstractor can enter default time 99:99.**  **If the troponin was determined by point of care testing, the order date/time are the same as report date/time.** |
| 29 | tropos  IHI45 | Was any subsequent troponin level positive?  1. Yes  2. No | 1,2\*  \*If 2, go to lablvl | **Point of care bedside testing may only be reported as positive or negative. Values that are reported as an actual numeric value will need to be compared to the reference range to determine if the result exceeds the lowest level at which troponin is considered positive, according to the hospital’s laboratory parameters. Consult your liaison for help if you are unsure. If the value is greater than the normal value of the reference range, it is positive.** |

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| 30 | troposdt  IHI45 | Enter the date of the first positive troponin level reported after the initial troponin level. | mm/dd/yyyy  **Abstractor can enter default date 99/99/9999 if date of report cannot be determined**   |  | | --- | | > = reprtdt and  < = dcdate  If reprtdt = 99/99/9999, > = acutedt and  < = dcdate | | **This REPORT date refers to the first positive troponin level reported after the troponin level in the question “FRSTRSLT”.**  **First Positive Troponin level report after initial troponin level= the date the positive troponin results were available to the clinician**. This does not mean the results must be reported to the clinician. Report date is the date on which the results were completed by the lab and could be reported to the clinician if he/she called to ask for the results.  For example, the first troponin was done in the ED on arrival. Two days later the patient developed chest pain and a second troponin level was collected. The second troponin level was negative, but the third troponin level was positive. Enter the report date of the third troponin level.  Enter the exact date. The use of 01 to indicate unknown month or day is not acceptable.  **Enter the actual report date if it is documented in the record.**  **If report date cannot be determined, abstractor can enter default date 99/99/9999.** |
| 31 | tropostm  IHI45 | Enter the time of the first positive troponin level reported after the initial troponin level. | \_\_\_\_\_  UMT  **Abstractor can enter default time 99:99 if report time cannot be determined**   |  | | --- | | > = reprtdt/ reportme and < = dcdate/dctime.  If reprtdt/ reportme <> valid date, > = acutedt/acutetm and < = dcdate/dctime | | **This REPORT time refers to the first positive troponin level reported after the troponin level in the question “FRSTRSLT”.**  **Enter the actual report time if it is documented in the record.**  **If report time cannot be determined, abstractor can enter default time 99:99.** |
| 32 | lablvl | Enter the result of the **peak troponin level**. | **\_ \_ \_. \_ \_ \_** | **Peak troponin level** = of all the troponin samples collected, enter the **highest value** reported for this patient. |
| 33 | cutoff2 | Referring to the **peak troponin level** for this patient, what is the “cutoff point” (or lowest level at which troponin is considered positive) as determined by this facility’s bioassay? | **\_ \_ \_. \_ \_ \_**  **Abstractor can enter zzz.zzz**   |  | | --- | | Cutoff2 must be > 0 | | **This “cutoff point” should refer to the peak troponin level collected for this patient. The abstractor will have to work with the facility Liaison to determine the lowest level at which the concentration of troponin is considered to be positive. This level, which will likely vary from facility to facility, is critical to the determination of whether AMI occurred. Enter the exact cutoff used by the facility - DO NOT ROUND. For example, if the cutoff point is 0.39, enter 0.39 - NOT 0.4.**  **If this troponin was a point of care test (POC) and the result is reported as only “positive” or “negative” without a lab reference range, enter zzz.zzz for the “cutoff point”. Do NOT enter zzz.zzz for troponin tests performed by laboratory.** |
