

**REVSTAT**

REVIEW STATUS (not abstracted)

- 0. Abstraction has not begun
- 1. Abstraction in progress
- 2. Abstraction completed w/o errors
- 3. TVG failure (exclusion)
- 4. Record contains missing required answers (error record)
- 5. Administrative exclusion from all measures

**DCDATE** (Validation)

Enter the date of discharge. (received on pull list and may not be modified)

**ADMDT** (Validation)

Enter the date the patient was formally admitted to inpatient status at this VAMC.

**TRUAMI** (Validation)

Is there evidence in the medical record that the patient had an acute myocardial infarction?

- 1. Yes
- 2. No

**COMFORT** (Validation)

When is the earliest physician, APN, or PA documentation of comfort measures only?

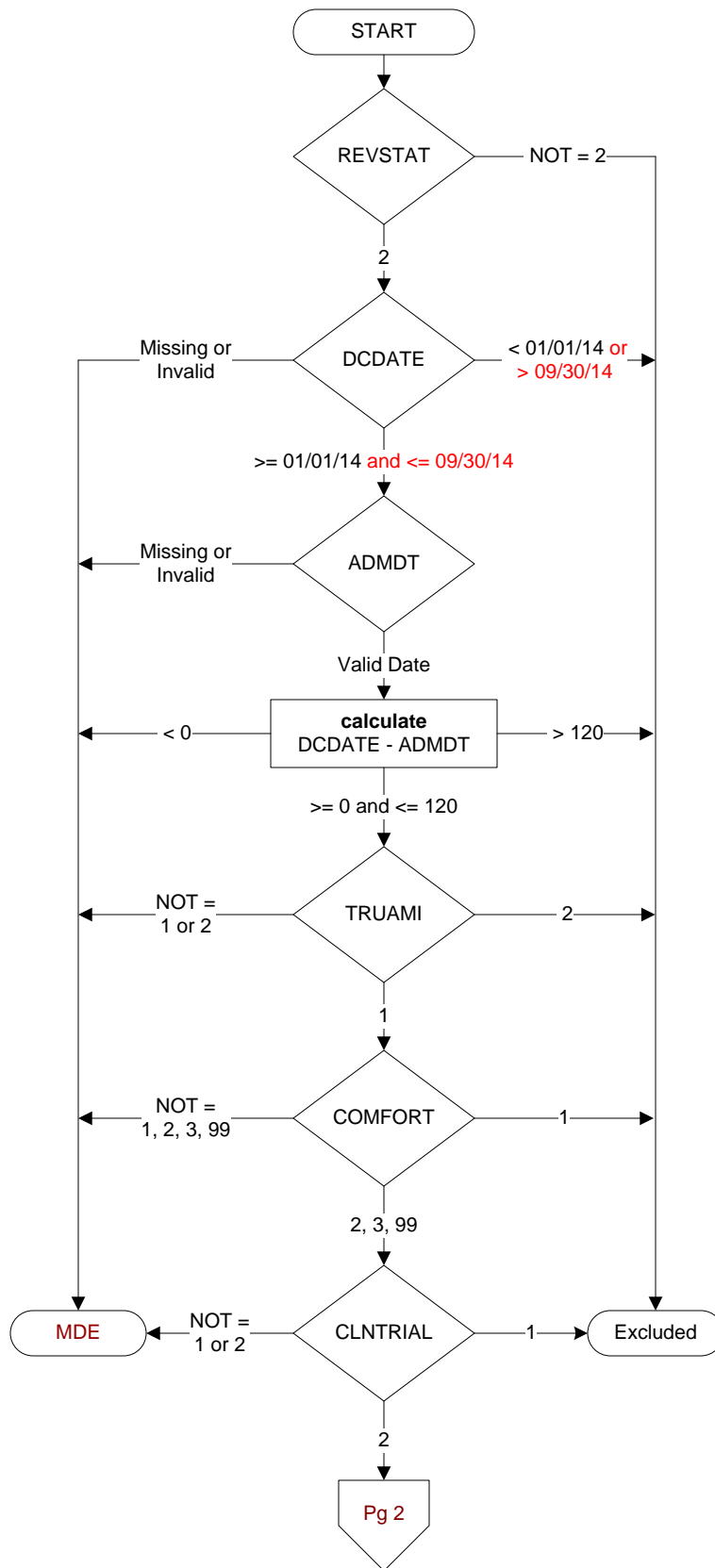
- 1. Day of arrival (day 0) or day after arrival (day 1)
- 2. Two or more days after arrival (day 2 or greater)
- 3. Comfort measures only documented during hospital stay, but timing unclear
- 99. Comfort measures only was not documented by the physician/APN/PA or unable to determine

**CLNTRIAL** (Validation)

Was the patient involved in a clinical trial for Acute Myocardial Infarction during this hospital stay?

- 1 = Yes
- 2 = No

**MDE = Missing or  
Invalid Data Exclusion  
(data error)**



**DONOTX** (Validation)

Is there explicit documentation of the decision not to treat during this episode of care?

