

MACSTRAK WARD

PROCEDURE MANUAL

June 2 2008

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Introduction

This section provides instructions for completing the Macstrak Ward form. The Ward form can be utilized to gather information on cardiac activity specific to your Ward and has been designed to integrate with the Macstrak ER and CCU forms. Note that the entire form is one page and all applicable sections should be completed.

The Ward form should be initiated on all cardiac patients admitted to the Ward, and completed on discharge from the Ward.

Your Role

As the **Primary Caregiver** is to:

- * Ensure reliable, consistent data collection. Responsibility for the completion of individual sections of the form may vary from centre to centre but you must clearly define within your centre who will complete each section.
- * Complete the following sections on patient's admission: **Demographic, Presentation Profile, Course in Hospital PTA** and **PTW** columns and sign initials in the **Completed by** section.
- * Complete the sections: **Course in Hospital**, for both the **Ward** and **Discharge** columns, and **Ward Discharge** when the patient is discharged from the unit. Sign initials in the **Completed by** section.

As the **Macstrak Co-ordinator** is to:

- * In-service and update the primary caregivers.
- * Collect all the completed Macstrak Ward forms every Monday, fill out the corresponding Communication Form and forward both to the Project Office.
- * Briefly review forms for accuracy prior to sending them to the Project Office.
- * Receive and distribute reports.

General Guidelines

Macstrak Ward documents information only on patient care provided by your hospital (for example, medical treatment, additional procedures, and length of stay.) It is not intended to capture and report back the total care of patients who are transferred from or to other institutions for further care. Information on the form should therefore only describe the activity at your hospital.

The Project Office uses a system called optic scanning for data entry. Due to the sensitivity of the scanning process these guidelines should be followed:


- * Ensure that an or does not extend into any adjacent boxes.
- * All errors should be erased clearly or removed using whiteout.
- * Please avoid putting any extraneous marks on the form as they may interfere with the scanning process.
- * Print all information legibly and within the boundaries of the box provided.
- * All four corners must be kept free of any marks as they are used by the scanner to orient itself.
- * Paper clips are preferred but staples may be used if stapled over the logo rather than the corner or frame of the page.

Communication Forms (*cont.*)

4. **Macstrak Forms:** Indicate the number of case report forms you are mailing to the Macstrak Project Office.
5. **Comments:** Use this area to indicate if you are low on supplies, or have suggestions or ideas that you would like to share with the Macstrak Project Office.
6. **Sent By:** Print your name here. If there are any questions about a particular submission of forms the Project Office can contact your centre.

Demographics

This section provides basic demographic information while maintaining patient confidentiality. The patient's name and medical record number are not recorded on the form. The initials and date of birth are helpful for your internal tracking of the patient's record should you need to refer to it at a later date. This section also provides the date of admission, age and gender.

	Patient Initials: <input type="text"/> <input type="text"/> <input type="text"/>	Centre: <input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
	Birth Date: <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/>	Date: <input type="text"/> <input type="text"/> 20 <input type="text"/>		
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			

Follow these steps to complete the **Demographic** section of the Macstrak Ward form.

Field	Action
Patient Initials	Print the first, middle, and last initials of the patient's name. If there is no middle initial, leave the middle box blank (<i>e.g. JMW or J W</i>).
Birth Date	Print the day/month/year of the patient's birth in the space provided (<i>e.g. 01 01 32</i>).
Gender	Indicate patient as male or female.
Centre	<p>Enter the three-digit code number that designates your institution in the space provided. The code number is assigned by the Project Office upon enrolment.</p> <p>Boxes labelled A, B, C, and D are provided for those centres that have more than one ward which accepts cardiac admissions. It is up to the centre to decide which ward is labelled A, B, C, or D.</p>
Date	Print the day/month/year of the patient's admission to the Ward.

Presentation Profile

This section provides important risk stratifying information regarding the patient's past medical history as well as information regarding Admitting Diagnosis. The presenting problem is separated into ACS (acute coronary syndrome) or Non ACS categories.

