

Concluding Remarks

The present brochure summarizes the data from ACSIS 2008, the 9th Biennial National Survey on Acute Coronary Syndromes. It is the result of a fruitful ongoing collaboration between the Israel Heart Society, the Israel Society for the Prevention of Heart Attacks and the Israel Center for Disease Control.

The use of electronic forms and web transmission made it possible this year to report the first results as soon as three months after the completion of data collection.

As the authors point out, there are marked improvements in the management and outcome of patients with ACS even in the last decade. The results of this survey clearly demonstrate the high quality of care provided in all the intensive care units in Israel, using modern technology, advanced therapies, and better than ever adherence to clinical guidelines.

Of special note is the finding that the total number of patients with coronary disease in the present survey is 15% lower than in previous surveys. This may be a chance finding; alternatively, it may reflect a decline in the prevalence of coronary disease or better care of coronary patients in the community, or it may be some combination of these factors. The next ACSIS survey, which will take place in 2010, will answer some of these questions.

The database created by the surveys is a unique resource that should be carefully maintained. It allows for the identification of time trends in management and outcomes of patients with ACS in Israel, and for comparison with other countries. In addition, each medical center can evaluate its activities over the years and compare itself with other participating centers.

I would like to congratulate the teams of the Intensive and Intermediate Care Units for making this survey a success. In addition, I would like to thank the Survey Coordinator and all the working groups for their continuous efforts to make this an ongoing process. It is well recognized that ACSIS has a significant impact on the improvement of the quality of health care. We look forward to our continued and fruitful cooperation in the building of this important database.

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Acting Director, Israel Center for Disease Control
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Appendix

THE ISRAELI NATIONAL SURVEY – ACSIS 2008 - STUDY GROUP PARTICIPATING CENTERS AND RESEARCH TEAMS

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List of Abbreviations

ACE-I	ACE-Inhibitor
ACS	Acute Coronary Syndrome
AF	Atrial Fibrillation
AMI	Acute Myocardial Infarction
AP	Angina Pectoris
ARB	Angiotensin II Antagonist
ASA	Aspirin
AVB	Atrial Ventricular Block
BB	Beta Blocker
CABG	Coronary Artery Bypass Graft
CAD	Coronary Artery Disease
CHF	Chronic Heart Failure
CI	Confidence Interval
CRF	Chronic Renal Failure
CVA	Cerebrovascular Accident
ECG	Electro-cardiogram
ER	Emergency Room
IABP	Intra-aortic Balloon Pump
ICCU	Intensive Coronary Care Unit
LBBS	Left Bundle Branch Block
LLD	Lipid-lowering drugs
LMWH	Low Molecular Weight Heparin
MACE	Major Adverse Coronary Event
MI	Myocardial Infarction
MR	Mitral Regurgitation
OR	Odds Ratio
PCI	Percutaneous Coronary Intervention
PPCI	Primary Percutaneous Coronary Intervention
PVD	Peripheral Vascular Disease
RBBS	Right Bundle Branch Block
RVI	Right Ventricular Infarction
SCD	Sudden Cardiac Death
TIA	Transient Ischemic Attack
TLx	Thrombolytic therapy
UAP	Unstable Angina Pectoris
VF	Ventricular Fibrillation
VSD	Ventricular Septum Defect
VT	Ventricular Tachycardia

Center	Ward	Patient #
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Prior Chronic Treatment : List all drugs administered during the last month

	No	Yes	Trade Name (specify one per line)	Total daily dose		Treatment stopped during the month preceding the event?	
				Dose	Unit	No	Yes
Aspirin.....	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
Anticoagulants:							
Warfarin or other oral anticoagulants	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
Clopidogrel	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
ACE-I	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
ARB	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
Aldosterone receptor antagonist.....	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
Beta blockers.....	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
Digoxin.....	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
Diuretic	<input type="radio"/>	<input type="radio"/>	1.			<input type="radio"/>	<input type="radio"/>
			2.			<input type="radio"/>	<input type="radio"/>
Insulin.....	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
Hypoglycemic drugs (Oral)	<input type="radio"/>	<input type="radio"/>	1.			<input type="radio"/>	<input type="radio"/>
			2.			<input type="radio"/>	<input type="radio"/>
Statins	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
Fibrate	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
Ezetimibe	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
Calcium antagonist.....	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
Nitrates.....	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
Other drug	<input type="radio"/>	<input type="radio"/>	1.			<input type="radio"/>	<input type="radio"/>
			2.			<input type="radio"/>	<input type="radio"/>
			3.			<input type="radio"/>	<input type="radio"/>