1. Yes
2. No
95. Not applicable

**NOTX1DT** (validation)

Enter the date the decision not to treat was documented in the record.

**NOTX1TM** (validation)

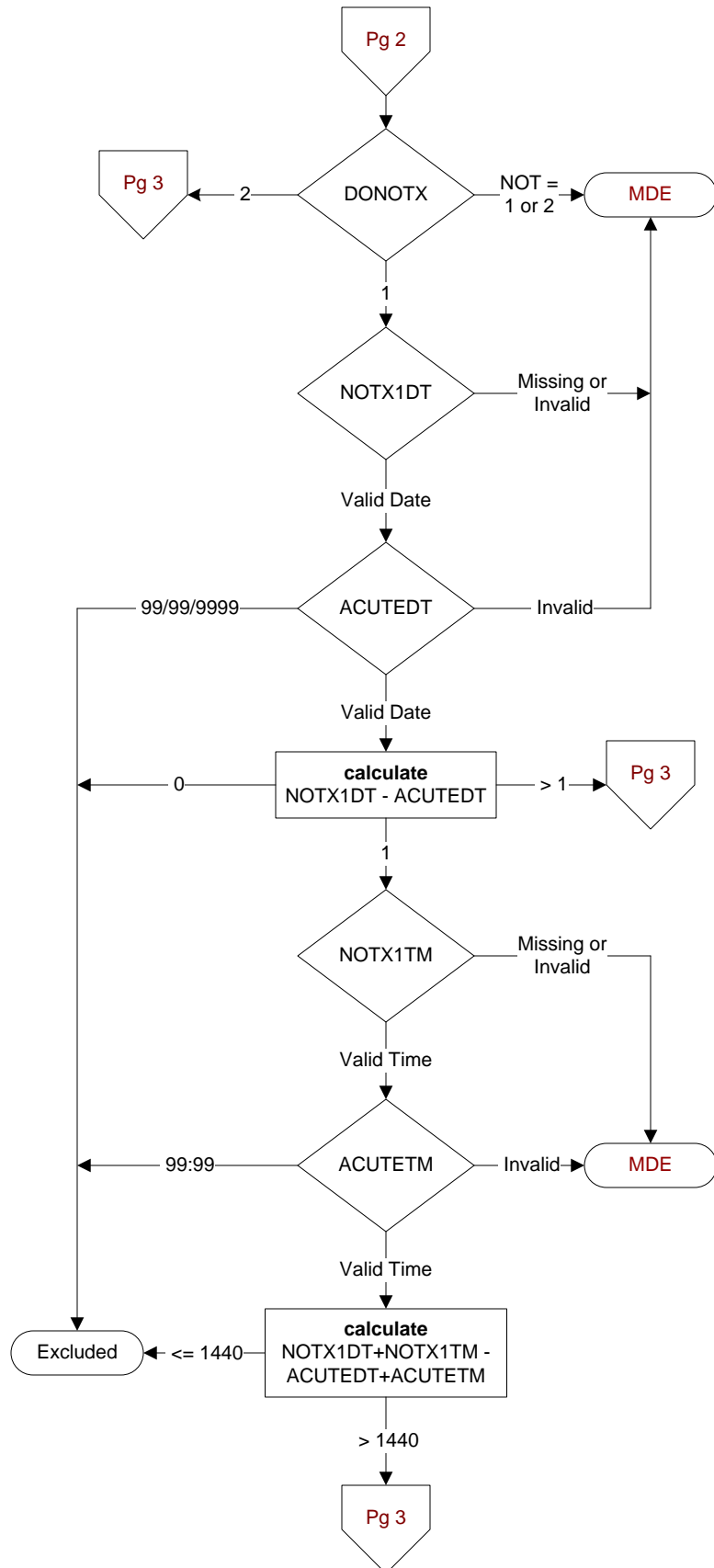
Enter the time the decision not to treat was documented in the record.