Presentation Profile:		Completed by: <input style="width: 50px;" type="text"/>									
Past Medical History:	< 30 days	> 30 days	Patient Origin:								
MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ER								
Angina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dr.'s Office/Clinic (Direct)								
CABG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other Acute Care Hospital								
PCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Home Direct (Elective)								
CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inpatient → <input type="checkbox"/> CCU								
TIA/CVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other ICU								
Diabetes (oral agents/insulin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other Ward								
None of the Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other								
Admitting Diagnosis: (Check one only)			ACS: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes→								
<input type="checkbox"/> Acute MI	}	ACS	Chest Pain: (Probable ischemia only)								
<input type="checkbox"/> UA R/O MI			Episodes	Prolonged*	Troponin						
<input type="checkbox"/> UA			Yes	No	Yes	No	NotDone	Pos	Neg		
<input type="checkbox"/> RSCP NYD			Prior to Ward 0-6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> CHF	}	Non ACS	Prior to Ward 6-24 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Arrhythmia			Prior to Ward 1-7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Aortic Dissection			* (> 15 min)								
<input type="checkbox"/> Pericardial Disease			Ward Admit ECG:								
<input type="checkbox"/> Other			<input type="checkbox"/> No ACS ST-T	}		ST↑		ST↓	T↓	Q	
<input type="checkbox"/> Elective			<input type="checkbox"/> LBBB			V ₁₋₄	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Paced			V ₅₋₆	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Other →			I/aVL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						II/III/aVF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional Fields:			<input type="checkbox"/> Fld3:			<input type="checkbox"/> Fld6:					
			<input type="checkbox"/> Fld4:			<input type="checkbox"/> Fld7:					
			<input type="checkbox"/> Fld5:			<input type="checkbox"/> Fld8:					

Follow these steps to complete the **Presentation Profile** section of the Macstrak Ward form.

Field	Action
Past Medical History	<p>Mark the boxes that best describe the patient's past medical history. This section <u>does not</u> include the event the patient is currently presenting with.</p> <p>Mark both time periods if both apply [e.g. if a patient had a PCI 2 weeks ago (<30 days) and also had a PCI one year ago (>30 days)].</p>

Presentation Profile (cont.)

Field	Action
Past Medical History (cont.)	<p>MI: Myocardial infarction History of previous myocardial infarction</p> <p>Angina: History of chest pain or equivalent attributed to coronary artery disease.</p> <p>CABG: Coronary artery bypass grafting</p> <p>PCI: Percutaneous coronary intervention</p> <p>CHF: Congestive heart failure History of a diagnosis of congestive heart failure or pulmonary edema.</p> <p>TIA/CVA: Transient ischemic attack/cerebral vascular accident (stroke) Cerebral ischemia of brief duration - no sequelae</p> <p>Diabetes(oral agents/insulin): Mark if patient is diabetic and being treated with either oral hypoglycemics or insulin. Do not mark if patient's diabetes is being controlled by diet alone.</p> <p>None of the Above: Mark the box if the events listed do not apply.</p>
Patient Origin	<p>Mark the box that represents the origin of the patient (<i>e.g. if the patient was admitted to Ward from ER, mark the box for ER. If the patient was already an in-patient before coming to the Ward, indicate which area/ward they came from</i>). If Other is chosen provide a description on the line provided.</p>

Presentation Profile (cont.)