Center			Ward		Patient #		

2. Onset, Transportation and Admission Information:

Symptom Onset..... $\frac{\text{day}}{\text{month}}$ /2008 \oplus $\frac{\text{hour}}{\text{min}}$: NA Δ 2

Patient location at onset: 1 Private residence 2 Public place 3 Medical facility: _____
4 Work place 5 Other: _____

First Call for Medical Attention for index ACS..... $\frac{\text{day}}{\text{month}}$ /2008 \oplus $\frac{\text{hour}}{\text{min}}$: Δ 2

First Arrival to: 1 ER 2 Directly to CCU 3 Directly to catheterization laboratory
..... $\frac{\text{day}}{\text{month}}$ /2008 \oplus $\frac{\text{hour}}{\text{min}}$: Δ 2

1st Hospitalized in: 1 CCU 2 Cardiology 3 Chest pain unit 4 Internal medicine 5 Other
..... $\frac{\text{day}}{\text{month}}$ /2008 \oplus $\frac{\text{hour}}{\text{min}}$: Δ 2

If 1st ward was not CCU/Cardiology:
Date Transferred to CCU / Cardiology: $\frac{\text{day}}{\text{month}}$ /2008 \oplus $\frac{\text{hour}}{\text{min}}$: Δ 2

<p>Mode of Transportation:</p> <input type="checkbox"/> 1 Mobile ICCU <i>specify below</i> <input type="checkbox"/> 1 MADA <input type="checkbox"/> 2 SHAHAL <input type="checkbox"/> 3 NATALI <input type="checkbox"/> 2 Regular ambulance <input type="checkbox"/> 3 Private car / independently <input type="checkbox"/> 4 Not relevant (e.g. in-patient) <i>Specify</i> --->	<p>Reason ambulance not used:</p> <input type="checkbox"/> 1 Ambulance not available <input type="checkbox"/> 2 Advice from medical staff <input type="checkbox"/> 3 Patient's decision <input type="checkbox"/> 4 Other
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3. Vital Signs and Management on First Medical Contact:

First medical contact at:
1 Home 2 Ambulance 3 ER 4 CCU/Cath lab 5 Other ward 6 Other: _____

Presenting Symptoms: Typical angina Atypical chest pain
 Syncope/ aborted SCD Arrhythmia
 Dyspnea Other: _____

Killip class: 1 2 3 4 **Heart Rate** (beats/minute): |__|__|__| **Temperature** (°C): |__|__|__|

Blood Pressure (mmHg): Systolic |__|__|__| / Diastolic |__|__|__|

Treatment before hospitalization: *check all drugs before admittance to ward (include treatment in ER)*

<input type="checkbox"/> Aspirin:..... __ __ __ mg	<input type="checkbox"/> Heparin	<input type="checkbox"/> Nitrates
<input type="checkbox"/> Clopidogrel .. __ __ __ mg	<input type="checkbox"/> LMWH	<input type="checkbox"/> CPR/ DC shock
<input type="checkbox"/> Beta blockers	<input type="checkbox"/> GP IIb/IIIa antagonists	<input type="checkbox"/> ECG
<input type="checkbox"/> Diuretics	<input type="checkbox"/> Narcotics	<input type="checkbox"/> Antiarrhythmics
<input type="checkbox"/> ACE-I	<input type="checkbox"/> ARB	

Center			Ward		Patient #		

ECG : First ECG recorded / / 2008 @ :

Measured at: Home Ambulance ER Hosp. ward

ECG Rhythm: NSR AF SVT VT/VF Other: _____

ECG Pattern:

- ST-elevation ST-depression T inversion only No new ST- T changes
 Undetermined ECG findings (LBBB, Pacing, Severe L/H)

4. Primary Reperfusion Therapy in STEMI Patients:

Primary Reperfusion: No Yes (specify one below)

Type of Reperfusion: Thrombolysis Primary PCI Urgent CABG
 Angio without PCI (open artery)

Date and Time: / / 2008 @ : (Angio/PCI-Complete No. of vessels in section 5)

I. For Thrombolytic Therapy (TLx):

TLx Agent : STK tPA Was TLx judged to be clinically successful? No Yes

II. For Primary PCI :

Infarct Related Artery (check one): LM LAD LCX RCA SVG Unknown

PCI for Additional Lesions: Not required
 In same procedure Separate procedure After discharge
 (Complete details in section 5)

TIMI grade flow –before revascularizaion (First injection):

Primary PCI With Use of:

IIb/IIIa Antagonist: Reopro Integrilin Aggrastat
 Date & time: / / 2008 :
 Started: Before PCI During/after PCI

