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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 | Current Smoker | 305.1 |
| 5 | pasthx4\_5 | History of Smoking | V15.82 |
| 7 | pasthx4\_7 | Chronic Cerebrovascular Disease | 437.0-437.9, 438.0-438.9 |
| 10 | pasthx4\_10 | Overweight and Obesity | 278.0, 278.00, 278.01, 278.02 |
| 11 | pasthx4\_11 | COPD | 491.21, 493.20, 493.21, 496 |
| 15 | pasthx4\_15 | History of CABG | V45.81 |
| 16 | pasthx4\_16 | Atherosclerosis and Lipid Disorders | 272.0-272.9, 414.0-414.05, 440.0-440.9 |
| 18 | pasthx4\_18 | History of MI | 412 |
| 19 | pasthx4\_19 | Congestive Heart Failure | 398.91, 402.01, 402.11, 402.91, 404.01, 404.11, 404.91, 428.0-428.43, 428.9 |
| 22 | pasthx4\_22 | Peripheral Vascular Disorder | 440.0 – 440.9, 441.0 – 441.9, 442.0 – 442.9, 443.1 – 443.9, 447.1, 557.1, 557.9, V43.4 |
| 23 | pasthx4\_23 | Hypertension (Uncomplicated)  | 401.1, 401.9, 642.00 – 642.04 |
| 24 | pasthx4\_24 | Hypertension (Complicated)  | 401.0, 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, 642.10 – 642.24, 642.70 – 642.94 |
| 48 | pasthx4\_99 | **None of these diagnoses** | **99** |

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|  |  | Past Cardiac History |  |  |
| 17 | pastcva | Does the patient have a history of stroke within the past five years? | 1,2

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| Cannot = 2 if conthth = 2 or nogpbloc6 = -1 |

 | Codes which may be used to identify stroke within the past five years are: ICD-9 Code 436. Codes 438.0-438.42 and 438.81-438.9 indicate late effects of cerebrovascular disease. Old stroke without residuals is coded V12.59. Do not answer “yes” based on an old stroke code unless the record documents the stroke occurred within the past five years. |
| 18 | cathfive | Within the past five years, did the patient have a cardiac catheterization?  | 1,2**If 2, auto-fill blocath as 95 and cathdate as 99/99/9999** | Answer “2” if the patient did not have a cardiac catheterization or whether the patient had a cath is unknown. |
| 19 | blocath | At any cath done within the five-year period, was there a finding of > = 50% stenosis in any coronary artery? 1. yes
2. no
3. not applicable
 | 1,2,95If cathfive = 2, will be auto-filled as 95**If 2, auto-fill cathdate as 99/99/9999**  | Stenosis = constriction or narrowing. Buildup of fat, cholesterol, and other substances over time may clog the coronary arteries. The question is applicable to blockage or stenosis of any of the coronary arteries.  |
| 20 | cathdate | Enter the date the cath with a finding of > = 50% stenosis was performed. | mm/dd/yyyyIf blocath = 2 or 95, will be auto-filled as 99/99/9999

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| < = 5 years prior to or = acutedt |

 | Enter the exact date where possible. 01 may be used to designate day and month if only the year is available. |
| 21 | revasc1revasc2revasc99 | Did the patient have a revascularization procedure within the last six months?**Indicate all that apply:**1. PCI
2. CABG
3. No documentation of revascularization within the past six months.
 | 1,2,99

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| 99 cannot be entered with 1 or 2 |

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| If revasc1 = -1, cathfive must = 1 |
| If revasc2 = -1, auto-fill pasthx4\_15 as -1 |

 | Within the last six months = from the last day of the study interval to the first day of the month six months previously. (Example: Study interval is 12/01/10 – 12/31/10. Six months previously is June 1, 2010.)Look for documentation in the H&P or admitting note that a PTCA/PCI or CABG was performed within the past 6 months. Procedure may have been done at this or another VAMC, or at a private sector facility. |

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| 22 | priorx1priorx2priorx3priorx4priorx5priorx6priorx7priorx8priorx99 | Was the patient on any of the following medications prior to admission for this episode of care?**Indicate all that apply**:1. aspirin
2. beta blocker
3. ACE inhibitor
4. lipid-lowering medication
5. insulin
6. platelet aggregation inhibitor
7. low molecular weight heparin (LMWH)
8. ARB (AIIRA)
9. no documentation patient was on any of these medications
 | 1,2,3,4,5,6,7,8,99

