London Health Sciences Centre

CARDIAC CARE NETWORK
PATIENT REGISTRY FORM

PIN: UNIT: ROOM #:

NAME: Last First

ADDRESS:

SEX: BIRTHDATE: YYYY/MM/DD AGE:

OHC#: VERS. CODE:

PHYSICIAN:

PROCEDURE: ☐ ACB Valve: ☐ AVR ☐ MVR Acceptance Date: (YYYY/MM/DD) _____

☐ Other: _____ Cath Location _____ Cath Date: (YYYY/MM/DD) _____

Surgeon: _____ **Cardiologist**: _____ **Referring Doctor:** _____

PATIENT LOCATION: ☐ Home ☐ LHSC Ward Transfer From: _____

Height_____ cm Weight_____ kg

CREATININE: (last before surgery) _____ umol/L

HISTORY OF SMOKING: ☐ Yes ☐ No

DIABETES: ☐ No ☐ Oral ☐ Insulin ☐ Diet

CVA: ☐ Yes ☐ No

Date: (YYYY/MM/DD) _____

DIALYSIS : ☐ Yes ☐ No

CAR. STENOSIS ≥ 70%: ☐ Yes ☐ No

TIA: ☐ Yes ☐ No

COPD: ☐ Yes ☐ No

HYPERTENSION: ☐ Yes ☐ No

HYPERLIPIDEMIA: ☐ Yes ☐ No

VARICOSE VEINS: ☐ Yes ☐ No

PVD: ☐ Yes ☐ No

ENDOCARDITIS ☐ Yes ☐ No

ACTIVE ENDOCARDITIS: ☐ Yes ☐ No

CHF: ☐ Yes ☐ No

CLINICAL DATA

MI within 30 Days of Acceptance ☐ Yes ☐ No

MI Date: (YYYY/MM/DD) _____

CCS: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4A ☐ 4B ☐ 4C ☐ 4D

Exercise ECG Done? ☐ Yes ☐ No

RISK: ☐ High ☐ Low

FUNCTIONAL IMAGING DONE: ☐ Yes ☐ No

RISK: ☐ High ☐ Low

LV FUNCTION: ☐ 1 ☐ 2 ☐ 3 ☐ 4

ANATOMY

L. MAIN ≥ 50 % ☐ Yes ☐ No % Stenosis _____

Prox LAD > 70% ☐ Yes ☐ No % Stenosis _____

Distal LAD > 70% ☐ Yes ☐ No % Stenosis _____

Circumflex > 70% ☐ Yes ☐ No % Stenosis _____

RCA > 70% ☐ Yes ☐ No % Stenosis _____

NUMBER OF PREVIOUS CARDIAC SURGERIES:_____ ☐ **PREVIOUS ACB** **New York Heart Class:** ☐ 1 ☐ 2 ☐ 3 ☐ 4

AORTIC VALVE STENOSIS

☐ Asymptomatic Severe

☐ Symptomatic Severe Outpatient (Elective)

☐ Symptomatic Severe Outpatient (Urgent)

☐ Symptomatic Severe Inpatient

AORTIC VALVE INSUFFICIENCY

☐ Asymptomatic with Indication for Surgery

☐ Symptomatic Outpatient (Elective)

☐ Symptomatic Outpatient (Urgent)

☐ Symptomatic Inpatient

☐ Emergent

☐ Aortic Valve ☐ Area ☐ Gradient

MITRAL VALVE REGURGITATION

☐ Asymptomatic Severe

☐ Symptomatic Severe Outpatient (Elective)

☐ Symptomatic Severe Outpatient (Urgent)

☐ Symptomatic Severe Inpatient

☐ Emergent Severe Inpatient

RMWT: _____

URS: _____

☐ Mitral Valve ☐ Area ☐ Gradient

Signature: _____ **See Back of Form for Data Definitions**

WHITE - Registry Office / CANARY - Referring Cardiologist / PINK - Accepting Surgeon

DATA DEFINITIONS AND CODES

Exercise ECG & Functional Imaging

High Risk

Poor Performance on Treadmill testing with early and unequivocal ST-segment changes on ECG.

Thallium defects on exercise or dipyridamole stress testing involving either a portion of the anterior wall or multiple areas.

Ambulatory ECG Monitoring shows prolonged and unequivocal ischemia.

Low Risk

Associated with minor or no convincing findings on exercise ECG holter monitor or radionuclide scanning.