Clopidogrel →

Loading Dose: → mg
Date & time: <input type="text"/> / <input type="text"/> / 2008 <input type="text"/> : <input type="text"/>
Started: <input type="checkbox"/> Before PCI <input type="checkbox"/> During/after PCI

Angiomax
 Stent

Type:	N° of Bare metal:	N° of Drug Eluting:
Trade name: (Check all)	<input type="checkbox"/> Driver <input type="checkbox"/> Visom <input type="checkbox"/> Liberte <input type="checkbox"/> Yokon <input type="checkbox"/> Titan <input type="checkbox"/> Prokinetic <input type="checkbox"/> Blazer <input type="checkbox"/> Other	<input type="checkbox"/> Cypher <input type="checkbox"/> Taxus <input type="checkbox"/> Endeavor <input type="checkbox"/> Xience <input type="checkbox"/> Other

Protective/Aspiration Device

TIMI grade flow -following the procedure:

Center			Ward		Patient #		

Reasons for not Performing Primary Reperfusion (TLx or PCI) for ST Elevation or New LBBB

(check all that apply):

<input type="checkbox"/> Spontaneous reperfusion	<input type="checkbox"/> Considered not indicated
<input type="checkbox"/> Late arrival at hospital	<input type="checkbox"/> Died before decision
<input type="checkbox"/> Misdiagnosis	<input type="checkbox"/> Patient refusal
<input type="checkbox"/> Contraindication to TLx	<input type="checkbox"/> Other <i>specify</i> _____
<input type="checkbox"/> Contraindication to PCI	

5. Additional Cardiac Interventions and Procedures in CCU/Cardiology:

Coronary Angiography (*excluding primary PCI*): No Yes

If yes specify: Event Driven Ward policy

Date: / / 2008 @ :

day month hour minutes

If no specify the reason for not performing coronary angiography:

Contradication Not indicated Patient's refusal Scheduled after discharge

Was Coronary Angiography Followed by Intervention? No Yes (*specify below*)

PCI (*excluding primary*)

To (*check all*): LM LAD LCX RCA SVG Unknown

With Use of:

IIb/IIIa Antagonist: Reopro Integrilin Aggrastat

Started: Before PCI During/after PCI

Clopidogrel → Loading Dose: → mg

Started: Before PCI During/after PCI

Angiomax
 Stent

Type:	N° Bare: <input type="text"/>	N° Drug Eluting: <input type="text"/>
Trade name:	<input type="checkbox"/> Driver <input type="checkbox"/> Visom <input type="checkbox"/> Liberte <input type="checkbox"/> Yokon <input type="checkbox"/> Titan <input type="checkbox"/> Prokinetic <input type="checkbox"/> Blazer <input type="checkbox"/> Other	<input type="checkbox"/> Cypher <input type="checkbox"/> Taxus <input type="checkbox"/> Endeavor <input type="checkbox"/> Xience <input type="checkbox"/> Other

Protective/Aspiration Device

CABG Date: / / 2008

Number of Diseased Vessels (<i>according to any angiography</i>): <input type="text"/> (<i>0=None, 1, 2, 3, 4=Main left, 99=Unknown</i>)

EF Determined? No Yes (*specify below*)

By: Echo Ventriculography Radionuclear scan

EF: % Normal (≥50%) Mild (40-49%) Moderate (30-39%) Severe (<30%)

Center			Ward		Patient #		

Other Procedures: DC shock <input type="radio"/> No <input type="checkbox"/> Yes Resuscitation (CPR)... <input type="radio"/> No <input type="checkbox"/> Yes Ventilation <input type="radio"/> No <input type="checkbox"/> Yes IA Balloon <input type="radio"/> No <input type="checkbox"/> Yes	Echo <input type="radio"/> No <input type="checkbox"/> Yes EPS <input type="radio"/> No <input type="checkbox"/> Yes AICD <input type="radio"/> No <input type="checkbox"/> Yes Stress test /SPECT. <input type="radio"/> No <input type="checkbox"/> Yes	Permanent pace maker <input type="radio"/> No <input type="checkbox"/> Yes Temporary pacemaker <input type="radio"/> No <input type="checkbox"/> Yes Hypothermia for anoxic brain damage <input type="radio"/> No <input type="checkbox"/> Yes
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6. In Hospital Complications:

