Multi-Ethnic Study of Atherosclerosis

MeSA

Hospital Abstraction: Cardiac/PVD

Participant ID: 8000028 02

Hospital Code: ☐☐☐☐

Admission Information

1. Admission Date:

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

2. Discharge date or date of death:

☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

Hospital Information

3. What was the primary reason (admitting diagnosis) for this admission?

Specify: [_____]

4a Was this an elective admission?

    ○ Yes   ○ No

If "Yes", skip to Question 5.

4b. Did an emergency medical service unit transport the patient to this hospital?

    ○ Yes   ○ No

5. Was the participant transferred to this hospital from another hospital, or from this hospital to another?

    ○ Yes   ○ No

If "Yes," complete a separate Hospital Abstraction: Cardiac/PVD form for each hospitalization.

6. Was the participant treated in any intensive care unit during this hospitalization?

    ○ Yes   ○ No

7. Was the participant's code status ever "no code"?

    ○ Yes   ○ No

8. Was closed chest massage administered to the participant?

    ○ Yes   ○ No

9. Was cardioversion given to the participant?

    ○ Yes   ○ No

If "No," skip to Question 11.

10. What rhythm(s) were present prior to cardioversion?

	Yes	No
Ventricular Fibrillation/Flutter (VF)	○	○
Atrial Fibrillation (AF)	○	○
Ventricular Tachycardia (VT)	○	○
Asystole	○	○
Complete AV Block (3 HB)	○	○
Other	○	○

Specify: [_____]

11. What was the participant's vital status at discharge?

    ○ Alive   ○ Dead

If "Alive," skip to Question 15.

12. Was an autopsy performed?

    ○ Yes   ○ No

13. Was the participant found dead (i.e., not observed at the moment of death)? If expired in ICU/CCU, please mark "No."

    ○ Yes   ○ No

14. Was there an episode of chest, left arm or jaw pain during the 72 hours prior to death?

    ○ Yes   ○ No   ○ Unknown

Acute Cardiovascular Events

15. Was there an acute episode of pain, discomfort or tightness in the chest, left arm or jaw within 72 hours of the hospitalization or within 72 hours of the in-hospital event?

    ○ Yes   ○ No   ○ Unknown

If "No" or "Unknown," skip to Question 18.

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16. Did the onset of the acute episode occur prior to admission?

○ Yes   ○ No   ○ Unknown

17. Was the discomfort or pain diagnosed as having a non-cardiac origin?

○ Yes   ○ No   ○ Unknown

18. Did a physician indicate any of these as being present <u>during</u> the hospitalization? *Mark all that apply; exclude old episodes; include only current conditions (except for last item.)*

	Yes	No
Angina diagnosis	○	○
Myocardial infarction	○	○
Congestive heart failure or pulmonary edema	○	○
Lower extremity claudication	○	○
Atherosclerosis of arteries of the lower extremities	○	○
Arterial embolism or thrombosis of the lower extremities	○	○
Abdominal aortic aneurysm	○	○
Shock or cardiogenic shock	○	○
Ventricular fibrillation, cardiac arrest or asystole	○	○
Deep venous thrombosis or pulmonary embolism	○	○
ST elevation > 1mm with pain that is not present on ECG without pain	○	○
History of chest, left arm or jaw (ischemic) pain at any time in the past	○	○

19. During the hospitalization or at discharge, did the participant receive any of the following therapies?

	Yes	No
Nitroglycerin	○	○
Beta Blockers	○	○
Calcium Channel Blockers	○	○
Diuretics	○	○
Digitalis	○	○
ACE Inhibitors / Angiotensinogen receptor blocker / Renin inhibitor	○	○
Other Vasodilators (Hydralazine and others)	○	○
Aspirin on regular basis (Not PRN)	○	○
Heparin or Enoxaparin	○	○
Coumadin, warafarin, panwarafin, dicumarol	○	○
Anti-Platelet Agents (non-aspirin)	○	○

20. During this hospitalization, were any of the following special interventional procedures or operations performed? If "Yes," fill in date and time where applicable.

	Yes	No
Coronary artery bypass surgery (CABG)	○	○

Date: ☐☐ / ☐☐ / ☐☐☐☐

Time: ☐☐ : ☐☐ ☐ M

	Yes	No
Coronary atherectomy	○	○

Date: ☐☐ / ☐☐ / ☐☐☐☐

Time: ☐☐ : ☐☐ ☐ M

	Yes	No
Coronary stent placement	○	○

Date: ☐☐ / ☐☐ / ☐☐☐☐

Time: ☐☐ : ☐☐ ☐ M

	Yes	No
Coronary artery angioplasty	○	○

Date: ☐☐ / ☐☐ / ☐☐☐☐

Time: ☐☐ : ☐☐ ☐ M

	Yes	No
Defibrillation	○	○

Date: ☐☐ / ☐☐ / ☐☐☐☐

Time: ☐☐ : ☐☐ ☐ M

	Yes	No
Intra-arterial or intravenous thrombolytic therapy	○	○
Aortic balloon pump	○	○
Pacemaker (temporary or permanent)	○	○
Intubation and mechanical ventilation	○	○
Intravenous pressors	○	○
Intravenous vasodilators	○	○
Intravenous antiarrhythmics	○	○
Peripheral vascular surgery or angioplasty	○	○
Amputation of one or more toes or parts of the lower extremity due to ischemia or gangrene	○	○
Surgical or vascular procedure for abdominal aortic aneurysm	○	○

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21. Were any of the following diagnostic procedures done during this hospitalization? If "Yes," please indicate specific result, else skip to next lettered procedure..

