



Please include date and type of patient's previous MI if applicable

Chest Pain

- Non Cardiac
 - Please state if MI ruled out
 - Please state if chest pain d/t
 - Costochondritis
 - GERD
 - Hypoxemia
 - Other
- Cardiac
 - Stable Angina
 - Unstable or new onset Angina
- If either angina state **Due to**
 - CAD
 - Aortic Stenosis
 - Hypertrophic Cardiomyopathy
 - Spasm
 - Pulmonary Hypertension
 - Anemia
 - Tachycardia
 - Thyrotoxicosis

Cor Pulmonale

- Acute
 - Due to Saddle Pulmonary Embolism
 - History of PE
 - Due to Septic Pulmonary Embolism
 - Identify organism, if applicable

Cardiac Arrest

- Due to:
 - Ventricular Tachycardia
 - Ventricular Fibrillation
 - Other

NSTEMI

- Old MI type with date of patient's previous MI if applicable
- Patient's history or current use of tobacco and type specified

STEMI

- Old MI type with date of patient's previous MI if applicable
- Patient's history or current use of tobacco and type specified
- **Please document wall involved**

Congestive Heart Failure

- Combined systolic and diastolic
- Diastolic
- Left ventricular
- Systolic
- Other/unspecified
- Please specify if:
 - Acute only
 - Acute on chronic
 - Chronic
 - Decompensated
 - Other/unspecified
 - Please specify if CHF is d/t Hypertension

Arrhythmia

- Block
- Bradycardia specified as
 - Ectopic beats
 - Atrial
 - Ventricular
 - Premature contractions
 - Neonatal

- Atria or auricular
- Atrium
- Atrioventricular
- Junctional
- Supraventricular
- Ventricular

- Atria or auricular fibrillation
 - Chronic
 - Paroxysmal
 - Permanent
 - Persistent
- Atria or auricular flutter
 - Atypical
 - Type one
 - Type two
 - Typical
- Postoperative (postprocedural)
- Tachycardia
 - Sick Sinus Syndrome
 - Supraventricular
 - Ventricular

Syncope (Cardiac Origin)

- Due to:
 - Bradycardia
 - Orthostatic hypotension
 - d/t drugs (please name)
 - Sick Sinus Syndrome
 - Vasovagal
 - Other

Hypertension

- With heart and/or kidney involvement
- Benign, intracranial
 - Hypertensive encephalopathy
- Borderline



*****Please include date and type of patient's previous MI if applicable*****

- Cardiomyopathy
- Cardiorenal (disease)
- Cardiovascular
- Due to (e.g., endocrine d/o, renovascular d/o...pls specify)
- Encephalopathy
- Goldblatt's
- Pulmonary
 - With cor pulmonale (chronic)
 - With right heart ventricular strain and/or failure
 - Primary (idiopathic)

Cardiomyopathy

- Arteriosclerotic
 - With angina pectoris
 - Bypass graft
 - Native vessel
 - Transplanted heart
 - Coronary artery bypass graft
- Cobalt-beer
 - Alcohol abuse
 - Alcohol dependence
- Due to (e.g., alcohol, drugs, external agents..pls specify)
- Hypertensive
 - With heart failure
 - Without heart failure
- In (e.g., beriberi, cardiac glycogenosis, Chagas' disease...pls specify)
- Ischemic
 - Atheroembolism

- Chronic total occlusion of coronary artery
- Coronary arteriosclerosis

- Other – please specify

Principal Diagnosis/Pathogenesis

- CABG – *vein harvesting*
 - Coronary artery disease – specify native
 - or bypass vessel (to/from) or transplant heart
 - Specify recent MI and interval
 - Specify chronic LV functional status
 - (systolic/diastolic/both)

- Valve surgery: *specify what type valve replacement*

- Specify valve abnormality
- Specify condition that led to abnormal
- valve
- Specify symptoms that require surgery
- (worsening angina, LV systolic/diastolic
- dysfunction)

- Peripheral vascular surgery – *laterality, tissue/vessel used*

- Specify atherosclerotic stenosis, embolic
- occlusion
- Specify if worsened by other process
- (diabetes, other)
- Specify native or bypass narrowing
- Specify "arterial" vs "vascular"

Diabetes

- Note if out of control/poorly controlled
- State Type I or Type II DM
 - Hyperglycemia
 - Hypoglycemia with or without coma
- Drug/Chemical Induced (specify)
- Link DM to other related conditions
 - Gastroparesis
 - Retinopathy
 - Neuropathy

Acute Renal Failure

- State due to:
 - Dehydration
 - Acute tubular necrosis
 - Acute interstitial nephritis
 - Obstructive uropathy
 - Sepsis
 - Drug induced
 - Other – specify

Common Hospital Acquired Condition (HAC)

- If not a HAC the condition must be documented as Present on Admission (POA) to prevent a negative impact on scorecards for care
- Pressure Ulcers/Decubs (stage 3&4)
- Falls/Trauma
- Manifestations of Poor Glycemic Control
- Catheter Associated UTI
- Vascular Catheter Associated Infection
- Surgical Site Infections
- DVTs/PEs