Field	Action
Admitting Diagnosis	<p>Choose the admitting diagnosis that best represents the problem that brought the patient to the Ward. Check only <u>one</u> diagnosis from the list.</p> <p>Acute MI: <i>Acute myocardial infarction</i> Chest pain >30 min believed to be secondary to AMI with ECG changes or enzyme changes diagnostic of acute myocardial infarction.</p> <p>UA R/O MI: <i>Unstable angina rule out acute myocardial infarction</i> Chest pain >30 min believed to be ischemic in origin but the diagnosis of acute infarction is uncertain.</p> <p>UA: <i>Unstable angina</i> Chest pain <30 min believed secondary to unstable angina.</p> <p>RSCP NYD: <i>Retrosternal chest pain not yet diagnosed</i></p> <p>CHF: <i>Congestive heart failure</i> Diagnosis of congestive heart failure or pulmonary edema.</p> <p>Arrhythmia: Mark if patient is admitted with any arrhythmia including: supraventricular tachycardia, atrial fibrillation/flutter, PVCs or VT. Does not include sinus tachycardia.</p> <p>Aortic Dissection: Mark if patient is admitted with any aortic dissection.</p> <p>Pericardial Disease: Mark if patient is admitted with any pericardial disease including pericarditis or pericardial effusion.</p> <p>Other: Mark if patient's cardiac diagnosis is not listed. There is a line provided so centres may provide a short explanation as to the patients admitting diagnosis.</p> <p>Elective: Mark if patient is admitted from home for a procedure (<i>e.g. selective coronary angiogram or percutaneous coronary intervention</i>).</p>

Presentation Profile (cont.)

Field	Action
Optional Fields	FLD1-FLD6 are boxes that the centre may use to further define characteristics of your patients at presentation. For more information about customizing the Ward form, please refer to the Optional Groups/Optional Fields section in this manual.

Presentation Profile – ACS

ACS: No Yes **If Yes→**

Chest Pain: <i>(Probable ischemia only)</i>	Episodes		Prolonged*		Troponin		
	Yes	No	Yes	No	NotDone	Pos	Neg
Prior to Ward 0-6 hrs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior to Ward 6-24 hrs....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior to Ward 1-7 days....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* (> 15 min)

Follow these steps to complete the **Presentation Profile - ACS** section of the Macstrak Ward form.

Field	Action
ACS	<p>No: If the patient does <u>not</u> have an acute coronary syndrome. Leave the Chest Pain and Ward Admit ECG sections blank.</p> <p>Yes: If the patient has an ACS, mark the corresponding box and proceed to Chest Pain and Ward Admit ECG sections.</p>
Chest Pain Probable Ischemia Only	<p>The purpose of this section is to capture and assess the number and duration of episodes of ischemic symptoms the patient experiences prior to arrival on the ward. It is divided into three time periods:</p> <p style="text-align: center;">Prior toWard 0-6 hrs Prior toWard 6-24 hrs Prior toWard 1-7 days</p> <p>Mark at least one box on each line. Mark whether pain was present or not in the section - Episodes, if yes assess whether it was Prolonged (greater than 15 minutes duration), Yes or No. Each episode or exacerbation of chest pain should be counted only once. An episode of pain overlapping two time periods is counted only in period of onset.</p> <p>Under Troponin, note whether it was Not Done or if it was done, whether it was Pos (positive) or Neg (negative). This may refer to a troponin drawn in the ED or CCU.</p>

Presentation Profile – ACS (cont.)

Example:

On Wednesday JDB is admitted to the Ward from the CCU with a diagnosis of AMI. He initially presented to the ER Friday with a 30-minute episode of chest pain. He had anterior ST elevation and a positive troponin level and was admitted to the CCU. He was pain free in the CCU until Tuesday evening when he experienced 5 minutes of pain. His troponin was negative at that time.

Chest Pain:

(Probable ischemia only)

Prior to Ward 0-6 hrs
 Prior to Ward 6-24 hrs
 Prior to Ward 1-7 days.....

Episodes		Prolonged*		Troponin		
Yes	No	Yes	No	NotDone	Pos	Neg
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* (> 15 min)

Presentation Profile – Ward Admit ECG

Ward Admit ECG:			ST↑	ST↓	T↓	Q
<input type="checkbox"/> No ACS ST-T	}	V ₁₋₄	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LBBB		V ₅₋₆	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Paced		I/aVL.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other		II/III/aVF.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Follow these steps to complete the **Presentation Profile - Ward Admit ECG** section of the Macstrak Ward form.