| 34 | tropref  IHI45 | Indicate whether the result of the **peak troponin level** was positive or negative. 3. Positive (greater than or equal to cutoff point)  4. Negative (less than cutoff point) | 3,4   |  | | --- | | If lablvl > = cutoff2, tropref <> 4 | | If lablvl < cutoff2, tropref <> 3 | | If tropone = 3, tropref <> 4 | | **Point of care bedside testing may only be reported as positive or negative. Values that are reported as an actual numeric value will need to be compared to the reference range to determine if the result exceeds the lowest level at which troponin is considered positive, according to the hospital’s laboratory parameters. If the value is greater than the normal value of the reference range, it is positive.** |
| 35 | tropdt | Enter the date this **peak troponin** was collected. | mm/dd/yyyy   |  | | --- | | > = entrord, or if entrord= 99/99/9999, > = acutedt and < = dcdate | | **Troponin level collected = the date the blood sample was drawn for the troponin level.**  Enter the exact date. The use of 01 to indicate unknown month or day is not acceptable. |
| 36 | trohitm | Enter the time this **peak troponin** was collected. | \_\_\_\_\_ UMT  **Abstractor can enter default time 99:99 if collection time cannot be determined**   |  | | --- | | > = entrord/timeord, or if entrord/timeord <> valid date, > = acutedt/acutetm and < = dcdate/dctime | | **Troponin level collected = the time the blood sample was drawn for the troponin level.**  Time must be entered in Universal Military Time.  **The abstractor can enter default time 99:99 if time cannot be determined.** |
| 37 | frsthgb | Enter the value of the **initial** hemoglobin level collected following hospital arrival. | \_ \_.\_ \_  **Abstractor can enter default zz.zz if no hemoglobin done during stay**  **If z-filled, auto-fill**  **hgbdt as 99/99/9999**   |  | | --- | | Mask 00 decimal point 00 | | Hemoglobin is the protein in red blood cells that carries oxygen.  Normal: Male: 13.8 to 17.2 gm/dL (grams per deciliter)  Female: 12.1 to 15.1 gm/dL  Normal ranges may vary slightly by facility.  **If no hemoglobin was done during the entire episode of care, enter default zz.zz** |
| 38 | hgbdt | Enter the date this hemoglobin was collected. | mm/dd/yyyy  If frsthgb z-filled, will be auto-filled as 99/99/9999   |  | | --- | | > = acutedt and < = dcdate | | Enter the date the blood sample was **collected.** Enter the exact date. The use of 01 to indicate unknown month or day is not acceptable. |
| 39 | lohgb | Enter the value of the **lowest** hemoglobin level collected following hospital arrival. | **\_ \_ . \_ \_**  **Abstractor can enter default zz.zz if only one hemoglobin done during stay**  **If z-filled, auto-fill**  **lohgbdt as 99/99/9999**   |  | | --- | | Mask 00 decimal point 00 | | Hemoglobin is the protein in red blood cells that carries oxygen.  Normal: Male: 13.8 to 17.2 gm/dL (grams per deciliter)  Female: 12.1 to 15.1 gm/dL  Normal ranges may vary slightly by facility.  **If NO hemoglobin or if ONLY ONE hemoglobin level was collected during the entire episode of care, enter default zz.zz** |
| 40 | lohgbdt | Enter the date this hemoglobin was collected. | mm/dd/yyyy  **If lohgb z-filled, will be auto-filled as 99/99/9999**   |  | | --- | | > = hgbdt and < = dcdate | | Enter the date the blood sample was **collected.** Enter the exact date. The use of 01 to indicate unknown month or day is not acceptable. |
| 41 | lohct | Enter the value of the **lowest** hematocrit level collected following hospital arrival. | **\_ \_ \_ . \_ \_ \_**  **Abstractor can enter default zzz.zzz if no hematocrit done during stay**  **If z-filled, auto-fill hctunit as 95, and lohctdt as 99/99/9999,**   |  | | --- | | Mask 000 decimal point 000 | | The hematocrit is a measure of the percentage of red blood cells in the total blood volume.  Normal: Male: 42%-52% or 0.42-0.52 volume fraction (SI units) Female: 37%-47% or 0.37-0.47 volume fraction (SI units)  Normal ranges may vary slightly by facility.  **If NO hematocrit was collected during the entire episode of care, enter default zzz.zzz** |
