

Cardiolipid Project

Cardiolipid Survey

Identification

1. Identification

Name of the medical Center:

Center code:

Name of the patient:

Age:

Age group:

Sex: Male Female

If Female: premenopausal postmenopausal

Marital status: single married widow

Level of education: Primary Secondary High school/College

Address: urban rural urban-rural

Patient ID:

Contact Telephone:

Date of hospital admission: |_|/|_|/|_| dd/mm/yyyy : |_|/|_| hh/mm

Cardiolipid Survey

Patient History

2.1 Risk Factors

- Hypertension
or treatment for hypertension: No Yes Unknown
- TYPE 1 Diabetes Mellitus: No Yes Unknow
- Type2 Diabetes Mellitus : No Yes Unknown
- Dyslipidemia: No Yes Unknown
- Family history of CAD: No Yes Unknown
- Smoking: No Yes Ex smoker
- Ex smoker: No Yes Ex smoker

2.2 Previous cardiac history

- AMI: No Yes Unknown
- Stable angina: No Yes Unknown
- Unstable angina: No Yes Unknown
- PCI: No Yes Unknown
- CABG: No Yes Unknown
- PM / ICD: No Yes Unknown
- Significant valve disease: No Yes Unknown
- Cardiomyopathy: No Yes Unknown
- CHF: No Yes Unknown

2.3 Non cardiac history

- Stroke / TIA: No Yes Unknown
- Chronic renal failure: No Yes Unknown
- PVD / Peripheral artery surgery
/ Aortic aneurysm: No Yes Unknown

Cardiolipid Survey
Status on Admission

3.1 Current episode

First symptoms (*check all applicable*):

- Chest pain: No Yes Unknown
Dyspnea: No Yes Unknown
Cardiac arrest: No Yes Unknown
Other: No Yes Unknown

3.2 Physical examination on admission

- Weight: |_____| kg
Height: |_____| cm
Waist circumference |_____| cm
Hip circumference |_____| cm
Waist Hip Ratio |_____|
Body mass Index |_____|
Heart rate: |_____| bpm
Systolic blood pressure: |_____| mmHg

3.3 First ECG

- Rhythm: Sinus rhythm Atrial fibrillation Other
- QRS: Normal
 Pace-Maker
 LBBB
 RBBB
 Other
- ST-T: ST elevation
 ST depression
 T wave inversion
 Normal
 Other

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Medications

4.1 Management

	Chronic Treatment			1st 24 hrs from symptoms onset			In-hospital			Discharge		
	No	Yes	Unk.	No	Yes	Unk.	No	Yes	Unk.	No	Yes	Unk.
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clopidogrel / Ticlopidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prasugrel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP IIb/IIIa				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
UFH				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LMWH				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fondaparinux				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bivalirudin				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vit K antagonists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beta-blockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACE-I/ARB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ezetimibe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium antagonists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-aldosterone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Loop Diuretics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non loop Diuretics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amiodarone Digoxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other antiarrhythmic agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Omega 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Anti Diabetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IABP				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventricular assist device							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
IV inotropes				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Cardiolipid Survey

Investigations: Echocardiography, Thrombolytic drugs, Coronary Angiography and PCI

5.1 Coronary angiography

Coronary angiography: No Yes Unknown

Vascular access: Femoral Radial

Normal coronary angiogram: No Yes

If No, Territory:	LMCA	LAD	LCx	RCA	graft
Occlusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>= 50% to < 100% stenosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 0% to < 50% stenosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary spasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culprit artery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.2 PCI

PCI attempted: No Yes Unknown

- If ST-elevation ACS or STEMI:
- Primary PCI
 - Rescue PCI for failed thrombolysis
 - Routine systematic
 - PCI after thrombolysis
 - Late systematic PCI (if no thrombolysis) PCI for recurrent symptoms
 - PCI for documented myocardial ischemia

5.3 Cardiac Surgery

CABG: No Yes

Other Cardiac Surgery: No Yes

5.4 PM Implantation

Temporary PM implanted: Yes No

Permanent PM implanted: Yes No

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5.5 Thrombolysis

Thrombolysis: No Yes Unknown

If Yes, Pre-hospital thrombolysis: No Yes Unknown

Medication: Full dose half dose

Streptokinase Fibrin-specific

5.6 Echocardiography:

- Normal (LVEF>50%)
- Mild impairment (LVEF 41-50%) Moderate
- impairment(LVEF 31-40%) Severe
- impairment (LVEF<31%)
- Not done

5.7 Exercise test:

In-Hospital Planned not done

Signs of ischemia present No Yes Unknown

5.7 Radionuclide test:

In-Hospital Planned not done

Signs of ischemia present No Yes Unknown

Cardiolipid Survey

Evolution and Hospital Discharge

6.1 Hospital course

Maximal Killip class during hospital stay:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Unknown
(Re)infarction:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown		
Atrial fibrillation (new onset):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown		
VT / VF:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown		
II/III degree AV block:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown		
Mechanical complication:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown		
Stroke:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown		
Major bleed (GUSTO definition):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown		
Blood transfusion:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown		
Lowest hemoglobin:	_ _ G/dL				
Intracerebral hemorrhage:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown		
Acute Renal Failure:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown		

6.2 Discharge

Survival status	<input type="checkbox"/> Dead	<input type="checkbox"/> Alive
Date of death/discharge:	_ / _ / _ _ dd/mm/yyyy	
Mode of discharge:	<input type="checkbox"/> Home <input type="checkbox"/> Emergency hospital transfer Non <input type="checkbox"/> emergent hospital transfer <input type="checkbox"/> Rehabilitation	

6.3 Sign off

Answer YES to the question below to confirm that you have finished data collection for this patient. Only completed sheat will be taken into consideration for the analysis.

Sheat Completed: No Yes

Cardiolipid Project

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Conscent:

This is my agreement that all the above data, labs and investigation can be used (freely) and involved by any way in the cardio lipid project:

Name of the Patient:.....

Patient I.D No.:.....

Patient signature:.....

Name of the Consultant :.....

Name of theRegistrar:.....