	Yes	No
a. Coronary catheterization	O	O
Result: Dilated ventricle or impaired ventricular function	O	O
Result: Valvular heart disease	O	O
b. Coronary angiography	O	O
Result: 70% or greater obstruction of any coronary artery	O	O
c. Treadmill exercise or pharmacologic stress test	O	O
Result: Greater than or equal to 1 mm ST depression or elevation	O	O
Result: Ischemic pain or equivalent occurred.	O	O
d. Echocardiogram	O	O
Result: Valvular heart disease	O	O
Result: Stress test positive for ischemia	O	O
Result: Dilated ventricle or impaired ventricular function	O	O
Result: Left ventricular hypertrophy (LVH)	O	O
e. Radionuclide ventriculogram (RVG) or multigated aquisition (MUGA)	O	O
Result: Stress test positive for ischemia	O	O
Result: Dilated ventricle or impaired ventricular function	O	O
f. Ankle-arm systolic blood pressure ratio	O	O
Result: AAI less than or equal to 0.90	O	O
g. Exercise test for lower extremity claudication	O	O
Result: Positive test	O	O
h. Doppler exam of lower extremity arteries	O	O
Result: Absence of pulse in major vessels	O	O
i. Ultrasound or angiography of lower extremity arteries	O	O
Result: Ulcerated plaque or obstruction greater than or equal to 75% of cross-section area or 50% of diameter	O	O

	Yes	No
j. Swan-Ganz or right heart catheterization	O	O
Result: Decreased cardiac output	O	O
Result: Increased filling pressure	O	O
k. Cardiac magnetic resonance imaging (MRI)	O	O
Result: Left ventricular hypertrophy (LVH)	O	O
l. Doppler, CT, or MRI of the abdomen	O	O
Result: Positive for Abdominal Aortic Aneurysm (AAA)	O	O

22. Did the participant have any of the following symptoms immediately prior to admission, or during the hospitalization?

	Yes	No
Night cough	O	O
Productive cough	O	O
Dyspnea at rest	O	O
Dyspnea on ordinary (mild to moderate) exertion (walking on level)	O	O
Dyspnea on extreme exertion (climbing)	O	O
Paroxysmal nocturnal dyspnea/PND	O	O
Orthopnea	O	O
Dyspnea NOS/shortness of breath	O	O

23. Did a physician report any of the following conditions?

	Yes	No
Neck:		
Neck vein distention (not supine) (Jugular venous distention/JVD)	O	O
Lung:		
Basilar rales or crackles only	O	O
Rales or crackles above bases	O	O
Wheezing	O	O
Cardiac:		
S-3 Gallop	O	O
Tachycardia (heart rate >120)	O	O
Abdominal:		
Hepatojugular reflux	O	O
Hepatomegaly	O	O
Extremities:		
Peripheral/ankle edema (bilateral)	O	O

	Yes	No
24. Was there a 10-pound weight loss with diuretic treatment in 5 days?	O	O

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25. Was a chest x-ray done during this admission?

○ Yes   ○ No   *If "No," skip to Question 27.*

26. Were any of the following reported on any chest x-ray associated with this event?

	Yes	No
Acute pulmonary edema	○	○
Pulmonary venous congestion or vascular engorgement	○	○
Congestive heart failure	○	○
Pleural effusion	○	○
Cardiomegaly or cardiothoracic ratio > 0.50	○	○
Upper zone flow redistribution	○	○
Atelectasis	○	○
Chronic Obstructive Pulmonary Disease (COPD)	○	○
Pulmonary Infiltrate/Pneumonia	○	○

Electrocardiograms

27. Were electrocardiograms (ECGs or EKGs) recorded?

○ Yes   ○ No   ○ Unknown

If "No" or "Unknown," skip to Question 28.

Record dates of ECGs and make two copies of FOUR ECG tracings as described below. Send one copy to the ECG Reading Center and attach one copy to this form:

-- **If** four or fewer tracings were made, include all tracings.
-- **If** more than four tracings were made, include:

　1.) First two codable tracings after admission (ECG#1-First and ECG#2)

　2.) Last codable tracing prior to discharge or death (discharge tracing) (ECG-Last)

　3.) Last codable tracing on day 3 (or the first tracing thereafter) following an admission or in-hospital event (ECG#3)

　4.) The next codable tracing after day 3

-- **If** the participant is readmitted (transferred) to the ICU/CCU because of a new episode of chest pain, the first codable tracing may be sent.