CHF mild-moderate (Killip-2)..... <input type="radio"/> No <input type="checkbox"/> Yes Pulmonary edema (Killip-3) <input type="radio"/> No <input type="checkbox"/> Yes Cardiogenic shock (Killip-4) <input type="radio"/> No <input type="checkbox"/> Yes Hemodynamically significant RVL... <input type="radio"/> No <input type="checkbox"/> Yes Re-MI <input type="radio"/> No <input type="checkbox"/> Yes Post MI angina/re-ischemia <input type="radio"/> No <input type="checkbox"/> Yes Sub-acute stent thrombosis <input type="radio"/> No <input type="checkbox"/> Yes Free wall rupture <input type="radio"/> No <input type="checkbox"/> Yes Pericarditis <input type="radio"/> No <input type="checkbox"/> Yes Tamponade <input type="radio"/> No <input type="checkbox"/> Yes VSD <input type="radio"/> No <input type="checkbox"/> Yes MR Moderate – severe <input type="radio"/> No <input type="checkbox"/> Yes RBBB (new onset) <input type="radio"/> No <input type="checkbox"/> Yes LBBB (new onset) <input type="radio"/> No <input type="checkbox"/> Yes	High degree (2-3°) AVB <input type="radio"/> No <input type="checkbox"/> Yes Sustained VT (>125 bpm) <input type="radio"/> No <input type="checkbox"/> Yes Primary VF <input type="radio"/> No <input type="checkbox"/> Yes Secondary VF <input type="radio"/> No <input type="checkbox"/> Yes AF <input type="radio"/> No <input type="checkbox"/> Yes Asystole <input type="radio"/> No <input type="checkbox"/> Yes TIA <input type="radio"/> No <input type="checkbox"/> Yes Stroke: <input type="radio"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Hemorrhagic <input type="checkbox"/> Ischemic Acute renal failure <input type="radio"/> No <input type="checkbox"/> Yes Major bleeding <input type="radio"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Blood transfusions Infection <input type="radio"/> No <input type="checkbox"/> Yes Other <input type="radio"/> No <input type="checkbox"/> Yes
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7. Laboratory Tests

CK maximal value:|_|_|_|_| IU/L **Elevated ?** No Yes NA

CK-MB%|_|_|

CK-MB Mass Value (max): |_|_|_|_| ng/ml **Elevated ?** No Yes NA

Troponin I (max):|_|_|_|_| ng/ml **Elevated ?** No Yes NA

Troponin T (max):|_|_|_|_| ng/ml **Elevated ?** No Yes NA

Lipid profiles: first measurement

Cholesterol-: Total..|_|_|_|_| Unit: ____ LDL|_|_|_|_| Unit: ____ HDL |_|_|_|. |_|_| Unit: ____

Triglycerides.....|_|_|_|_| Unit: ____

Creatinine (max) ...|_|_|_|_| Unit: ____ Glucose: |_|_|_|_| Unit: ____ (First measurement)

Hb... |_|_|_|. |_|_| Unit: ____ (First measurement) WBC: |_|_|_|_|_| Unit: ____ (First measurement)

Center						Ward	Patient #				

8. Medical Treatment List all drugs administered in hospital and/or recommended at discharge. Exclude clinical trial drugs.

	In Hospital				At Discharge			
	No	Yes	Trade Name	Total daily dose Dose Unit	No	Yes	Trade Name	Total daily dose Dose Unit
Aspirin.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
Anticoagulants:								
Warfarin or other oral anticoagulants ...	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
UF Heparin.....	O _b	<input type="checkbox"/>						
LMW heparin.....	O _b	<input type="checkbox"/>						
Clopidogrel.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
ACE-I.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
ARB.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
Aldosterone receptor antagonist.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
Beta blockers.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
IV inotropic agent.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
Digoxin.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
Diuretic.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
			1.					
			2.					
Insulin.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
Hypoglycemic drugs (Oral).....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
			1.					
			2.					
Statins.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
Fibrate.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
Ezetimibe.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
Calcium antagonist.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
Nitrates.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
Other.....	O _b	<input type="checkbox"/>			O _b	<input type="checkbox"/>		
			1.					
			2.					
			3.					

Center			Ward			Patient #	

Participation in a Clinical Trial: No Yes Name of Trial : _____

9. Discharge from CCU/Cardiology department

Note: information after the patient was discharged from CCU/cardiology or transferred to another ward should be recorded on the 30 day follow-up page

Status at Discharge :

<input type="checkbox"/> Alive	→	Discharge Date: __ _ / __ _ / 2008 Discharged to: <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Cardiothoracic Surgery <input type="checkbox"/> Other Ward <input type="checkbox"/> Convalescence facility/unit <input type="checkbox"/> Home <input type="checkbox"/> Other Plavix recommended: <input type="radio"/> No <input type="checkbox"/> Yes for number of month: __ _
<input type="checkbox"/> Deceased	→	Date of Death: __ _ / __ _ / 2008 Cause of Death: <input type="checkbox"/> Non-cardiac <input type="checkbox"/> Cardiac Death was: <input type="checkbox"/> Non-sudden <input type="checkbox"/> Sudden