<p>Ward Admit ECG</p>	<p>The Ward Admit ECG section should be completed on all patients with an admitting diagnosis of an Acute Coronary Syndrome including those admitted from other hospitals. There are two parts to the Ward Admit ECG section. The first offers a choice of No ACS ST-T, LBBB, Paced and Other. The second section is comprised of specific ECG morphology to describe the Other. No ACS ST-T should be marked if patient presents with a normal ECG or shows an arrhythmia but does not show any ST-T changes pertinent to an ACS.</p> <p>The Ward Admit ECG would be the ECG done at the time of Ward admission. This may be just prior to the Ward admission for transfers from the CCU or ED, or done on the Ward after arrival.</p> <p>All ECG's designated as Other need a completed morphology section. For each section of leads, mark the boxes that best describe the morphology of these leads. ST segments may be elevated, depressed, or neither. ST elevation is defined as ≥ 2 mm in V₁-V₄ or ≥ 1mm in all other leads. If T waves are inverted this box should be marked, or if Q waves are present ($\geq .04$ msec, or 1 box wide) this box should be marked.</p> <p>If you are unsure which boxes apply you may choose to ask a colleague or the attending physician.</p>
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Presentation Profile – Ward Admit ECG (cont.)

Example:

R A was transferred to the Ward from the CCU. On admission her ECG showed no ST elevation or depression but there was T wave inversion and Q waves present in the anterior apical leads.

Ward Admit ECG:		ST↑	ST↓	T↓	Q	
<input type="checkbox"/> No ACS ST-T	}	V ₁₋₄	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> LBBB		V ₅₋₆	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Paced		I/aVL.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other		II/III/aVF.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Course in Hospital

This section supplies information about the patient's course in hospital, including treatment, events and investigations.

<i>Course in Hospital:</i>						
<u>Drugs:</u>	PTA	PTW	Ward	Disch	<u>Events:</u>	Ward
ASA.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telemetry.....	<input type="checkbox"/>
Coumadin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RSCP - ischemia - definite.....	<input type="checkbox"/>
Heparin UFH.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- probable.....	<input type="checkbox"/>
Heparin LMWH.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Code.....	<input type="checkbox"/>
Clopidogrel (or thienopyridine).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sustained SVT (no code).....	<input type="checkbox"/>
GP 2b/3a Inhibitor (IV).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sustained VT (no code).....	<input type="checkbox"/>
Other Antithrombin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CVA* ⁽¹⁾	<input type="checkbox"/>
Oral Hypoglycemic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Bleed* ⁽²⁾	<input type="checkbox"/>
Insulin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transfusion.....	<input type="checkbox"/>
Statin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coronary Angiography.....	<input type="checkbox"/>
Other Antilipid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCI.....	<input type="checkbox"/>
Bronchodilator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercise Test.....	<input type="checkbox"/>
Digoxin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercise Test with image.....	<input type="checkbox"/>
Any Antiarrhythmic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Stress Test with image.....	<input type="checkbox"/>
Calcium Antag.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Echocardiogram.....	<input type="checkbox"/>
ACEI.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RNA for LVEF.....	<input type="checkbox"/>
A2 blocker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LVEF < 40% (nuc/echo).....	<input type="checkbox"/>
Other Vasodilator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Cardiac Imaging.....	<input type="checkbox"/>
Diuretic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non Cardiac Imaging.....	<input type="checkbox"/>
Nitrates top/oral.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research (randomised).....	<input type="checkbox"/>
Nitrates IV.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- antiplatelet.....	<input type="checkbox"/>
β Blocker - Any.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- antithrombin.....	<input type="checkbox"/>
β Blocker - Carvedilol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- other.....	<input type="checkbox"/>
Study Drug - antiplatelet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking.....	<input type="checkbox"/>
- antithrombin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HRT.....	<input type="checkbox"/>
- other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Optional Fields:	
Smoking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crs1:.....	<input type="checkbox"/>
HRT.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crs2:.....	<input type="checkbox"/>
None of the Above.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crs3:.....	<input type="checkbox"/>
RN Initials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crs4:.....	<input type="checkbox"/>
					Crs5:.....	<input type="checkbox"/>
					Crs6:.....	<input type="checkbox"/>
					Crs7:.....	<input type="checkbox"/>
					Crs8:.....	<input type="checkbox"/>
					None of the Above.....	<input type="checkbox"/>
					RN Initials.....	<input type="checkbox"/>

