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
- 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

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____   _____ µmol/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 × 10^9/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