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| 99 cannot be entered with any other number |

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| If priorx5 = -1 and pasthx4 = <> DM, Warning window:Did not select hx of DM in pasthx4 |

 | The question refers to medications being taken routinely by the patient, at his/her place of residence, prior to admission for this episode of care. If the patient was a transfer from another VAMC or a community hospital, check clinic records for medications the patient may have been taking prior to admission to the first hospital. Do not include medications administered to the patient at the first hospital.**Medications given once the patient has arrived at the hospital are excluded from the question.****1. Aspirin** = 81 to 325 mg daily; see Joint Commission (JC) Medication Table for listing of aspirin and aspirin-containing medications **2. Beta-blocker** = see JC listing of beta blocker medications**3. ACEI** = see JC listing of ACE inhibitor medications.**4. Lipid-lowering Medications****HMG-CoA Reductase Inhibitors (Statins):** fluvastatin sodium (Lescol), atorvastatin calcium (Lipitor), lovastatin (Mevacor) (Altocor), pravastatin sodium (Pravacol), simvastatin (Zocor), rosuvastatin calcium (Crestor), pitavastatin (Livalo)**Cholesterol absorption inhibitors**: ezetimibe (Zetia)**Combination**: ezetimibe/simvastatin (Vytorin), Niaspan/lovastatin (Advicor)**Nicotinic Acid:** niacin extended release tablets (Niaspan), Crystalline niacin, sustained or timed release niacin**Bile Acid Sequestrants**: colestipol hydrochloride (Colestid), colesevelam hydrochloride (Welchol), cholestyramine (Questran) (Locholest)**Fibrates**: gemfibrozil (Lopid) (Gemcor), fenofibrate (Tricor) (Lofibra), fenofibric acid (Fibricor)**Omega- Fatty Acids (Fish Oils):** Marine-derived omega-3 fatty acid supplements (DHA/EPA)**5. Insulin Synonyms/Inclusions:** 70/30, 50/50, Apidra, aspart, continuous subcutaneous, infusion of insulin (CS11), detemir, glulisine, HUMALOG, HUMULIN, ILETIN I or II, insulin pen, insulin pump, Lantus, LENTE, Levemir, LISPRO, MDI, NOVOLIN, NOVOLIN penfill, Novolog, NOVO NORDISK, NPH, Regular, SEMILENTE, ULTRALENTE, VELOSULIN **6. Platelet aggregation inhibitors =** clopidogrel (Plavix), ticlopidine (Ticlid), dipyridamole (Persantine), dipyridamole and aspirin (Aggrenox), prasugrel (Effient)**Cont’d next page** |

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|  |  |  |  | **Medication prior to admission cont’d** **7. LMWH:** enoxaparin (Lovenox), dalteparin (Fragmin), tinzaparin (Innohep), nadroparin (Fraxiparine), reviparin (Clivarin), and certoparin8. **ARB:** losartan potassium, valsartan, irbesartan, candesartan, telmisartan**,** eprosartan, and olmesartan. |
|  |  | **Patient Weight and Height** |  |  |
| 23 | 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, frstwtdt as 99/99/9999, and go to height. | **Inpatient Sources**: 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.** |
| 24 | wtunit3 | Unit of measure1. pounds
2. kilograms
3. not applicable
 | 1,2,95**Will be auto-filled as 95 if frstwt = zzz**

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| Warning window when wtunit3 = 1 and weight < = 98 or > = 278When 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. |
| 25 | frstwtdt | Enter the date the first weight was measured. | mm/dd/yyyy**If frstwt is z-filled, auto-fill as 99/99/9999**

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| > = entradm and < = dtofdc |

 | Enter the exact date. The use of 01 to indicate missing day or month is not acceptable. If the inpatient weight is z-filled, FRSTWTDT will auto-fill as 99/99/9999. The abstractor cannot enter 99/99/9999 default date if a valid weight was entered. |

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| 26 | 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.** |
| 27 | htunit | Unit of measure1. inches
2. centimeters
3. not applicable
 | 1,2,95If height z-filled, will be auto-filled as 95

