**NACR DATASET - RECORD FORM**

(mandatory fields are shown in red)

**Patient Information**

**NHS No. Date of Birth:**

**Forename: Surname:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital No.** | | **Date of Death:** | |
| **Gender:**  Female | Not Known  Not specified | | Male |
| **Marital Status:**  Permanent Partnership  Separated | Single  Divorced  Unknown | | Married  Widowed |
| **Ethnic Group:**  British  White/Black Caribb  Any other mixed  Bangladeshi  African  Other Ethnic Group | Irish  White/Black African  Indian  Other Asian  Black Other  Not Stated | | White (other)  White/Asian  Pakistani  Black Caribbean  Chinese  Not Known |
| **Address:** |  | |  |
| **Postcode:** | **Telephone No:** | | **GP Practice Code:** |
| **Did you measure Patient Satisfaction?** Yes  No | | | |

**Initiating Event**

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| **Initiating Event (IE)**  MI (NStemi)  Unstable Angina  CHD  Cardiomyopathy  Prehab  Peripheral Arterial Disease | MI Unknown  MI with Heart Failure  Heart Failure  Arrhythmia  Congenital Heart  Other  Unknown | MI Stemi  Angina  Valve Disease  Cardiac Arrest  High Risk  Use Treatment |
| **IE Date: Ankle Brachial Indice Ratio** (assoc. with PAD) | | |
| **Treatment associated with IE**  CABG  Tricuspid Repair/Replace  Transplant  Staged PCI  Other | PCI  Mitral Valve Repair/Replace  Medical Management  LV Assist Device  TAVI | PPCI  Aortic Valve Repair/Replace  Pacemaker  ICD  Other Surgery |
| **Treatment Date:** | **Discharge Date:** | **Invited to Join Date:** |
| **Source of Referral:** BMI Hospital Private Hospital GP NHS Trust  **Referring Trust (Initiating Event):**  **Referred by:** Consultant Cardiac Nurse GP PC Nurse Other | | |
| **Risk Ass** Low | Medium | High |
| **Acute Events During Rehab**  Angioplasty/PCI  Other Surgery  ICD  LV Assist Device  Readmission other cause | MI  Cardiac Arrest  Heart Failure  Congenital Heart  Other  Period Acute Non Card Illness | Bypass Surgery  Angina  Pacemaker  Transplant  Readmission CHD  Unknown |
| **Previous Events**  Pacemaker  ICD  Congenital Heart  Transplant  Arrhythmia | MI  LV Assist Device  Bypass Surgery  Angioplasty/PCI  Other  Unknown | Cardiac Arrest  Angina  Other Surgery  Heart Failure  No/None |
| **Comorbidity**  Cancer  Stroke  Chronic Bronchitis (COPD)  Claudication  Depression  Hypercholesterolaemia/Dislipidaemia | Angina  Diabetes  Osteoporosis  Emphysema (COPD)  Chronic Back Problems  Family History  No/None | Arthritis (Osteo)  Rheumatism  Hypertension  Asthma  Anxiety  Erectile Dysfunction  Other Comorbid Complaint |