*⁽¹⁾ **CVA:** CT Scan: No Yes → Hemorrhagic Thrombotic Unknown
 Disability: None/Minor Moderate Severe Death

*⁽²⁾ **Major Bleed:** GI GU Retroperitoneal Vascular Access
 Other:

Course in Hospital (cont.)

Follow these steps to complete the section **Course in Hospital** of the Macstrak Ward form.

Field	Action
PTA and PTW	On admission to the Ward the nurse admitting the patient should complete the PTA and PTW columns.
PTA	<i>Prior to admission</i> PTA refers to the time period prior to admission to your hospital. This column indicates the medications the patient was taking either at home or, if transferred in from another hospital, the medications they were taking at the other hospital.
PTW	<i>Prior to ward</i> This column is marked if the patient received any medications prior to arrival to the Ward. This includes any meds given in ER, CCU, or Other Wards.
Ward and Discharge	On discharge from the unit, the nurse discharging the patient should complete the Ward and Discharge columns.
Ward	This column is reflective of the period the patient is on the Ward. This applies to both the Drugs column and the Events column.
Discharge	Check off those medications that the patient is discharged home on.

Course in Hospital – Drugs

Class	Generic Name	Alternate Name/Trade Name
ASA	acetylsalicylic acid	ASA [®] , Entrophen [®] , Aspirin [®] , Apo-ASA [®] , ECASA [®] (<i>enteric coated</i>), Asaphen [®] , MSD Enteric Coated ASA [®] , Novasen [®]
Coumadin	warfarin sodium	Warfarin [®] Panwarfin [®] Warfilone [®]
Heparin UFH unfractionated	heparin	Hepalean [®]
Heparin LMWH low molecular weight	enoxaparin dalteparin tinzaparin	Lovenox [®] Fragmin [®] Innohep [®]
Clopidogrel (or thienopyridine)	clopidogrel ticlopidine <i>prasugrel</i>	Plavix [®] Ticlid [®] <i>Effient</i> [®]
GP 2b/3a Inhibitor (IV)	abciximab tirofiban eptifibatide	ReoPro [®] Aggrastat [®] Integrilin [®]
Other Antithrombin	argatroban bivalirudin lepirudin danaparoid fondaparinux	Argatroban [®] Angiomax [®] Refludan [®] Orgaran [®] Arixtra [®]

Course in Hospital – Drugs (cont.)

Class	Generic Name	Alternate Name/Trade Name
Oral Hypoglycemics	metformin acetohexamide chlorpropamide gliclazide glyburide tolbutamide orlistat acarbose pioglitazone rosiglitazone	Glucophage [®] Dimelor [®] Diabinese [®] Diamicron [®] Glyburide [®] , Diabeta, [®] Euglucon [®] Apo Tolbutamide [®] , Mobenol [®] , Orinase [®] Xenical [®] Prandase [®] Actos [®] Avandia [®]
Insulin	insulin	
Statins	fluvastatin lovastatin pravastatin simvastatin atorvastatin	Lescol [®] Mevacor [®] Pravachol [®] Zocor [®] Lipitor [®]
Other Antilipids	cholestyramine clofibrate colestipol gemfibrozil niacin, nicotinic acid probuco	Questran [®] Atromid [®] Cholestid [®] Lopid [®] Niacor [®] , Nicolar [®] Lorelco [®]

Course in Hospital – Drugs (cont.)

