

## APPENDIX 4:

# PERIOPERATIVE MYOCARDIAL INFARCTION REVIEW TEMPLATE

## Admission details

UR: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Initial surgery location (hospital): \_\_\_\_\_

Initial surgery admitting unit: \_\_\_\_\_

Readmission (if occurred) location: \_\_\_\_\_

Readmission unit: \_\_\_\_\_

Date of admission: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

## Procedure and event details

Surgical procedure description and speciality: \_\_\_\_\_

Timing of MI relative to index procedure (days and hours after): \_\_\_\_\_ Days \_\_\_\_\_ Hours

ASA classification: \_\_\_\_\_ Duration of procedure (mins): \_\_\_\_\_

## Preoperative risk and management

**Cardiac risk** (as per revised cardiac risk index, tick all that apply):

- High risk surgery (major intracavity, suprainguinal vascular)
- History of ischaemic heart disease (previous MI, nitrate use, Q waves on ECG, chest pain to be consider ischaemic, positive exercise test)
- History of CCF (pulmonary oedema, CXR showing pulmonary vascular redistribution, PND)

- History of cerebrovascular disease
- Preoperative treatment with insulin
- Preoperative creatinine >2mg/dL/176.8umol/L

### Known Previous stent:

Type: Drug-eluting: (circle) Y / N

Timing (approx. years/days prior to surgery):

\_\_\_\_\_ Days \_\_\_\_\_ Hours

## APPENDIX 4:

### ANTIPLATELET/ANTICOAGULANT MEDICATIONS

(tick if normal medication and give timing of last dose prior to surgery):

- Clopidogrel: last dose timing  
 (days/hrs prior to surgery) \_\_\_\_\_ Days \_\_\_\_\_ Hours
- Aspirin: last dose timing  
 (days/hrs prior to surgery) \_\_\_\_\_ Days \_\_\_\_\_ Hours
- Any other antiplatelet/anticoagulant:  
 type and last dose timing  
 (days/hrs prior to surgery): \_\_\_\_\_ (type) \_\_\_\_\_ Days \_\_\_\_\_ Hours

### OTHER PREOPERATIVE CVS MEDICATIONS

(tick if taking and give timing of last dose prior to surgery):

- ACE-i/ARB \_\_\_\_\_ Days \_\_\_\_\_ Hours
- Beta blocker \_\_\_\_\_ Days \_\_\_\_\_ Hours
- Statin \_\_\_\_\_ Days \_\_\_\_\_ Hours

Preoperative plans and instructions regarding cardiovascular medications/antiplatelet agents/ anticoagulants documented: Y / N

**If yes**, were the preoperative instructions followed: Y / N / unknown

Reviewed by cardiologist prior to procedure within 3 months of surgery: Y / N

Reviewed by/discussed with cardiologist specifically in relation to planned surgery: Y / N / unknown

Most recent HbA1c: \_\_\_\_\_

### Presenting signs and symptoms of mi:

**Symptoms/signs** (tick all that apply):

- Chest pain
- Syncope/collapse
- Dyspnoea
- Hypotension
- Cardiac arrest
- Other/Non-specific  
 (describe): \_\_\_\_\_

**ECG changes** (tick all that apply):

- ST depression
- ST elevation
- Dysrhythmia
- T wave changes
- Other  
 (describe): \_\_\_\_\_

## APPENDIX 4:

### Investigations and management:

Troponin - type and peak level (ng/L): \_\_\_\_\_

Review by cardiologist: Y / N

Echo: Y / N

If echo, new regional wall motion abnormalities: Y / N

Angiogram during admission: Y / N

Cardiovascular medications changed: Y / N

If new cardiovascular medications started please list below:

---



---

Required ICU/coronary care unit admission: Y / N (If yes, number of days): \_\_\_\_\_ Days

### Outcomes

Died during admission: Y / N

If discharged – cardiovascular follow-up plan documented: Y / N

Discussed in M&M: Y / N

If yes, which M&M (eg. surgical, anaesthesia...): \_\_\_\_\_

Potentially modifiable factors: Y / N

If yes, please describe factors: \_\_\_\_\_

Other comments: \_\_\_\_\_

---