

Online Appendix 1. Data collection form. ACE = angiotensin-converting enzyme, ARB = angiotensin II receptor blocker, ASA = acetylsalicylic acid, AV = arteriovenous, BB = β -blocker, BP = blood pressure, CABG = coronary artery bypass grafting, Cath = catheterization, CCB = calcium-channel blocker, COPD = chronic obstructive pulmonary disease, CRF = chronic renal failure, CVA = cerebrovascular accident, ECG = electrocardiogram, ECHO = echocardiography, EF = ejection fraction, GI = gastrointestinal, HDL = high-density lipoprotein, HR = heart rate, HSC = Health Sciences Center, Hx = history, LA = long acting, LDL = low-density lipoprotein, LV = left ventricle, LVEF = left ventricular ejection fraction, MD = physician, MI = myocardial infarction, MUGA = multiple gated acquisition, PCI = percutaneous intervention, SCMH = St Clare's Mercy Hospital, SCr = serum creatinine, TC = total cholesterol.

**Use of Evidenced-Based Therapy at Discharge for Patients with Acute Myocardial Infarction (AMI) —
A Retrospective Medical Record Audit**

Unique Identifier: _____

Gender: 1. Male 2. Female **Age:** _____
(if <20 or >105 yrs, stop and record on Patient Log)

Discharge MD: _____ **Discharge Hospital:** 1. HSC 2. SCMH

Admission Date: D ___ M ___ Y ___ **Discharge Date:** D ___ M ___ Y ___

Discharge Diagnosis:

Most Responsible (check one):

- ST Elevation MI (STEMI)
- Non ST Elevation MI (NSTEMI)
- MI (not specified)
- Unstable Angina
- Other (specify _____)

Patient History:

- | | | | |
|-----------------|------------------------|-------|----------|
| Diabetes | 1. Yes | 2. No | |
| Hypertension | 1. Yes | 2. No | |
| Hyperlipidemia | 1. Yes | 2. No | |
| Smoking | 1. Current | 2. Ex | 3. Never |
| CVA | 1. Yes | 2. No | |
| CRF | 1. Yes | 2. No | |
| MI | 1. Yes | 2. No | |
| PCI | 1. Yes | 2. No | |
| CABG | 1. Yes | 2. No | |
| Liver Disorders | 1. Yes (specify) _____ | 2. No | |
| GI Disorders | 1. Yes (specify) _____ | 2. No | |
| COPD | 1. Yes | 2. No | |

Additional Data

- | | | |
|--|--------|-------|
| Admitted to an acute care hospital | 1. Yes | 2. No |
| Valid health card number | 1. Yes | 2. No |
| Admitted to non-cardiac service | 1. Yes | 2. No |
| Transferred from another acute care facility | 1. Yes | 2. No |
| AMI coded as an in hospital complication | 1. Yes | 2. No |
| AMI within the past year. | 1. Yes | 2. No |

Supplementary data for Young SW, Hawboldt JW, Pearce NJ. Use of evidence-based therapy at discharge for patients with acute myocardial infarction: retrospective audit of medical records. *Can J Hosp Pharm* 2010;63(3):207-211.

Medication on Admission:

ASA	1. Yes (dose/frequency _____)	2. No
Warfarin	1. Yes	2. No
BB	1. Yes (Specify dose/frequency _____)	2. No
ACE inhibitor	1. Yes (Specify dose/frequency _____)	2. No
ARB	1. Yes (Specify dose/frequency _____)	2. No
CCB	1. Yes (Specify) _____	2. No
LA Nitrates	1. Yes (Specify) _____	2. No
Statin	1. Yes (Specify dose/frequency) _____)	2. No
Diuretics	1. Yes (Specify) _____	2. No
Digoxin	1. Yes (Specify) _____	2. No
Anti-arrhythmics	1. Yes (Specify) _____	2. No

Lipid Profile during admission: Date: D__M__Y__

Total Cholesterol: _____ Triglycerides: _____ HDL Cholesterol: _____
 LDL Cholesterol: _____ TC/HDL Ratio: _____

(If Lipid Profile was not done during admission, give most recent values prior to admission and date done)

Ejection Fraction during admission: Date: D__M__Y__

%____ Method: 1. ECHO 2. MUGA 3. Cath

OR

LV Grade on Heart Cath if EF not available: **Date: D__M__Y__**

Grade: 1. Grade I 2. Grade II 3. Grade III 4. Grade IV

Serum Creatinine prior to Discharge: Date: D__M__Y__ _____ $\mu\text{mol/L}$

Medications at Discharge:**ASA**

1. Yes Dosage: _____ Frequency: _____
 2. No Reason: 1. Active bleeding on admission
 2. Active bleeding during hospitalization
 3. Previous gastrointestinal bleeding
 4. Hx. of coagulopathy or platelet $< 100 \times 10^9/\text{L}$
 5. Allergy to ASA
 6. Prescribed other antiplatelet agent at discharge (e.g., ticlopidine or clopidogrel)
 7. Physician document reason for non-use (e.g., patient refusal)
 8. Other (specify) _____
 9. Not documented

Beta Blocker

1. Yes Specify: _____ Dosage: _____ Frequency: _____
 2. No Reason: 1. Congestive heart failure and on diuretic (unless LVEF $> 50\%$)
 2. Systolic blood pressure < 100 mmHg at discharge
 3. Severe COPD
 4. Asthma
 5. Bradycardia (HR < 60 at discharge)
 6. Conduction Disorder
 1st degree AV Block (PR interval > 0.24 s on last ECG)
 2nd or 3rd Degree AV Block on last ECG
 Bifascicular Block on last ECG
 7. Allergy or intolerance to Beta Blocker
 8. Physician document reason for non-use (e.g., symptomatic hypotension)
 9. Other (specify) _____
 10. Not documented

ACE Inhibitor

1. Yes Specify: _____ Dosage: _____ Frequency: _____
2. No Reason: 1. Moderate or severe aortic stenosis
2. Allergy to ACE Inhibitor
3. ACE Inhibitor induced cough
4. Severe renal dysfunction (peak or last pre-hospital discharge SCr > 200 µmol/L)
5. Systolic BP < 100mmHg at discharge
6. Bilateral renal artery stenosis
7. Hyperkalemia (peak or last pre-hospital discharge K+ >5.5 mmol/L)
8. Physician document reason for non-use (e.g., symptomatic hypotension)
9. Other (specify) _____
10. Not documented

Statin

1. Yes Specify: _____ Dosage: _____ Frequency: _____
2. No Reason: 1. Liver Disease
2. Patients with Cholestasis
3. Patients on fibrates at risk of Rhabdomyolysis
4. Physician document reason for non-use (e.g., symptomatic hypotension)
5. Other (specify) _____
6. Not documented

Discharge Status

1. Discharged
2. Deceased