| 42 | hctunit1 | Enter the unit.  1. Percent  2. Volume fraction (SI units)  95. Not applicable | 1,2,95  If lohct z-filled, will be auto-filled as 95   |  | | --- | | If 1, lohct cannot be > 100 | | Normal: Male: 42%-52% or 0.42-0.52 volume fraction (SI units) Female: 37%-47% or 0.37-0.47 volume fraction (SI units) |
| 43 | lohctdt | Enter the date this hematocrit was collected. | mm/dd/yyyy  If lohct z-filled, will be auto-filled as 99/99/9999   |  | | --- | | > = acutedt and < = dcdate | | Enter the date the blood sample was collected. Enter the exact date. The use of 01 to indicate unknown month or day is not acceptable. |
| 44 | cretdone | Was a serum creatinine level collected during this admission?  1. Yes  2. No | 1,2\*  \*If 2, auto-fill frstcret as zz.z, dtcret as 99/99/9999, pkcreat as zz.z, pkcrdt as 99/99/9999 and go to pkckmb, else go to frstcret | **Note that the question asks for a serum creatinine, not a urine creatinine.** |
| 45 | frstcret | Enter the value of the first serum creatinine collected following hospital arrival. | \_ \_. \_  Will be auto-filled as zz.z if cretdone = 2   |  | | --- | | Must be > 00.0 | | The serum creatinine test is used to diagnose impaired renal function. Normal values: Male: 0.6-1.2 mg/dl; Female: 0.5-1.1 mg/dl. Possible critical values: >4mg/dl.  Normal ranges may vary slightly by facility.  Serum creatinine value (as a surrogate for renal function) is a strong predictor for death. |
| 46 | dtcret | Enter the date this creatinine level was collected. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if cretdone = 2   |  | | --- | | > = acutedt and < = dcdate | | Enter the date the blood sample was collected. Enter the exact date. The use of 01 to indicate unknown month or day is not acceptable. |
| 47 | pkcreat | Enter the peak serum creatinine value collected during this episode of care. | \_ \_. \_  Will be auto-filled as zz.z if cretdone = 2   |  | | --- | | Must be > 00.0 and > = frstcret | | The serum creatinine test is used to diagnose impaired renal function. Normal values: Male: 0.6-1.2 mg/dl; Female: 0.5-1.1 mg/dl. Possible critical values: >4mg/dl.  Normal ranges may vary slightly by facility.  **Peak value may be the same as initial value**.  Peak = highest |
| 48 | pkcrdt | Enter the date of the peak creatinine value. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if cretdone = 2   |  | | --- | | > = dtcret and < =  dcdate | | Enter the date the blood sample was collected. Enter the exact date. The use of 01 to indicate unknown month or day is not acceptable. |
| 49 | pkckmb | Enter the peak CK-MB value recorded during this episode of care. | \_\_\_\_\_\_ **Abstractor can enter default zzz if no CK-MB was done during the stay.**  **If z-filled, auto-fill ckmbunit as 95, ckmbdt as 99/99/9999, ckmbtm as 99:99**   |  | | --- | | 099 mask  >= 0 and < = 100  Warning window only | | Enter the highest level documented in the medical record for this episode of care. Creatine kinase (CK) is found predominantly in heart muscle, skeletal muscle and brain. (Also called CPK.) CK-MB is more specific for myocardial cells.  Normal ranges may vary slightly by facility and may be reported as ng/mL, as a % of the total CPK or as IU/L.  **If no CK-MB was done during the episode of care, enter default zzz.** |
| 50 | ckmbunit | Enter the unit for CK-MB.  1. ng/mL  2. %  95. not applicable | 1,2,95  If pkckmb z-filled, will be auto-filled as 95   |  | | --- | | If 2, pkckmb cannot be > 100 | | ng = nanograms; unit measurement for CK-MB  A nanogram is one billionth of a gram.  ng/mL = nanograms per milliliter |
| 51 | ckmbdt | Enter the date of the peak CK-MB value. | mm/dd/yyyy  If pkckmb z-filled, will be auto-filled as 99/99/9999   |  | | --- | | > = acutedt and < = dcdate | | **Enter the date the peak CK-MB value was collected. If collection date cannot be determined, use the order date.** Enter the exact date. The use of 01 to indicate unknown month or day is not acceptable. |