LV Function

1 EF > 50% **3** EF 20 - 35%

2 EF 35 - 50% **4** EF < 20%

Valve Information

Symptomatic Severe AS Outpatient, Elective RMWT 30 Days When:

Valve Area ≤ 1 cm but > 0.6 cm and / or peak gradient ≥ 50 but ≤ 100mmHg

NYHA 2 LV Function Normal No CAD

Symptomatic Severe AS Outpatient, Urgent RMWT 14 Days When:

Valve area ≤ 0.6 cm and.or peak gradient (Cath or Echo) ≥ 100 or mean gradient ≥ 50mmHG

NYHA 3 or with syncope CAD Present

Symptomatic Severe AS Inpatient RMWT 7 Days

Patient is hospitalized with cardiac symptoms and medically stabilized

Urgent Aortic Stenosis RMWT ≤ 1 Day

Unrelenting cardiac compromise unresponsive to all therapy except surgery (ie. Shock).

Prosthetic valve obstruction/thrombosis and decision for surgical management.

Symptomatic AI Outpatient Elective RMWT 42 days When

NYHA = 2 No CAD

LVEF ≥ 50% & LVESD < 55mmHg & LVEDD ≤ 75mmHG

Symptomatic Severe AI Outpatient Urgent RMWT 14 Days

NYHA = 3 CAD Present

Symptomatic AI Inpatient RMWT 7 Days

Patient is hospitalized with cardiac symptoms and medically stabilized.

Emergent AI RMWT ≤ 1 Day

Unrelenting cardiac compromise unresponsive to all therapy except surgery. Catastrophic prosthetic valvular failure.

Asymptomatic Severe Mitral Regurgitation RMWT 90 Days

LV Function normal No Atrial Fib No CAD No Pulmonary Hypertension

Symptomatic Severe MR Outpatient Elective RMWT 42 Days

No CAD

LVEF ≥ 60% and LVESD ≤ 45 mm

Pulmonary Artery systolic pressure < 50 mmHg

NYHA 2 No recent atrial arrhythmia

Symptomatic Severe MR Outpatient Urgent RMWT 14 Days

NYHA 3 CAD Present

New Atrial Fibrillation

LVEF ≤ 60% and/or LVESD > 45mm

Pulmonary Artery systolic pressure > 50 mmHg

Symptomatic Severe MR Inpatient RMWT 7 Days

Patient is hospitalized with cardiac symptoms and medically stabilized

Emergent Severe MR Inpatient RMWT ≤ 1 day

Unrelenting cardiac compromise unresponsive to all therapy except surgery. EI: might include but not limited to severe MR due to chordal rupture as complication of MI endocarditis or trauma Catastrophic prosthetic valve failure.

CCS Class

CCS-0 Asymptomatic.

CCS-1 Angina with strenuous, rapid or prolonged exertion at work or recreation.
Ordinary physical activity such as walking or climbing stairs does not cause angina.

CCS-2 Slight limitation of ordinary activity. Walking or climbing stairs rapidly walking uphill walking or stair climbing after meals or in cold, wind or under emotional stress or in a few hours after awakening. Walking more than 2 blocks on the level and climbing more than 1 flight of stairs at a normal pace and in normal conditions.

CCS-3 Marked limitation of ordinary physical activity walking 1 or 2 blocks on the level or climbing.
1 flight of stairs in normal pace and conditions.
Inability to carry out any physical activity without discomfort.
Angina may be present at rest.

CCS-4A Low Risk ACS

TIMI Risk Score for UA or NSTEMI = 1 - 2 or any of the following

Age < 65 Years

No or Minimum troponin rise

No further chest pain

Inducible ischemia ≤ 7MET's workload

STEMI not treated by Prim PCI

TIMI risk score after STEMI = 0-3 or ACC/AHA guidelines after STEMI

LVEF ≤ 40%

Low risk on non-invasive as IE

Duke treadmill score ≥ 5

CCS-4B Intermediate Risk-ACS

TIMI risk score for UA or NSTEMI = 3 - 4 or any of the following

NSTEMI with small troponin rise ≥ 1 < 5mg/ml

ECG T wave inversion on flattening,

LVEF ≤ 40%

Previous documented CAD MI or CABG/PCI,

STEMI not treated by Prim PCI

TIMI risk score after STEMI = 4 - 5.

Absence of High risk predictors.

LVEF ≤ 40%

High or intermediate risk on non-invasive assessment.

CCS-4C High Risk - ACS

TIMI risk score for UA or NSTEMI = 5 - 7

Persistent or recurrent chest pain.

Dynamic ECG changes with chest pain.

CHF, hypotension arrhythmias with chest pain.

Moderate or high (> 5mg/ml) troponin rise.

Age ≥ 75 Years

STEMI not treated by Prim PCI

TIMI risk score after STEMI > 5 or ACC/AHA guidelines after STEMI.

Failed reperfusion (recurrent chest pain persistent ECG findings or infarction).

Mechanical complications (sudden heart failure new murmur).

CCS-4D Emergent - Shock - direct from Cath Lab