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| Warning windowwhen htunit = 1, and height < = 56 or > = 77when 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. |
| **If comm1tx =1 or comminpt = 1, go to hctone; otherwise, go to wichtrop** |
|  |  | **Laboratory Testing** |  |  |
| 28 | wichtrop | Which troponin is used by this VAMC’s laboratory as a biomarker of myocardial injury?Troponin T1. 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.** |

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| 29 | cutoff | What is the “cutoff point” (or lowest level at which troponin is considered positive) as determined by this facility’s bioassay? | **\_ \_ \_. \_ \_ \_**

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| Cutoff must be > 0 |

 | **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.**  |
| 30 | dotrop | Was a troponin level obtained for this patient? | 1,2\*\*If 2, go to hctone, else go to trophow | 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. |
| 31 | trophow | How was the first troponin level obtained?1. point of care testing
2. central laboratory assay
 | 1,2 |  Point of care testing= blood sample drawn at the bedside and analyzed immediately for presence of troponin I or troponin T to identify unstable patients at high risk for occlusion. **Read ED notes, admitting notes, and progress notes carefully to determine if POCT was used to obtain the first troponin level. Do not reference only the laboratory reports for the initial troponin level**.**Troponin may be obtained within 15 minutes prior to acute care arrival, e.g., in the clinic setting, NHCU, or in the ambulance prior to arrival at the hospital.** |
| 32 | frstrslt | Enter the result of the first troponin level obtained for this patient.  | **\_ \_ \_. \_ \_ \_**

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| If dotrop = 1, must be > 0 |

 | **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.**  |
| 33 | tropone | Indicate whether the result of the first troponin level was positive or negative.1. positive (greater than or equal to cutoff point)
2. negative (less than cutoff point)

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| If frstrslt > = cutoff, tropone <> 4 |

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| 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.**  |

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| 34 | entrord | 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**

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| < = 15 minutes prior to or = acutedt and < = dcdate |

 | Order date = the date the first troponin level was ordered. 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. **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.** |
| 35 | timeord | Enter the time the first troponin level was ordered. | \_\_\_\_\_UMT**Abstractor can enter default time 99:99 if order time cannot be determined**

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| < = 15 minutes prior to or = acutedt/acutetm and < = dcdate/dctime |

 | Order time = the time the first troponin level was ordered. 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. **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.** |
| 36 | reprtdt | 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**

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| If trophow = 2, > = entrord and < = dcdate. If entrord = 99/99/9999, default to > = acutedt and < = dcdate |
| If trophow = 1, reprtdt = entrord. If entrord= 99/99/9999, < = 15 min prior to or = acutedt and < = dcdate |

 | **Troponin level report = the date the 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. If the sample was drawn at the point of care, and the results 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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| 37 | reportme | Enter the time the first troponin level was reported. | \_\_\_\_\_UMT**Abstractor can enter default time 99:99 if report time cannot be determined**

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| If trophow = 2, > = entrord/timeord and < = dcdate. If entrord/timeord <> valid date, default to > = acutedt/acutetm and < = dcdate/dctime |
| If trophow = 1, reportme = entrord/timeord. If entrord/timeord <> valid date, < = 15 min prior to or = acutedt/acutetm and < = dcdate/dctime |

 | 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.** |
| 38 | labever | Was a subsequent troponin level obtained? | 1,2\*\*If 2, go to hctone, else go to tropos | Subsequent troponin level = additional samples drawn after the first troponin level. Serial troponin levels may be drawn at regular intervals, and may be obtained by POCT or laboratory assay.  |
| 39 | tropos | Was any subsequent troponin level positive? | 1,2\*\*If 2, go to peakdone, else go to poslvl | **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.** |
| 40 | poslvl | Enter the result of the first positive troponin level obtained after the initial troponin level.  | \_ \_ \_. \_ \_ \_

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| > = cutoff |

 | **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.** |

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| 41 | troposdt | Enter the report date of the first positive troponin level obtained after the initial troponin level. | mm/dd/yyyy**Abstractor can enter default date 99/99/9999 if date of report cannot be determined**

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| > = reprtdt and < = dcdate  If reprtdt = 99/99/9999, > = acutedt and< = dcdate |

 | **First PositiveTroponin 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 obtained. 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.** |
| 42 | tropostm | Enter the report time of the first positive troponin level obtained after the initial troponin level. | \_\_\_\_\_UMT**Abstractor can enter default time 99:99 if report time cannot be determined**