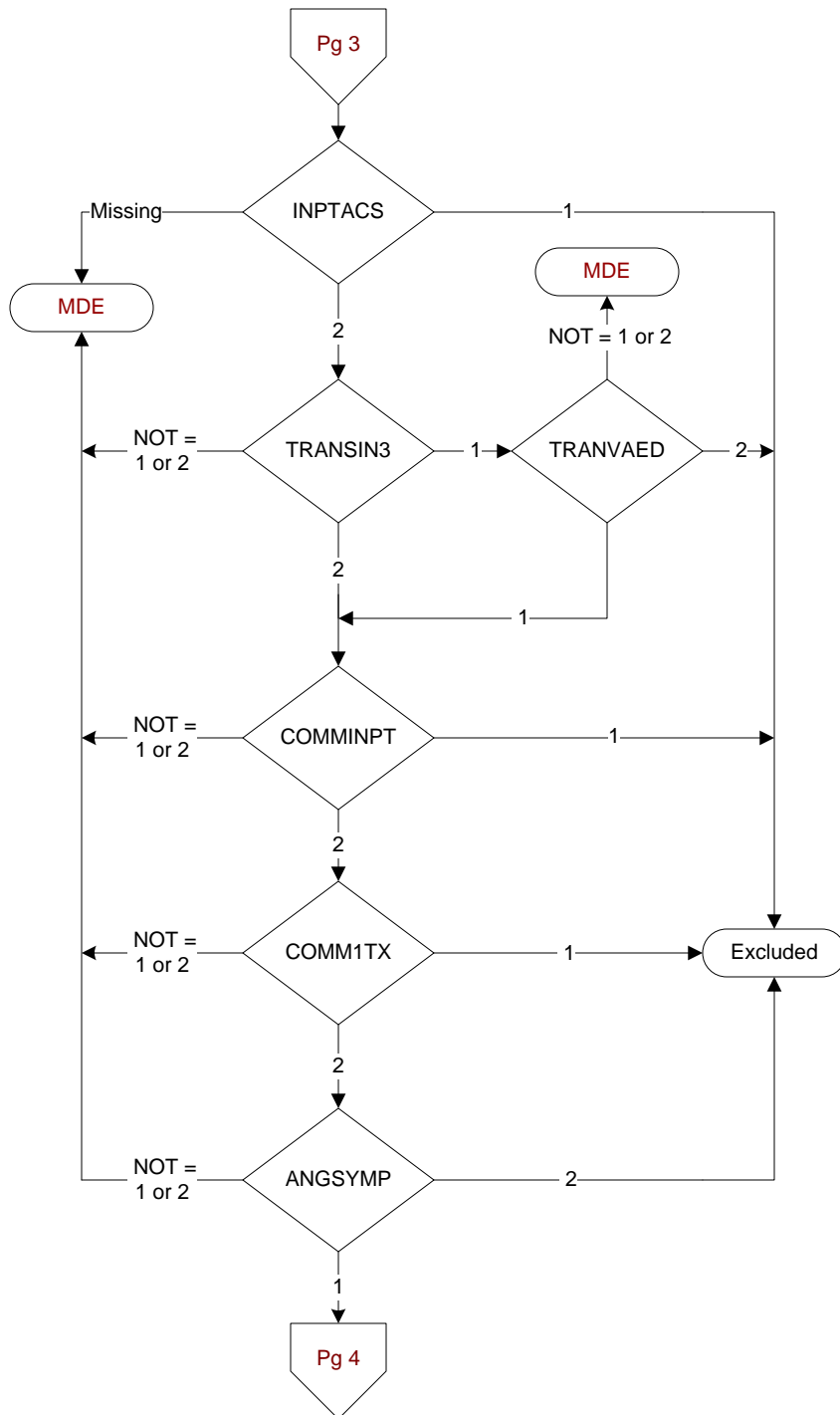
**ACUTEDT** (validation)

Enter the earliest documented date the patient arrived at this or another VAMC.

**ACUTETM** (validation)

Enter the earliest documented time the patient arrived at this or another VAMC.



**INPTACS** (Validation)

Was the veteran already a VAMC inpatient when ACS occurred?

1. yes
2. no
95. not applicable

**TRANSIN3** (Validation)

Was the patient received as a transfer from an inpatient, outpatient or emergency/observation department of an outside hospital or from an ambulatory surgery center?

1. Yes
2. No

**TRANVAED** (Validation)

Was the patient received from the emergency department of another VAMC?

1. Yes
2. No
95. Not applicable

**COMMINPT** (Validation)

Was the patient a transfer from a community hospital where he/she was an inpatient for ACS care?

1. Yes
2. No

**COMM1TX** (Validation)

Did the patient present initially to a community hospital where he/she received all or part of the first 24 hours of care for ACS?

1. Yes
2. No

**ANGSYMP** (At Presentation)

Within 24 hours prior to, or on arrival at the hospital, is there documentation that the veteran had any of the following angina symptoms?

**Angina symptoms include but are not limited to:**

- chest or epigastric pain, or discomfort described as pressure, squeezing, burning, tightness, heaviness
- arm, shoulder, neck, jaw, throat or back pain described as above
- unexplained indigestion, nausea or vomiting
- dyspnea
- dizziness, lightheadedness
- fatigue, tiredness, weakness
- diaphoresis

1. Yes
2. No

**DOTROP** (Hx & Assmt)  
Was a troponin level collected for this patient?  
1. Yes  
2. No

**REPRTDT** (Hx & Assmt)  
Enter the date the first troponin level was reported.

**REPORTME** (Hx & Assmt)  
Enter the time the first troponin level was reported.

**ENTRORD** (Hx & Assmt)  
Enter the date the first troponin level was ordered.

**TIMEORD** (Hx & Assmt)  
Enter the time the first troponin level was ordered.

**ACUTEDT** (Validation)  
Enter the earliest documented date the patient arrived at this or another VAMC.

**ACUTETM** (Validation)  
Enter the earliest documented time the patient arrived at this or another VAMC.