Class	Generic Name	Alternate Name/Trade Name
Bronchodilators	aminophylline oxtriphylline theophylline	Aminophylline [®] Choledyl [®] Theo-Dur [®] , Theolair [®] , Slo-Bid [®]
Bronchodilators (cont.) Inhalers	corticosteroid epinephrine ipratropium salbutamol	Beclovent [®] Bronkaid [®] Atrovent [®] Ventolin [®]
Digoxin	digoxin	Lanoxin [®]
Antiarrhythmics	amiodarone bretylum disopyramide lidocaine phenytoin procainamide quinidine	Cordarone [®] Bretyolol [®] Norpac [®] Xylocaine [®] Dilantin [®] Procan [®] , Pronestyl [®] various names
Calcium Antagonists	amlodipine diltiazem nicardipine nifedipine verapamil felodipine	Norvasc [®] Cardizem [®] Cardene [®] Procardia [®] , Adalat [®] Isoptin [®] Plendil [®] , Renedil [®]

Course in Hospital – Drugs (cont.)

Class	Generic Name	Alternate Name/Trade Name
ACEI	captopril enalapril lisinopril quinipril ramipril cilazapril fosinopril perindopril	Capoten [®] Vasotec [®] Prinivil [®] , Zestril [®] Accupril [®] Altace [®] Inhibace [®] Monopril [®] Coversyl [®]
A2 Blockers	losartan valsartan candesartan irbisartan telmisartan	Cozaar [®] Diovan [®] Atacand [®] Avapro [®] Micardis [®]
Other Vasodilators	nitroprusside hydralazine	Nipride [®] Apresoline [®]
Diuretics	furosemide ethacrynic acid bumetanide chlorothiazide hydrochlorothiazide indampimide metolazone chlorthalidone spironolactone amiloride triamterene acetazolamide	Lasix [®] Edecrin [®] Burinex [®] Diuril [®] HydroDiuril [®] , Esidrix [®] , Oretic [®] Lozol [®] Zaroxolyn [®] Hygroton [®] Aldactone [®] Midamor [®] , Moduretic [®] Dyrenium [®] , Dyazide [®] , Maxide [®] Diamox [®]

Course in Hospital – Drugs (cont.)

Class	Generic Name	Alternate Name/Trade Name
Nitrates top/oral Do not include NTG SL.	isosorbide dinitrate SL nitroglycerin ointment nitroglycerin patches isosorbide dinitrate	Isordil [®] Nitrobid [®] , Nitiol [®] , Nitrong [®] Transderm-Nitro [®] , Nitro-Dur [®] Nitrodisc [®] Isordil [®]
Nitrates IV	nitroglycerin IV	Nitroglycerin IV [®]
β Blocker - Any	acebutolol atenolol labetalol metoprolol nadolol pindolol propranolol sotalol bisoprolol	Sectral [®] Tenormin [®] Trandate [®] Lopresor [®] Corgard [®] Visken [®] Inderal [®] Sotacor [®] Monacor [®]
β Blocker - Carvedilol	carvedilol	Coreg [®]

Course in Hospital – Drugs (cont.)

Drugs	Definitions/Actions
Study Drugs	<p>Study drugs that the patient may receive are divided into three sections:</p> <p style="text-align: center;">antiplatelet antithrombin other</p> <p>If the patient participates in a study which involves any of the above categories of drugs check the appropriate boxes.</p>
Smoking	Check the appropriate boxes if your patient is currently smoking.
HRT	<p><i>Hormone replacement therapy</i></p> <p>Mark the appropriate boxes if the patient is currently on hormone therapy such as Estrogen[®].</p>
Crs1-4	These four lines are available to track centre-specific issues. For more information about customizing the Ward form, please refer to the Optional Groups/Optional Fields section in this manual.
None of the Above	Mark this box if the nurse has assessed all the above drugs but none apply to the patient.
RN Initials	Initials are required here for the nurse completing the checklist for this patient.