Discharge Diagnosis: STE MI NSTEMI UAP

Type of AMI: |__|_|

Type 1 Spontaneous MI related to ischemia due to primary coronary event such as plaque erosion and/or rupture, fissuring or dissection	Type 4a MI associated with PCI
Type 2 MI secondary to ischemia due to either increased oxygen demand or decreased supply, e.g. coronary artery spasm, coronary embolism, anemia, arrhythmias, hypertension or hypotension	Type 4b MI associated with stent thrombosis as documented by angiography or at autopsy
Type 3 Sudden unexpected cardiac death, including cardiac arrest, often with symptoms suggestive of myocardial ischemia, accompanied by presumably new ST elevation or new LBBB, or evidence of fresh thrombus in a coronary artery by angiography and/or at autopsy, but death occurring before blood samples could be obtained, or at a time before the appearance of cardiac biomarkers in the blood	Type 5 MI associated with CABG

ECG Findings:

Location: Anterior Inferior Right ventricle Lateral Posterior Undetermined
Q-Waves: No Yes

Comments: _____

Name of Physician: _____	Signature: _____
Date: __ _ / __ _ / 2008	



Center	Ward	Patient #
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THE WORKING GROUP ON INTENSIVE CARDIAC CARE - ISRAEL HEART SOCIETY
In Cooperation with THE WORKING GROUP ON INTERVENTIONAL CARDIOLOGY



Acute Coronary Syndrome Israeli Survey - 2008

30-Day Follow-up (from 1st day of admission)

Do not record on this form events/procedures that took place during the index hospitalization and were already recorded on the main form

Center	Ward	Patient #
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Initials

day month

Date of Contact: / / 2008

At the Time of Contact Patient was:

₁ Still in hospital ₂ Discharged from hospital (specify below) ₃ Deceased in hospital

Date hospital Discharge: / / 2008

Re-Hospitalisation Within 30 Days from Admission: No ₁ Yes (specify below)

Date of First Re-Hospitalisation: / / 2008
day month

First Re-Hospitalization was: ₁ Scheduled ₂ Cardiac event driven ₃ Non cardiac hospitalization

	Events After Discharge from Cardiology (Check all that apply)		Re-Hospitalization No Yes	Procedures After Discharge from Cardiology (Check all that apply)							
	No	Yes		No	Yes	Day/Month	Scheduled No Yes				
Re-UAP...	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁	Cor. angiography	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁
Re-MI.....	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁	PCI.....	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁
Angina	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁	CABG	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁
CHF	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁	EPS.....	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁
Arrhythmia	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁	New pacemaker ..	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁
			Specify: _____			New AICD	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁
Stent thrombosis	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁	Other.....	<input type="radio"/> ₀	<input type="checkbox"/> ₁	Specify _____		
Pericarditis	<input type="radio"/> ₀	<input type="checkbox"/> ₁	<input type="text"/> / <input type="text"/>	<input type="radio"/> ₀	<input type="checkbox"/> ₁						
Other.....	<input type="radio"/> ₀	<input type="checkbox"/> ₁	Specify _____								

Referral to Rehabilitation Program : No ₁ Yes

Participating in a Rehabilitation Program : No ₁ Yes

Center			Ward		Patient #		

30-Day Follow-up evidence based Treatment: List of drugs used at 30-days:

	No	Yes	Trade Name <i>(specify one per line)</i>	Total daily dose	
				Dose	Unit
Aspirin.....	<input type="radio"/> ₀	<input type="checkbox"/> ₁			
Clopidogrel	<input type="radio"/> ₀	<input type="checkbox"/> ₁			
ACE-I	<input type="radio"/> ₀	<input type="checkbox"/> ₁			
ARB	<input type="radio"/> ₀	<input type="checkbox"/> ₁			
Beta blockers.....	<input type="radio"/> ₀	<input type="checkbox"/> ₁			
Statins	<input type="radio"/> ₀	<input type="checkbox"/> ₁			

Status at the End of 30 days from the First Day of Hospitalization:

₀ Alive

₁ Deceased *specify:* **Date of Death:** |__|_| / |__|_| / 2008

Cause of Death: ₁ Cardiac ₀ Non-cardiac Unknown

Death was: ₁ Sudden ₀ Non-sudden Unknown

Name of Physician: _____	Signature: _____ Date: __ _ / __ _ / 2008
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