



17538

OCCLUDED ARTERY TRIAL (OAT) Complications of Delayed Protocol PCI

OAT Form 6A
Rev 0
10/24/2003
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Please Use Black Pen To Fill Out Form.

Patient's ID Number: - Letter Code:

Correction

Date, 24 hours after delayed PCI: **fm6adt**
mmm dd yyyy

1. Did any serious clinical complications occur in the interval from 48 hours after study entry through 24 hours after Protocol PCI? Yes No **compdpci**

IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS. IF NO, DO NOT ANSWER ITEMS A-M.

What were the complications? (Answer each item.)	2. After 48 hrs. but before PCI		3. After PCI		4. PCI Related	
	Yes	No	Yes	No	Yes	No
A. Death	<input type="radio"/> p_death	<input type="radio"/>	<input type="radio"/> p_deaapc	<input type="radio"/>	<input type="radio"/> p_dea_pc	<input type="radio"/>
B. Emergency bypass surgery	<input type="radio"/> p_cabg	<input type="radio"/>	<input type="radio"/> p_cabapc	<input type="radio"/>	<input type="radio"/> p_cab_pc	<input type="radio"/>
C. CHF Class III or IV	<input type="radio"/> p_chf	<input type="radio"/>	<input type="radio"/> p_chfapc	<input type="radio"/>	<input type="radio"/> p_chf_pc	<input type="radio"/>
D. Stroke and/or coma	<input type="radio"/> p_stroke	<input type="radio"/>	<input type="radio"/> p_strapc	<input type="radio"/>	<input type="radio"/> p_str_pc	<input type="radio"/>
E. Major hemorrhage	<input type="radio"/> p_hem	<input type="radio"/>	<input type="radio"/> p_hemapc	<input type="radio"/>	<input type="radio"/> p_hem_pc	<input type="radio"/>

If item 2.E. is yes,
i) number of units of red blood cells or whole blood transfusions: 1 2 3 >3 **p_runits**

	2. After 48 hrs. but before PCI		3. After PCI		4. PCI Related	
	Yes	No	Yes	No	Yes	No
F. Cardiac arrest	<input type="radio"/> p_crarst	<input type="radio"/>	<input type="radio"/> p_craapc	<input type="radio"/>	<input type="radio"/> p_cra_pc	<input type="radio"/>
G. Emergency percutaneous coronary intervention	<input type="radio"/> p_emgpci	<input type="radio"/>	<input type="radio"/> p_emgapc	<input type="radio"/>	<input type="radio"/> p_emg_pc	<input type="radio"/>
H. Peripheral vascular complications	<input type="radio"/> p_pvc	<input type="radio"/>	<input type="radio"/> p_pvcapc	<input type="radio"/>	<input type="radio"/> p_pvc_pc	<input type="radio"/>

If item 2.H. is yes,
i) intervention **p_intv**

If item 2.H.i) is yes,
ii) Bypass Amputation Other, specify **p_inntyp**

p_int_rk

	2. After 48 hrs. but before PCI		3. After PCI		4. PCI Related	
	Yes	No	Yes	No	Yes	No
I. Aortic dissection	<input type="radio"/> p_aordis	<input type="radio"/>	<input type="radio"/> p_aorapc	<input type="radio"/>	<input type="radio"/> p_aor_pc	<input type="radio"/>
J. Coronary perforation	<input type="radio"/> p_corper	<input type="radio"/>	<input type="radio"/> p_corapc	<input type="radio"/>	<input type="radio"/> p_cor_pc	<input type="radio"/>
K. Cardiac tamponade	<input type="radio"/> p_tampon	<input type="radio"/>	<input type="radio"/> p_tamapc	<input type="radio"/>	<input type="radio"/> p_tam_pc	<input type="radio"/>
L. Myocardial Infarction	<input type="radio"/> p_mi	<input type="radio"/>	<input type="radio"/> p_miapc	<input type="radio"/>	<input type="radio"/> p_mi_pc	<input type="radio"/>
M. Other, specify	<input type="radio"/> p_oth	<input type="radio"/>	<input type="radio"/> p_othapc	<input type="radio"/>	<input type="radio"/> p_oth_pc	<input type="radio"/>

p_oth_rk

Signature: _____ -
OAT Staff Number