	Date: (m/d/y)			Copy enclosed? Yes No
ECG #1: (first)	☐☐ /	☐☐ /	☐☐☐☐	○ ○
ECG (last)	☐☐ /	☐☐ /	☐☐☐☐	○ ○
ECG #2	☐☐ /	☐☐ /	☐☐☐☐	○ ○
ECG #3	☐☐ /	☐☐ /	☐☐☐☐	○ ○

Serum Enzymes

28. Were any cardiac enzyme measurements performed during this admission?

○ Yes   ○ No

If "No," skip to end of form.

29. Did the participant have any active liver disease (cirrhosis, hepatitis, liver cancer, etc.)?

○ Yes   ○ No

If "Yes," specify: ☐

30. Is there any evidence of hemolytic disease during this hospitalization?

○ Yes   ○ No

31. Is there any mention of the participant having either trauma, a surgical procedure, or rhabdomyolysis within one week prior to the measurement of the cardiac enzymes?

○ Yes   ○ No   ○ Unknown

If "Yes," please specify type of trauma or procedure below.

Date m/d/y	☐☐ / ☐☐ / ☐☐☐☐
Type of Trauma or procedure:	☐

Date m/d/y	☐☐ / ☐☐ / ☐☐☐☐
Type of Trauma or procedure:	☐

Date m/d/y	☐☐ / ☐☐ / ☐☐☐☐
Type of Trauma or procedure:	☐

Date m/d/y	☐☐ / ☐☐ / ☐☐☐☐
Type of Trauma or procedure:	☐

* Please complete ENZYME CHART. *

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32. Was BNP measured? ◯ Yes ◯ No *If "No," skip to 33*

Record the value of the first, last, and highest measurements of BNP (pg/ml):

First: ⬚⬚⬚⬚ . ⬚ Date (mm/dd/yyyy): ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚

Last (if more than one): ⬚⬚⬚⬚ . ⬚ Date (mm/dd/yyyy): ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚

Highest of remaining values (if more than two): ⬚⬚⬚⬚ . ⬚ Date (mm/dd/yyyy): ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚

Upper Limit of Normal BNP: ⬚⬚⬚⬚ . ⬚

33. Was pro-BNP measured? ◯ Yes ◯ No *If "No," skip to 34*

Record the value of the first, last, and highest measurements of pro-BNP (pg/ml):

First: ⬚⬚⬚⬚ . ⬚ Date (mm/dd/yyyy): ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚

Last (if more than one): ⬚⬚⬚⬚ . ⬚ Date (mm/dd/yyyy): ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚

Highest of remaining values (if more than two): ⬚⬚⬚⬚ . ⬚ Date (mm/dd/yyyy): ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚

Upper Limit of Normal for pro-BNP: ⬚⬚⬚⬚ . ⬚

34. Was serum creatinine measured? ◯ Yes ◯ No *If "No," skip to 35*

Record the value of the first, second, and highest measurements of serum creatinine (mg/ml):

First: ⬚⬚⬚⬚ . ⬚ Date (mm/dd/yyyy): ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚

Second: ⬚⬚⬚⬚ . ⬚ Date (mm/dd/yyyy): ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚

Last: ⬚⬚⬚⬚ . ⬚ Date (mm/dd/yyyy): ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚

Upper Limit of Normal for serum creatinine ⬚⬚⬚⬚ . ⬚

35. Is this patient currently on kidney dialysis (anytime in the last four weeks)? ◯ Yes ◯ No

Abstractor ID ⬚⬚⬚ Data Entry ID ⬚⬚⬚ Date (m/d/y) ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚

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Laboratory Standards   Record the established laboratory standards (range values) for each of the serum enzymes listed. Record the normal range on the lines for Range Set 1. When more than one normal range is given, record the others on the lines Range Set 2 and Range Set 3. Use 99.99 if value is 100 or more but boxes do not allow triple-digit integer.

Range Sets *Normal Range #*		Total CK	CK-MB	LDH	LDH-1	LDH-2	Troponin I	Troponin T
Low High	1							
Low High	2							
Low High	3							

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Participant Values

Record all serum enzyme values from the participant's record. **Exception:** When more than 12 measurements were made, record the highest (peak) values for each enzyme value measured. Use 99.99 if 100 given but boxes lack triple-digit integer.

When a serum enzyme value is recorded using words rather than numerals, use the following codes to record the value: 6666-absent/negative/normal; 7777-trace or weak positive; 8888-present/positive/abnormal.

Date / Time	Range Total CK	Range CK-MB	Range LDH	Range LDH-1	Range LDH-2	Range Troponin I	Range Troponin T
1	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○
2	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○
3	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○
4	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○
5	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○
6	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○
7	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○
8	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○
9	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○
10	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○
11	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○
12	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○	1 2 3 ○ ○ ○

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