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| > = reprtdt/ reportme and < = dcdate/dctime.  If reprtdt/ reportme <> valid date, > = acutedt/acutetm and < = dcdate/dctime |

 | **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.** |
| 43 | peakdone | How was the peak troponin level obtained?1. point of care bedside testing
2. central laboratory assay
 | 1,2 | Point of care testing= blood sample drawn at the bedside and analyzed immediately for presence of troponin I or troponin T which identify unstable patients at high risk for occlusion.  |
| 44 | lablvl | Enter the result of the highest/peak troponin level. | **\_ \_ \_. \_ \_ \_** | Highest/peak troponin level = of all the troponin samples obtained, enter the highest value reported for this patient. |

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| 45 | tropref | Indicate whether the result of the highest/peak troponin level was positive or negative.1. positive (greater than or equal to cutoff point)
2. negative (less than cutoff point)

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| If lablvl > = cutoff, tropref <> 4 |
| If lablvl < cutoff, 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.** |
| 46 | tropdt | Enter the report date of the peak level. | mm/dd/yyyy

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| > = reprtdt, or if reprtdt = 99/99/9999, > = entrord, or if entrord= 99/99/9999, > = acutedt and < = dcdate |

 | **Troponin level report = the date the 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.Enter the exact date. The use of 01 to indicate unknown month or day is not acceptable. |
| 47 | trohitm | Enter the report time of the peak level. | \_\_\_\_\_UMT**Abstractor can enter default time 99:99 if report time cannot be determined**

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| > = reprtdt/reportme or if reprtdt/reportme <> valid date, > = entrord/timeord, or if entrord/timeord <> valid date, > = acutedt/acutetm and < = dcdate/dctime |

 | **Troponin level report = the time the troponin results were available to the clinician.** This does not mean the results must be reported to the clinician. Report time is the time when the results were completed by the lab and could be reported to the clinician if he/she called to ask for the results.Time must be entered in Universal Military Time.**The abstractor can enter default time 99:99 if report time cannot be determined.** |

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| 48 | hctone | Enter the value of the first hematocrit obtained following hospital arrival. | \_ \_ \_.\_ \_ \_**Abstractor can enter default zzz.zzz if no hematocrit done during stay****If z-filled, auto-fill hctunit as 95, dtofhct as 99/99/9999, and hctref as 95**

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| 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) **If no hematocrit was done during the entire episode of care, enter default zzz.zzz** |
| 49 | hctunit | Enter the unit.1. percent2. volume fraction (SI units)95. not applicable | 1,2,95If hctone z-filled, will be auto-filled as 95

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| If 1, hctone 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) |
| 50 | dtofhct | Enter the date this hematocrit was obtained. | mm/dd/yyyyIf hctone z-filled, will be auto-filled as 99/99/9999

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| > = acutedt and < = dcdate |

 | Enter the date the blood sample was drawn. Enter the exact date. The use of 01 to indicate unknown month or day is not acceptable. |
| 51 | hctref | Is this hematocrit value within the laboratory normal reference range?1. within normal reference range
2. lower than the normal reference range
3. higher than the normal reference range
4. not applicable
 | 1,2,3,95If hctone z-filled, will be auto-filled as 95 | The reference range may vary for each VAMC laboratory, so the question must be answered in accordance with the reference range for the facility in which the abstractor is working. Be certain the reference range is expressed in the same units in which the value was measured. |
| 52 | cretdone | Was a serum creatinine level obtained during this admission? | 1,2\*\*If 2, go to ckmbhi, else go to frstcret | **Note that the question asks for a serum creatinine, not a urine creatinine.** |
| 53 | frstcret | Enter the value of the first serum creatinine obtained following hospital arrival. | \_ \_. \_

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| Must be > 00.0Warning window:Are you certain this is a serum creatinine and not a urine creatinine? |

 | 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.Serum creatinine value (as a surrogate for renal function) is a strong predictor for death.  |

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| 54 | dtcret | Enter the date this value was obtained. | mm/dd/yyyy

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| > = acutedt and < = dcdate |

 | Enter the date the blood sample was drawn. Enter the exact date. The use of 01 to indicate unknown month or day is not acceptable. |
| 55 | refcret | Was the initial serum creatinine value within the laboratory normal reference range?1. within the normal reference range
2. lower than the normal reference range
	1. higher than the normal reference range
 | 1,2,3 | The reference range may vary for each VAMC laboratory, so the question must be answered in accordance with the reference range for the facility in which the abstractor is working. Be certain the reference range is expressed in the same units in which the value was measured. |
| 56 | hicreat | Enter the highest serum creatinine value obtained during this episode of care. | \_ \_. \_