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| 52 | ckmbtm | Enter the time of the peak CK-MB value. | \_\_\_\_\_ UMT  If pkckmb z-filled, will be auto-filled as 99:99   |  | | --- | | > = acutedt/acutetm and < = dcdate/dctime | | **Enter the collection time of the peak CK-MB value. If collection time cannot be determined, use the order time.** |
|  |  | **LDL Testing** |  |  |
| 53 | ldlarrv  IHI9 | Was an LDL-cholesterol (LDL-c) test in mg/dL (or mg/100ml) performed within the first 24 hours after hospital arrival?  1. Yes  2. No | 1,2  If 1, auto-fill totlchol as 95 and go to ldlvalu | * If there is documentation of any LDL-c testing done within the first 24 hours after *Arrival Time,* select“Yes”. * Direct and calculated (indirect) LDL-c values are both acceptable. * If all LDL-c value(s) from testing done within the first 24 hours after *Arrival Time* are reported as not calculated (e.g., high triglycerides render the LDL-c calculation inaccurate), select “No”.   **Include:** Low den lipoprotein, Low density lipoprotein (LDL)  **Exclude:** VLDL (very low density lipoprotein) |
| 54 | totlchol  IHI9 | Was a total cholesterol (TC or cholesterol) test in mg/dL (or mg/100ml) performed within the first 24 hours after hospital arrival?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if ldlarrv = 1  If 2, auto-fill ldlvalu as 95 and go to preldl | If there is documentation of any total cholesterol testing done within the first 24 hours after *Arrival Time,* select“Yes”. |
| 55 | ldlvalu  IHI9 | Were any of the patient’s LDL-c cholesterol (or total cholesterol) levels less than 100 mg/dL from testing done within the first 24 hours after hospital arrival?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if totlchol = 2  If 2, go to preldl, else go to end | **If there are no LDL-c values less than 100 mg/dL from testing done within the first 24 hours after *Arrival Time* but there is a total cholesterol (TC or “cholesterol”) value less than 100 mg/dL from testing done during this timeframe, infer the LDL-c was less than 100 mg/dL and select “Yes”.** |
| 56 | preldl  IHI9 | Was a LDL-cholesterol (LDL-c) test in mg/dL (or mg/100ml) performed within 30 days prior to hospital arrival?  1. Yes  2. No  95. Not applicable | 1,2  If 1, auto-fill prechol as 95 and go to preldlval | * If there is any LDL-c testing done within 30 days prior to hospital arrival, select “Yes”. * Direct and calculated (indirect) LDL-c values are both acceptable. * If all LDL-c value(s) from testing done within 30 days prior to hospital arrivalare reported as not calculated (e.g., high triglycerides render the LDL-c calculation inaccurate), select “No”.   **Include:** Low den lipoprotein, Low density lipoprotein (LDL)  **Exclude:** VLDL (very low density lipoprotein) |
| 57 | prechol  IHI9 | Was a total cholesterol (TC or cholesterol) test in mg/dL (or mg/100ml) performed within the 30 days prior to hospital arrival?  1. Yes  2. No  95. Not applicable | 1,2  Will be auto-filled as 95 if preldl = 1  If 2, go to end | If there is documentation of any total cholesterol testing done within the 30 days prior to hospital arrival*,* select“Yes”. |
| 58 | preldlval  IHI9 | Were any of the patient’s LDL-c cholesterol (or total cholesterol) levels less than 100 mg/dL from testing done within 30 days prior to hospital arrival?  1. Yes  2. No | 1,2 | **If there are no LDL-c values less than 100 mg/dL from testing done during the 30 days prior to hospital arrivalbut there is a total cholesterol (TC or “cholesterol”) value less than 100 mg/dL from testing done during this timeframe, infer the LDL-c was less than 100 mg/dL and select “Yes”.** |
| **Iff s applicable 1,5,or 99), go to LDLARRV in History & Assessment Module COMM1TX, COMMINPT, AND INPTACS = 2, go to ACS at Initial Presentation Module; else if COMM1TX, COMMINPT, or INPTACS = 1, go to Continuing Care and Assessment Module.** | | | | |