Course in Hospital – Events

Events	Definitions/Actions
Telemetry	Cardiac monitoring.
RSCP - Ischemia - Definite	<i>Retrosternal chest pain</i> If the chest pain is clearly ischemic, mark the corresponding box. This is a judgement call.
RSCP - Ischemia - Probable	<i>Retrosternal chest pain</i> If the chest pain is likely to be ischemic, mark the corresponding box. This is a judgement call.
Code	Cardiac arrest.
Sustained SVT (No Code)	Supraventricular tachycardia but not as part of a code.
Sustained VT (No Code)	Ventricular tachycardia (<i>i.e.</i> , > 30 sec) but not as part of a code.
CVA^{*(1)}	<p>If the patient has a CVA (<i>cerebral vascular accident</i>) while on the Ward more information is required.</p> <p>The ^{*(1)} next to the event name denotes that more corresponding information is required in the box immediately below the Course in Hospital section. Mark the appropriate boxes regarding Stroke: CT Scan: Hemorrhagic, Thrombotic, or Unknown. As well as the patient's Disability: None/Minor, Moderate, Severe, or Death. Disability refers to degree of disability that patient has when he/she is discharged from Ward. This is a judgement call.</p>

Course in Hospital – Events (cont.)

Events	Definitions/Actions
Major Bleed * ⁽²⁾	<p>All clinically significant events should be recorded. (i.e. minimal emesis of “coffee grounds” or small amounts of hematuria or small hematomas at access sites should not be considered as major bleeds. All documented retroperitoneal hematomas should be included).</p> <p>The *⁽²⁾ next to the event name denotes that more corresponding information is required in the box immediately below the Course in Hospital section. Mark the appropriate boxes regarding type of Major Bleed: GI, GU, Retroperitoneal, Vascular Access, or Other.</p>
Transfusion	Mark if the patient receives a blood transfusion.
Coronary Angiography	Mark if the patient receives coronary angiography.
PCI	Percutaneous coronary intervention
Exercise Test	Stress test
Exercise Test with image	Stress thallium/exercise echo
Drug Stress Test with image	Persantine thallium/dobutamine
RNA for LVEF	Radionucleotide angiography for left ventricular ejection fraction

Course in Hospital – Events (cont.)

Events	Definitions/Actions
LVEF<40% (nuc/echo)	<i>Left ventricular ejection fraction</i> By either nuclear or echo grade 3-4
Echocardiography	Echocardiogram
Other Cardiac Image	MRI, CT Scan
Non Cardiac Image	Ultrasound
Research (randomised)	Check if the patient was randomised into any clinical trial during their stay in hospital.
Crs5-8	These four lines are available to track centre-specific issues. For more information about customizing the Ward form, please refer to the Optional Groups/Optional Fields section in this manual.
None of the Above	If the nurse has assessed all the above events but none apply to the patient.

Ward Discharge

This section provides the final diagnosis for this Ward Admission, records place of discharge, and the date of discharge. The person completing this section should check that the **Demographic** section (top left-hand corner of Macstrak Ward form) is correct and complete.

Ward Discharge:		Completed by: <input style="width: 50px;" type="text"/>
Date: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 20 <input style="width: 30px;" type="text"/>		
Discharge Diagnosis: (Check one only)		
<input type="checkbox"/> Acute MI →	Peak CK: <input style="width: 50px;" type="text"/>	
<input type="checkbox"/> Unstable Angina	Trop: <input style="width: 50px;" type="text"/>	
<input type="checkbox"/> Chest Pain NYD		
<input type="checkbox"/> CHF		
<input type="checkbox"/> Arrhythmia		
<input type="checkbox"/> Aortic Dissection		
<input type="checkbox"/> Pericardial Disease		
<input type="checkbox"/> Other Cardiac Problem:		
<input type="checkbox"/> Non Cardiac Problem:		
<input type="checkbox"/> Elective:		
Discharge To: (Check one only)		
<input type="checkbox"/> Home	<input type="checkbox"/> Medical ward	
<input type="checkbox"/> CCU	<input type="checkbox"/> Surgical Ward	
<input type="checkbox"/> Other ICU		
<input type="checkbox"/> OR for CV Surgery	<input type="checkbox"/> Rehab/Chronic Care Hosp	
<input type="checkbox"/> OR for Other Surgery	<input type="checkbox"/> Other Acute Care Hosp	
<input type="checkbox"/> Death		
<input type="checkbox"/> Other.....		
<div style="border: 1px solid black; padding: 5px; font-size: 0.8em;"> Definitions: PTA = Prior to Admission to <u>this</u> Hospital; PTW = Prior to Ward, including ED, CCU/ICU, Other Ward; CVA = CerebroVascular Accident; HRT = Hormone Replacement Therapy; </div>		