**Rehabilitation (NB: Please complete either Commissioning Pack or Phases, not both)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMMISSIONING PACK:** | | | | |
| **Early Rehab**  **Referred Date:**  **Start Date:** | | **Core Rehab**  **Referred Date:**  **Start Date:**  **End Date:** | | |
| **Reason Not Taking Part:**  Not Interest/Refused  Ongoing Investigation  Physical Incapacity  Returned to work  Local Exclus Criteria  Language Barrier  Holidaymaker  Mental Incapacity  No transport  Died  Not Referred  Too Ill  Rehab Not Needed  Rehab Not Appropriate  Staff Not Available  Rapid transfer/tertiary  DNA/No Contact  Patient Req transfer  No Service Available  Transfer for PCI Interv  Transfer to DGH/Trust  Other  Unknown |  | **Reason Not Taking Part:**  Not Interest/Refused  Ongoing Investigation  Physical Incapacity  Returned to work  Local Exclus Criteria  Language Barrier  Holidaymaker  Mental Incapacity  No transport  Died  Not Referred  Too Ill  Rehab Not Needed  Rehab Not Appropriate  Staff Not Available  Rapid transfer/tertiary  DNA/No Contact  Patient Req transfer  No Service Available  Transfer for PCI Interv  Transfer to DGH/Trust  Other  Unknown | |  |
| **Reason Not Completing:**  DNA/Unknown Reason  Returned to work  Left this area  Planned/Emerg Interv  Too Ill  Died  Other  Hospital Readmission  Unknown |  | **Reason Not Completing:**  DNA/Unknown Reason  Returned to work  Left this area  Planned/Emerg Interv  Too Ill  Died  Other  Hospital Readmission  Unknown | |  |
| **Rehab Delivery:**  Group Based Exercise  Group Based Education  Self-mngd: Heart Man.  Self-mngd: REACH-HF  Self-mngd: Angina Plan  Self-mngd: Angioplasty  Self-mngd: Other  Self-mngd: Web: Activate your Heart  Self-mngd: Web Other  Self-mngd: App Based  Self-mngd: Patient Led / Reduced CR Staff support  Group MCT  Teleph: Phase 2/Early  Ward: Phase 1/Early |  | **Rehab Delivery:**  Group Based Exercise  Group Based Education  Self-mngd: Heart Man.  Self-mngd: REACH-HF  Self-mngd: Angina Plan  Self-mngd: Angioplasty  Self-mngd: Other  Self-mngd: Web: Activate your Heart  Self-mngd: Web Other  Self-mngd: App Based  Self-mngd: Patient Led / Reduced CR Staff support  Group MCT  Teleph: Phase 2/Early  Ward: Phase 1/Early | |  |
| **Onward Referral:**  Hospital Programme  Comm Based Prog  Ph 4 Exercise Prog  Patient Support Group  Medical Spec/Treat  Sexual Health Clinic  GP (Med Treatment)  Prim Care CHD Clinic  Community Matron  Specialist Nurse  Clinical Psychology  Counselling Service  IAPT  Voc/Welf/Ben/CAB  Council Activity  Social Services  Voluntary Body  Smoking Cessation  Home Based  Dietitian |  | | **Onward Referral:**  Hospital Programme  Comm Based Prog  Ph 4 Exercise Prog  Patient Support Group  Medical Spec/Treat  Sexual Health Clinic  GP (Med Treatment)  Prim Care CHD Clinic  Community Matron  Specialist Nurse  Clinical Psychology  Counselling Service  IAPT  Voc/Welf/Ben/CAB  Council Activity  Social Services  Voluntary Body  Smoking Cessation  Home Based  Dietitian |  | |
| Discharge to Trust: |  | | Discharge to Trust: |  | |
| **How likely are you to recommend the service?**  Extremely Likely  Likely  Neither Likely/Unlikely  Unlikely  Extremely Unlikely  Don’t Know |  | | **How likely are you to recommend the service?**  Extremely Likely  Likely  Neither Likely/Unlikely  Unlikely  Extremely Unlikely  Don’t Know |  | |
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| **PHASES** | | | |
| **Phase 1** | **Phase 2** | **Phase 3** | **Phase 4** |
| **Referred Date** | **Referred Date** | **Referred Date** | **Referred Date** |
| **Date Started** | **Date Started** | **Date Started** | **Date Started** |
| **Date Complete** | **Date Complete** | **Date Complete** | **Date Complete** |
| **Reason Not Taking Part:**  Not Interest/Refused  Ongoing Investigation  Physical Incapacity  Returned to work  Local Exclus Criteria  Language Barrier  Holidaymaker  Mental Incapacity  No transport  Died  Not Referred  Too Ill  Rehab Not Needed  Rehab Not Appropriate  Staff Not Available  Rapid transfer/tertiary  DNA/No Contact  Patient Req transfer  No Service Available  Transfer for PCI Interv  Transfer to DGH/Trust  Other  Unknown | **Reason Not Taking Part:**  Not Interest/Refused  Ongoing Investigation  Physical Incapacity  Returned to work  Local Exclus Criteria  Language Barrier  Holidaymaker  Mental Incapacity  No transport  Died  Not Referred  Too Ill  Rehab Not Needed  Rehab Not Appropriate  Staff Not Available  Rapid transfer/tertiary  DNA/No Contact  Patient Req transfer  No Service Available  Transfer for PCI Interv  Transfer to DGH/Trust  Other  Unknown | **Reason Not Taking Part:**  Not Interest/Refused  Ongoing Investigation  Physical Incapacity  Returned to work  Local Exclus Criteria  Language Barrier  Holidaymaker  Mental Incapacity  No transport  Died  Not Referred  Too Ill  Rehab Not Needed  Rehab Not Appropriate  Staff Not Available  Rapid transfer/tertiary  DNA/No Contact  Patient Req transfer  No Service Available  Transfer for PCI Interv  Transfer to DGH/Trust  Other  Unknown | **Reason Not Taking Part:**  Not Interest/Refused  Ongoing Investigation  Physical Incapacity  Returned to work  Local Exclus Criteria  Language Barrier  Holidaymaker  Mental Incapacity  No transport  Died  Not Referred  Too Ill  Rehab Not Needed  Rehab Not Appropriate  Staff Not Available  Rapid transfer/tertiary  DNA/No Contact  Patient Req transfer  No Service Available  Transfer for PCI Interv  Transfer to DGH/Trust  Other  Unknown |
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| Discharge to Trust: | Discharge to Trust: | Discharge to Trust: | Discharge to Trust: |
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**Assessment**

