C

1.Patient personal details

Name: ……..
Insurance number: ……
Date of birth:……
Date of intervention:……

Country:
City:
Institute:
Operating Physician:

2. Intracoronary pressure measurement

if measurements were done on different lesions or more than 1 measurements were done on the same lesion, please fill out ***another FORM C***

Clinical setting (single choice): O Elective O STEMI O NSTEMI O Unstable angina pectoris

O Other:……..

Access site (single choice): O femoral O radial

O Other: please specify:……

Site of pressure measurement (single choice):

O LM O LAD O CX O RCA O Diagonal O Graft O Other:……

Vessel characteristic: (single choice) native/stented/grafted

Before PCI or intervention

Pressure value at rest:

Rhythm: Sinus rhythm/ arrhythmic

Heart rate (beats/min): ……

Proximal RR: systolic …….mmHg, diastolic ……. mmHg , mean ……. mmHg

Distal RR: systolic …….mmHg, diastolic ……. mmHg , mean ……. mmHg

Coronary Flow Reserve (CFR) measurement was done: yes/no

if yes, value:…….

method: O thermodilution

O Doppler

O Other:…….

Hyperaemic pressure values:

Rhythm: sinus rhythm/ arrhythmic

Hyperaemic medication type: O adenosine bolus dose (µg): ….....

O adenosine infusion (µg/tskg/min):….....

O papaverin (mg): …….

O Other, please specify: ……

Fractional flow reserve ratio (FFR): ……

Instantaneous wave-free ratio (iFR):……..

3. Complication

3.1. Bleeding

BARC Definitions
(single choice)

Type 0	No bleeding	
Type 1	Bleeding that is not actionable and does not cause the patient to seek treatment	
Type 2	Any clinically overt sign of hemorrhage that "is actionable" and requires diagnostic studies, hospitalization, or treatment by a healthcare professional	
Type 3	a. Overt bleeding plus hemoglobin drop of 3 to < 5 g/dL (provided hemoglobin drop is related to bleed); transfusion with overt bleeding	
	b. Overt bleeding plus hemoglobin drop < 5 g/dL (provided hemoglobin drop is related to bleed); cardiac tamponade; bleeding requiring surgical intervention for control; bleeding requiring IV vasoactive agents	
	c. Intracranial hemorrhage confirmed by autopsy, imaging, or lumbar puncture; intraocular bleed compromising vision	
Type 4	CABG-related bleeding within 48 hours	
Type 5	a. Probable fatal bleeding	
	b. Definite fatal bleeding (overt or autopsy or imaging confirmation)	

Bleeding according to TIMI (single choice): 1. major 2. minor 3. minimal

Non-CABG Related Bleeding:

	Major	- Any intracranial bleeding (excluding microhemorrhages <10 mm evident only on gradient-echo MRI) - Clinically overt signs of hemorrhage associated with a drop in hemoglobin of ≥5 g/dL or a ≥15% absolute decrease in haematocrit - Fatal bleeding (bleeding that directly results in death within 7 days

	Minor	Clinically overt (including imaging), resulting in hemoglobin drop of 3 to <5 g/dL or ≥10% decrease in haematocrit - No observed blood loss: ≥4 g/dL decrease in the haemoglobin concentration or ≥12% decrease in haematocrit. - Any overt sign of hemorrhage that meets one of the following criteria and does not meet criteria for a major or minor bleeding event, as defined above. - Requiring intervention (medical practitioner-guided medical or surgical treatment to stop or treat bleeding, including temporarily or permanently discontinuing or changing the dose of a medication or study drug) - Leading to or prolonging hospitalization. - Prompting evaluation (leading to an unscheduled visit to a healthcare professional and diagnostic testing, either laboratory or imaging).
	Minimal	Any overt bleeding event that does not meet the criteria above. - Any clinically overt sign of haemorrhage (including imaging) associated with a <3 g/dL decrease in haemoglobin concentration or <9% decrease in haematocrit.

Bleeding in the Setting of CABG (single choice):

- Fatal bleeding (bleeding that directly results in death)
- Perioperative intracranial bleeding
- Reoperation after closure of the sternotomy incision for the purpose of controlling bleeding
- Transfusion of ≥5 U PRBCs or whole blood within a 48-h period; cell saver transfusion will not be counted in calculations of blood products.
- Chest tube output >2 L within a 24-h period

3.2. Procedural and/or in-Hospital Complication Type(s)

(check all that apply)

O arrhythmia if yes, please specify a) atrial fibrillation b) ventricular fibrillation c) asystole d) other:.....

O dissection

O resuscitation: if yes, due to ventricular tachycardia / ventricular fibrillation other:.....

O death: yes / no
if yes: the exact time of death:…….. (e.g. 10.25 or 22.45, year/month/day)

O Acute Myocardial Infarction

O Stroke

if yes, ischemic/ hemorrhagic

O Re-PCI

O Emergency CABG

O Tamponade

O Pericardiocentesis

O Equipment Loss

O Perforation

O Vascular Access Complication

O Dissection/Thrombus of Donor Artery

O Bleeding

O Intracranial bleeding

O Contrast induced nephropathy

O Aortocoronary dissection

O Radiation skin injury

O Other, please specify:……(**többszörösen legördülő**)

4. Multidisciplinary team (Heart team) discussion was done: yes / no

if yes, select team members (multiple choice): interventional cardiologist / cardiothoracic surgeon / valve clinic coordinator / cardiac catheter lab and O.R. staff / anesthesiologist / referring cardiologist / imaging specialist

decision: conservative therapy / surgery / PCI stent implantation

5. Outcome

1. Death yes/no (ha igen, több ne nyíljon le)
2. Stent implantation was done: yes/no
3. Patient was transferred to surgery for CABG yes/no
4. Re PCI was done yes/no
5. Discharged from hospital to home yes/no
6. Admitted to hospital yes/no

   if yes, a) admitted to unit b) admitted to intensive care unit

   f a) or b) then outcome: 1) discharged 2) death

   Length of hospital stay:.....days