Follow these steps to complete the **Ward Discharge** section of the Macstrak Ward form.

Field	Action
Date	Print the day/month/year the patient was discharged from the Ward (e.g. 13 02 06).
Discharge Diagnosis	Mark the appropriate box to indicate the patient's diagnosis upon discharge from Ward. Acute MI: <i>Acute myocardial infarction</i> Chest pain >30 min believed to be secondary to AMI with ECG changes or enzyme changes diagnostic of acute myocardial infarction. If Acute MI record Peak CK and/or Troponin level. Unstable Angina: Chest pain <30 min believed to be secondary to unstable angina. Chest Pain NYD: <i>Chest pain not yet diagnosed</i>

Ward Discharge – (cont.)

Field	Action
Discharge Diagnosis (cont.)	<p>CHF: <i>Congestive heart failure</i> Diagnosis of congestive heart failure or pulmonary edema.</p> <p>Arrhythmia: Mark if patient is admitted with any arrhythmia including: supraventricular tachycardia, atrial fibrillation/flutter, PVCs or VT. Does not include sinus tachycardia.</p> <p>Aortic Dissection: Mark if patient is admitted with any aortic dissection.</p> <p>Pericardial Disease: Mark if patient is admitted with any pericardial disease including pericarditis or pericardial effusion.</p> <p>Other Cardiac Problem: Mark if patient's cardiac diagnosis is not listed. There is a line next to this section so centres may provide a more complete explanation of the patients discharge diagnosis.</p> <p>Non Cardiac Problem: Mark if patient's diagnosis is non cardiac and therefore is not listed. There is a line next to this section so centres may list the patient's discharge diagnosis.</p> <p>Elective: Mark if patient is admitted from home for a procedure (e.g. selective coronary angiogram or percutaneous coronary intervention).</p>
Discharged To	Indicate where your patient is discharged to when he/she leaves the Ward. There is a line provided beside Other so centres may provide a short explanation.
Completed by	The nurse completing this section of the form should initial here.

Optional Groups/Optional Fields: Customizing Your Macstrak Ward Form

The Macstrak Ward form is organized such that you may customize it to suit the needs of your unit. There are three different places on the form in which your centre can collect data related to unit-specific issues.

The first section offers three Optional Groups which are located in the top right-hand corner of the **Presentation Profile** section. These lines are labelled **Grp1**, **Grp2**, and **Grp3**. Centres have used optional groups to track patient type such as smokers, obese patients and diabetics. The data collected is presented in a report similar to the Ward Activity Report with the three groups representing the columns on the report.

At the bottom of **Presentation Profile**, the second section provides six Optional Fields labelled **Fld1** to **Fld6**. As well in the **Course in Hospital** section there are eight more spaces to specify labels. These lines are labelled **Crs1** to **Crs8**. These 14 fields are reported back in two separate reports: the first lists these fields as the rows on the report with the Optional Groups as the column headings, the second report uses these fields as the rows with ASC MI, ACS U/A, Non ACS and Total as the column headings.

The blank spaces to the right of the numbers are offered for your centre's use; it is not necessary for the project office to know the specific label. Label can either be written in by hand, marked with stamps, or filled in with pre-printed peel-and-stick labels.

Reports are issued each quarter therefore you must time a change in your designation to the beginning of a quarter.