

**REACT**

(Rapid Early Action for Coronary Treatment)

**EMERGENCY DEPARTMENT RECORD ABSTRACT FORM**

AFFIX STUDY ID # LABEL

**SECTION A: GENERAL INFORMATION**

A1. DATE FORM COMPLETED: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
  M M        D D        Y Y

A2. ABSTRACT START TIME (MILITARY TIME):

A2a. START TIME 1:    \_\_\_ \_\_\_ : \_\_\_ \_\_\_

A2b. START TIME 2:    \_\_\_ \_\_\_ : \_\_\_ \_\_\_

A3. FORM VERSION DATE: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

A4. ABTRACTOR'S INITIALS: \_\_\_ \_\_\_ \_\_\_

A5. MEDICAL RECORD #: \_\_\_\_\_

A6. SOURCE OF PATIENT SAMPLE (CIRCLE ONE):

PATIENT ADMITTED TO HOSPITAL .....1  
PATIENT RELEASED FROM E.D.....2    **(GO TO A6b)**

A6a. HOSPITAL DISCHARGE DIAGNOSIS

ACUTE MYOCARDIAL INFARCTION (ICD CODE 410).....1    **(B1)**  
UNSTABLE ANGINA (ICD CODE 411).....2    **(B1)**  
OTHER DIAGNOSIS (SPECIFY BELOW).....3    **(B1)**

A6b. ED CLINICAL IMPRESSION

	<u>ICD CODE</u>	<u>DESCRIPTION</u>
A. 1ST	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
B. 2ND	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	

**SECTION B: PATIENT INFORMATION**

B1. EMPLOYMENT STATUS (CIRCLE ONE):

- EMPLOYED.....1
- RETIRED.....2
- DISABLED.....3
- UNEMPLOYED.....4
- HOMEMAKER .....5
- NOT RECORDED.....<-8 >

B2. MARITAL STATUS (CIRCLE ONE):

- MARRIED .....1
- LIVING WITH SIGNIFICANT OTHER.....2
- SINGLE .....3
- DIVORCED/SEPARATED.....4
- WIDOWED.....5
- NOT RECORDED.....<-8 >

B3. INSURANCE STATUS:

	YES	NO
COMMERCIAL/INDEMNITY/PPO (NON HMO)	1	2
HMO/GROUP	1	2
MEDICAID	1	2
MEDICARE	1	2
STATE HEALTH INSURANCE	1	2
COUNTY HEALTH INSURANCE	1	2
PATIENT PAID/ SELF-PAY	1	2
NO INSURANCE	1	2
MILITARY INSURANCE	1	2
OTHER (SPECIFY): _____	1	2

**SECTION C: ED INFORMATION**

C1. ED ARRIVAL DATE:        \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
  M M        D D        Y Y

C2. ED ARRIVAL TIME (MILITARY TIME):        \_\_\_ \_\_\_ : \_\_\_ \_\_\_

C3. MODE OF TRANSPORT TO ED:

- AMBULANCE/EMS .....1
- HELICOPTER .....2
- PRIVATE CAR .....3        **(GO TO C8)**
- PUBLIC TRANSPORTATION.....4        **(GO TO C8)**
- TAXI.....5        **(GO TO C8)**
- OTHER .....6        **(GO TO C8)**
- (SPECIFY) \_\_\_\_\_
- NOT RECORDED.....<-8 >        **(GO TO C8)**

C4. NAME OF AMBULANCE/EMS COMPANY (SPECIFY BELOW):

\_\_\_\_\_

NAME OF COMPANY

C5. DATE EMS CALL PLACED: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
  M M        D D        Y Y

C6. TIME EMS CALL PLACED (MILITARY TIME):        \_\_\_ \_\_\_ : \_\_\_ \_\_\_

C7. TIME OF ARRIVAL OF EMS ON SCENE (MILITARY TIME):        \_\_\_ \_\_\_ : \_\_\_ \_\_\_

C8. INITIAL BLOOD PRESSURE IN EMERGENCY DEPARTMENT (SYSTOLIC/DIASTOLIC):

|\_|\_|\_|\_| / |\_|\_|\_|\_|    MM HG

C9. INITIAL HEART RATE IN EMERGENCY DEPARTMENT:

|\_|\_|\_|\_| BEATS/MIN

**SECTION D: PRESENTING SYMPTOM HISTORY**

**D1. PRESENTING SYMPTOM HISTORY FROM E.D. NURSE'S NOTE (D2-D4A):**

AVAILABLE.....1  
 NOT RECORDED .....<-8 >    **(GO TO D5)**

**D2. PRESENTING SYMPTOM(S):**

		<b>YES</b>	<b>NO</b>	<b>NR</b>	<b>NA</b>
A.	ABDOMINAL PAIN	1	2	<-8 >	<-1 >
B.	ARM PAIN AND/OR SHOULDER PAIN	1	2	<-8 >	<-1 >
C.	BACK PAIN	1	2	<-8 >	<-1 >
D.	CHEST PAIN	1	2	<-8 >	<-1 >
E.	CHEST PRESSURE	1	2	<-8 >	<-1 >
F.	CHEST TIGHTNESS	1	2	<-8 >	<-1 >
G.	CHEST DISCOMFORT (HEAVINESS/TENDERNESS BURNING)	1	2	<-8 >	<-1 >
H.	COUGH	1	2	<-8 >	<-1 >
I.	DIZZINESS/LIGHTHEADEDNESS	1	2	<-8 >	<-1 >
J.	HEADACHE	1	2	<-8 >	<-1 >
K.	INDIGESTION	1	2	<-8 >	<-1 >
L.	JAW PAIN	1	2	<-8 >	<-1 >
M.	LOSS OF CONSCIOUSNESS	1	2	<-8 >	<-1 >
N.	NAUSEA	1	2	<-8 >	<-1 >
O.	NECK PAIN	1	2	<-8 >	<-1 >
P.	NUMBNESS/TINGLING IN ARM OR HAND	1	2	<-8 >	<-1 >
Q.	PALPITATIONS/ RAPID HEART RATE	1	2	<-8 >	<-1 >
R.	SHORTNESS OF BREATH/DYSPNEA	1	2	<-8 >	<-1 >
S.	SWEATING/DIAPHORESIS	1	2	<-8 >	<-1 >
T.	VOMITING	1	2	<-8 >	<-1 >
U.	WEAKNESS/FATIGUE/FAINTNESS	1	2	<-8 >	<-1 >
V.	OTHER: (SPECIFY) _____	1	2	<-8 >	<-1 >

**D3. DATE OF ACUTE ONSET OF SYMPTOMS:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MM         DD         YY

D4. TIME OF ACUTE ONSET OF SYMPTOMS (MILITARY TIME) : \_\_\_ \_\_\_ : \_\_\_ \_\_\_

**COMPLETE D4A ONLY IF D4 IS "NOT RECORDED"**

D4a. DURATION OF ACUTE SYMPTOMS (TIME FROM ONSET OF SYMPTOMS TO ARRIVAL IN ED):

\_\_\_|\_\_\_| HOURS AND/OR \_\_\_|\_\_\_| MINUTES

D5. PRESENTING SYMPTOM HISTORY FROM E.D. PHYSICIAN'S NOTE (D6-D8A):

AVAILABLE.....1  
 NOT RECORDED.....<-8 > (GO TO END)

D6. PRESENTING SYMPTOM(S):

		YES	NO	NR	NA
A.	ABDOMINAL PAIN	1	2	<-8 >	<-1 >
B.	ARM PAIN AND/OR SHOULDER PAIN	1	2	<-8 >	<-1 >
C.	BACK PAIN	1	2	<-8 >	<-1 >
D.	CHEST PAIN	1	2	<-8 >	<-1 >
E.	CHEST PRESSURE	1	2	<-8 >	<-1 >
F.	CHEST TIGHTNESS	1	2	<-8 >	<-1 >
G.	CHEST DISCOMFORT (HEAVINESS/TENDERNESS BURNING)	1	2	<-8 >	<-1 >
H.	COUGH	1	2	<-8 >	<-1 >
I.	DIZZINESS/LIGHTHEADEDNESS	1	2	<-8 >	<-1 >
J.	HEADACHE	1	2	<-8 >	<-1 >
K.	INDIGESTION	1	2	<-8 >	<-1 >
L.	JAW PAIN	1	2	<-8 >	<-1 >
M.	LOSS OF CONSCIOUSNESS	1	2	<-8 >	<-1 >
N.	NAUSEA	1	2	<-8 >	<-1 >
O.	NECK PAIN	1	2	<-8 >	<-1 >
P.	NUMBNESS/TINGLING IN ARM OR HAND	1	2	<-8 >	<-1 >
Q.	PALPITATIONS/ RAPID HEART RATE	1	2	<-8 >	<-1 >
R.	SHORTNESS OF BREATH/DYSPNEA	1	2	<-8 >	<-1 >
S.	SWEATING/DIAPHORESIS	1	2	<-8 >	<-1 >
T.	VOMITING	1	2	<-8 >	<-1 >
U.	WEAKNESS/FATIGUE/FAINTNESS	1	2	<-8 >	<-1 >
V.	OTHER: (SPECIFY) _____	1	2	<-8 >	<-1 >

«TABLE» «Next Record»