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| --- | --- | --- |
| **Examinations and Tests tab** | **Assessment Date:** | **Assessment No:** |
| **Reason Not Sending Q’naire**  Illiterate  No resources  Ass sent and not returned | Mental Incapacity  Language Barrier  Left the Area  Died | Too Ill  Not Interested/Refused  Other  Unable to Contact |
| **Weight:** | **Height:** | **BMI** *(auto-calc)* |
| **Waist:** | **Blood Pressure:** |  |
| **Smoked:**  Never Smoked  Ex Smoker  Stopped since event  Currently Smoking | **Cholesterol:**  Total  HDL LDL  Ratio  Triglycerides | **HbA1c**  Mmol/L Or % |
| **Units of Alcohol/wk** | **Canadian Angina Scale** |  |
| **TAM2: Strenuous:** No.Sessions:Minutes: **Moderate:** No.Sessions Minutes: | | |
| **Mild:** No.Sessions: Minutes: | |  |
| **METS (other measures)** | **150 mins mod/wk** | **75 Mins Vigorous ex/wk** |
| **Heart Failure (NYHA)** | **Mediterranean Diet Score:** |  |
| **6 min walk:** Metres Minutes | | |
| **Shuttle Walk:** Level | Sub Level | Total Metres |
| **Quality of Life tab:** | | |
| **Dartmouth Co-op:** |  |  |
| **Physical Fitness** | **Feelings** | **Daily Activities** |
| **Social Activities** | **Pain** | **Change in Health** |
| **Overall Health** | **Social Support** | **Quality of life** |
| **HAD Anxiety Score** | **HAD Depression Score** |  |
| **Current Employment Status** | Employed Full Time | Employed Part Time |
| Self-Employed Full Time | Self-Employed Part Time | Unemploy/Looking for work |
| Govt Training Course | Looking after Family/Home | Retired |
| Permanently Sick/Disabled | Temp Sick/Injured | Student |
| Other Reasons |  |  |
| **GAD 7** | **PHQ9** | **Minnesota** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drugs tab:** | | | |  |
| **ACE Inhibitors**  Captopril  Enalapril  Lisinopril  Perindopril  Ramipril  Trandolapril  Quinapril  Other/Not Specified | | **Angiotensin receptor blockers (ARB)**  Candesartan  Losartan  Valsartan  Other/Not Specified | **Heart Rate Meds**  Bisoprolol  Carvedilol  Nebivolol  Atenolol  Propranolol  Metoprolol  Ivabradine  Other/Not Specified | **Diuretic: loop**  Bumetanide  Ethancrynic acid  Frusemide  Torasemide  Other/Not Specified |
| **Diuretic: Thiazide**  Bendroflumethiazide  Metolazone  Other/Not Specified | | **Selective aldosterone receptor antagonist (SARA) Diuretic/antihypertensive**  Eplerenone  Spironolactone  Other/Not Specified | **Anti-platelet**  Aspirin  Clopidogrel  Other/Not Specified | **Antiarrhythmics**  Digoxin  Other/Not Specified |
| **Calcium channel blockers (CCB)**  Amlodipine  Felodipine  Diltiazem  Verapamil  Other/Not Specified | | **Therapy for Lipids (Statins)**  Atorvastatin  Pravastatin  Rosuvastatin  Simvastatin  Other/Not Specified | **Anticoagulant**  Warfarin  Other/Not Specified | **Vasodilators**  Nitrates (incl GTN Spray)  Other/Not Specified |
| **Current Diabetes Therapy**  Metformin  Sulphonylurea  Glitazone  Insulin  Other/Not Specified | |  |  |  |
| **Core Components tab** |  | | |  |
| **Health Behaviour**  **Change & Education** | Individual assessment of health behaviour  Agreed & written treatment plan  Goal setting for health behaviour change for core components  Regular review of progress with goals | | | |
| **Lifestyle Risk**  **Factor Management** | Education about smoking  Individual counselling/motivational interviewing for smoking cessation  Individual assessment of diet needs  Education about healthy diet  Individual goal setting for dietary change  Referral to dietetics/weight management prog  Baseline assessment of activity level  Education about physical activity  Group based exercise programme  Individual Exercise | | | |
| **Psychosocial Health** | Assessment of illness beliefs / misconceptions  Relaxation & stress management training  Referral to psychological care  Vocational advice  Financial Social Security / Benefits advice  ADL, aids or home adaption assessment | | | |
| **Medical Risk Factor Mgt** | Regular monitoring & education of risk factors | | | |
| **Cardioprotective Therapies** | Regular monitoring & education of cardioprotective therapies | | | |
| **Long Term Management** | Long-term maintenance plan for goals | | | |
| **Audit & Evaluation** | Final review of goals & progress | | | |
| **Other** | Other | | | |