

## CAD PRESENTATION (PRIOR TO CATH) – *Select All That Apply*

- ACS  $\leq$ / $>$  24 hrs (USA, NSTEMI, STEMI)
- New Onset Angina ( $\leq$  2 months)
- Worsening Angina ( $\leq$  2 months; prior Hx of angina w/increase in severity or frequency)
- Resuscitated Cardiac Arrest
- Stable Known CAD (known CAD in at least 1 vessel  $\geq$ 50%)
- Suspected CAD (suspected, but no prior documentation of CAD  $\geq$ 50% in a vessel)
- Valvular Disease (known disease of at least one valve)
  - Valvular Dz Stenosis Type and Severity
- Pericardial Disease
- Cardiac Arrhythmia
- Cardiomyopathy
- LV Dysfunction (HFrEF and HFpEF)
- Syncope
- Post Cardiac Transplant
- Pre-operative Evaluation
  - Eval for Surgery Type
  - Functional Capacity (METS)
  - Surgical Risk
  - Transplant Surgery – if yes, type
- Evaluation for Exercise Clearance
- Other (Not Otherwise specified)

## CP SYMPTOM ASSESSMENT (REPLACES CCS CLASS)

- Typical Angina (substernal CP brought on by exertion or emotional stress and relieved by rest or nitro)
- Atypical Angina (meets two of the 3 characteristics of typical angina)
- Non-anginal Chest Pain – (meets 1 or none of the typical angina characteristics)
- Asymptomatic (No typical or atypical symptoms or non-anginal CP)

## History Additions

- Prior LM PCI
- CSHA Clinical Frailty Scale
- HF
  - NYHA Class
  - Newly Dx
  - HF Type

## DIAGNOSTIC TEST

- Electrocardiac Assessment (last value 30 days prior to procedure)
  - If abnormal, abnormality type and antiarrhythmic therapy initiated
  
- Stress or Imaging Studies
  - Type of Test:
  - Date of test
  - Risk Level: Low/Intermediate/High
  
- Prior Coronary Angiography
  - Results: Obstructive CAD/Non-Obstructive CAD/No CAD/Structural Disease
  
- Pre-procedure labs for diagnostic only cases: Cr/Total Cholesterol/HDL
- Post-procedure lab for diagnostic only cases: Cr (peak)

## VESSEL AND/OR BYPASS GRAFTS WITH STENOSIS $\geq 50\%$ FOR VESSELS AND/OR BYPASS GRAFTS

- Include vessels  $< 2\text{mm}$  when PCI intended
- Vessels broken down into Prox/Mid/distal including LM
- Use NCDR<sup>®</sup> qualitative – quantitative crosswalk when stenosis not explicitly documented

## PCI

### PCI DOCUMENTATION

- Syntax Score for procedures not done for ACS
- Pre & Post TIMI Flow
- Lesion complexity/length/severe calcification/post-stenosis (*cannot use qualitative-quantitative crosswalk*)