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| Must be > 00.0 and > = frstcretWarning window:Are you certain this is a serum creatinine and not a urine creatinine? |

 | 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.**Highest value may be the same as initial value**. |
| 57 | creatref | Was the highest serum creatinine value within the laboratory normal reference range?1. within the normal reference range
2. lower than the normal reference range
3. higher than the normal reference range
 | 1,2,3

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| If refcret = 3, creatref <> 1 or 2 |

 | The reference range may vary for each VAMC laboratory, so the question must be answered in accordance with the reference range for the facility in which the abstractor is working. Be certain the reference range is expressed in the same units in which the value was measured. |

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| 58 | ckmbhi | Enter the highest 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, and ckmblab as 95**

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| --- |
| 099 mask>= 0 and < = 100Warning window only |

 | 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 values CK-MB: 0-7 IU/L (less than 4%-6% of total CPK.)**If no CK-MB was done during the episode of care, enter defalt zzz.** |
| 59 | ckmbunit | Enter the unit for CK-MB.1. ng/mL2. %95. not applicable | 1,2,95If ckmbhi z-filled, will be auto-filled as 95

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| --- |
| If 2, ckmbhi cannot be > 100 |

 | ng = nanograms; unit measurement for CK-MBA nanogram is one billionth of a gram.ng/mL = nanograms per milliliter |
| 60 | ckmbdt | Enter the date of the highest value. | mm/dd/yyyyIf ckmbhi z-filled, will be auto-filled as 99/99/9999

|  |
| --- |
| > = acutedt and < = dcdate |

 | **Enter the draw date of the highest CK-MB value. If draw 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. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 61 | ckmbtm | Enter the time of the highest CK-MB value. | \_\_\_\_\_UMTIf ckmbhi z-filled, will be auto-filled as 99:99

|  |
| --- |
| > = acutedt/acutetm and < = dcdate/dctime |

 | **Enter the draw time of the highest CK-MB value. If draw time cannot be determined, use the order time.** |
| 62 | ckmblab | Was the highest CK-MB value within the laboratory normal reference range?1. within laboratory reference range
2. positive (higher than ULN for reference range)

95. not applicable | 1,3,95If ckmbhi z-filled, will be auto-filled as 95 | The reference range may vary for each VAMC laboratory, so the question must be answered in accordance with the reference range for the facility in which the abstractor is working. Be certain the reference range is expressed in the same units in which the value was measured. |
|  |  | **LDL Testing** |  |  |
| 63 | ldlarrv | Was an LDL-cholesterol (LDL-c) test in mg/dL (or mg/100ml) performed within the first 24 hours after hospital arrival? 1. Yes2. 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) |
| 64 | totlchol | Was a total cholesterol (TC or cholesterol) test in mg/dL (or mg/100ml) performed within the first 24 hours after hospital arrival? 1. Yes2. No95. Not applicable | 1,2,95Will be auto-filled as 95 if ldlarrv = 1If 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”.  |
| 65 | ldlvalu | 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. Yes2. No95. Not applicable | 1,2,95Will be auto-filled as 95 if totlchol = 2If 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”.**  |
| 66 | preldl | Was a LDL-cholesterol (LDL-c) test in mg/dL (or mg/100ml) performed within 30 days prior to hospital arrival? 1. Yes2. No95. Not applicable | 1,2If 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) |
| 67 | prechol | Was a total cholesterol (TC or cholesterol) test in mg/dL (or mg/100ml) performed within the 30 days prior to hospital arrival? 1. Yes2. No95. Not applicable | 1,2Will be auto-filled as 95 if preldl = 1If 2, go to end | If there is documentation of any total cholesterol testing done within the 30 days prior to hospital arrival*,* select“Yes”.  |
| 68 | preldlval | 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. Yes2. 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”.**  |
| **If comm1tx = 1 or comminpt = 1, go to ACS Transfer from Community Hospital Module****If comm1tx = 2 and comminpt = 2 and inptacs = 2, go to ACS at Initial Presentation Module****If comm1tx = 2 and comminpt = 2 and inptacs = 1, go to ACS After Admission** |