Dear Patient

PATIENT COPY

We invite you to participate in a research study. This information leaflet will help you to decide whether you would like to participate. Before you agree to take part you should fully understand what participation entails. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask your cardiologist.

THE NATURE AND PURPOSE OF THIS STUDY

The aim of this study is to determine which factors lead to a delay in treatment of a heart attack in Tshwane hospitals. Your history as a patient is a very important source of information on how these delays may be prevented so that in future treatment can commence as soon as possible in patients with heart attacks.

EXPLANATION OF PROCEDURES TO BE FOLLOWED

This study involves the recoding of relevant information of your case by the cardiologist that is treating you. We will ask you some questions about your medical status preceding the heart attack, details of your symptoms, and how you got to hospital. Your diagnosis and treatment will be recorded until you are discharge from the hospital.

RISK AND DISCOMFORT INVOLVED

There are no risks in participating in the study.
The interview will take about 15 minutes of your time.

POSSIBLE BENEFITS OF THIS STUDY

Although you will not benefit directly from the study, the results of the study will enable us to improve the care of patients with heart attacks in future.

WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time during your treatment without giving any reason. Your withdrawal will not affect you or your treatment in any way.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, telephone numbers 012 3541677 / 012 3541330

INFORMATION AND CONTACT PERSON

The contact persons for the study are Prof Rhena Delport and Dr Adriaan Snyders. If you have any questions about the study please contact them at the following telephone numbers: 082 445 4500 or 082 446 1558.

COMPENSATION

Your participation is voluntary. No compensation will be given for your participation.

CONFIDENTIALITY

All information that you give will be kept strictly confidential. Once we have analysed the information no one will be able to identify you as participant. Research reports and articles in scientific journals will not include any information that may identify you, your cardiologist, or the hospitals where you were treated.

CONSENT TO PARTICIPATE IN THIS STUDY

PATIENT COPY

I confirm that the person asking my consent to take part in this study has told me about nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect any treatment in any way.

I have received a signed copy of this informed consent agreement.

	Name (Print)	Signature	Date
Participant			
Investigator			
Witness			

VERBAL INFORMED CONSENT

I, the undersigned, have read and have fully explained the participant information leaflet, which explains the nature, process, risks, discomforts and benefits of the study to the participant whom I have asked to participate in the study.

The participant indicates that s/he understands that the results of the study, including personal details regarding the interview will be anonymously processed into a research report. The participant indicates that s/he has had time to ask questions and has no objection to participate in the interview. S/he understands that there is no penalty should s/he wish to discontinue with the study and his/her withdrawal will not affect any treatment in any way. I hereby certify that the client has agreed to participate in this study.

	Name (Print)	Signature	Date
Participant			
Person seeking consent			
Witness			

CONSENT TO PARTICIPATE IN THIS STUDY

STUDY COPY

I confirm that the person asking my consent to take part in this study has told me about nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect any treatment in any way.

I have received a signed copy of this informed consent agreement.

	Name (Print)	Signature	Date
Participant			
Investigator			
Witness			

VERBAL INFORMED CONSENT

I, the undersigned, have read and have fully explained the participant information leaflet, which explains the nature, process, risks, discomforts and benefits of the study to the participant whom I have asked to participate in the study.

The participant indicates that s/he understands that the results of the study, including personal details regarding the interview will be anonymously processed into a research report. The participant indicates that s/he has had time to ask questions and has no objection to participate in the interview. S/he understands that there is no penalty should s/he wish to discontinue with the study and his/her withdrawal will not affect any treatment in any way. I hereby certify that the client has agreed to participate in this study.

	Name (Print)	Signature	Date
Participant			
Person seeking consent			
Witness			

SA HEART SASCI STEMI EARLY REPERFUSION PROJECT

Sticker

Today's date	
Hospital	
Patient Name	
Patient number	
Contact number	
Cardiologist	

CLINICAL EXAMINATION AND HISTORY

Sex		Age	Height	Weight	Waist Circumference	Heart Rate
◯ Male ◯ Female		yrs	cm	kg	cm	/min
◯ Smoking	years	Amount per Day	◯ Ex-Smoker	Amount per Day	◯ Never Smoked	
Physical activity	◯ Less than moderate	◯ Moderate (30min 3-5 times per week)	◯ More than moderate			

THROMBOLYSIS

Medication prior to Thrombolysis	Dosage	Date	Time	Thrombolytic agent			
Asprin				Select Any	Streptokinase	Tenecteplase	Reteplase
Clopidogrel				Dosage			
Unfractionated Heparin						Date	Time
Ticagrelor				Start Date & Time			
Other				End Date & Time			
Other				90-120 min ECG			
Other				Successful Lysis			

CARDIAC HISTORY *(If coronaropathy known before the MI)*

Previous MI (1)	Date & localization	
Previous MI (2)	Date & localization	
Stable AP	Duration (Years / mo) & detail	
CABG	Date & detail	
PCI (1)	Date & detail	
PCI (2)	Date & detail	
Other	Date & detail	

DIAGNOSIS

ECG 1 Date & time		ECG 2 Date & time		Diagnosis Confirmed Date and time			
Chest discomfort / Location of Pain							
Pain Severity (1-10)	☐ Palpitation	☐ Pallor	☐ Diaphoresis	☐ Shortness of breath			
	☐ Nausea/ vomiting	☐ Dizziness	☐ Syncope				

COMORBID CONDITIONS

Previous IHD ☐	Duration (Years / mo) & detail		
Family history of premature CVD 1st degree relative <55 years in men or <65 in women	Detail		Unknown ☐
Hypertension	Duration if yes: years/months		
Diabetes type 2	Duration if yes: years/months	Most recent HbA1C (%) Fasting glucose (mmol/L)	Date reported
Diabetes type 1	Duration if yes: years/months	Most recent HbA1C (%) Fasting glucose (mmol/L)	Date reported
Hypercholesterolemia Treated hypercholesterolemia or Total LDL chol. > 2,5mmol/L	Duration if yes: years/months	Total chol (mmol/L) LDL chol (mmol/L) HDL chol (mmol/L) Triglycerides mmol/L	Date reported

PATIENT JOURNEY

Event	Comment	Date	Time	Unknown
Symptom onset				☐
First medical contact (FMC)		Date	Time	Unknown
☐ Paramedic	☐ ER at non-PCI-capable			
☐ GP consulting room	☐ ER at PCI-capable hospital			
☐ Cardiologist consulting room	☐ Other			☐

Strategy with FMC	
☐ Immediate transfer for p-PCI	☐ Secondary transfer
☐ Fibrinolysis and immediate transfer	☐ No reperfusion in acute stage

Transport intervals (hours/min)			
EMS call to response time	EMS arrival to departure time	EMS transport to hospital time	Personal transport to hospital time

Total distance travelled to hospital (km)

Referral pathway		Date	Time	Unknown
	Arrival at non-PCI-capable hospital — Name of hospital			☐
	Departure from non-PCI-capable hospital			☐
	Arrival at PCI-capable hospital — Name of hospital			☐
	Admission to — ☐ ER			☐
	☐ ICU			☐
	☐ Cathlab			☐
	☐ Other			☐
	Arrival in Cathlab			☐

Angioplasty	Date	Time
Primary PCI		
Coronary angiography with follow-on PCI in patients presenting within >12 hours of the onset of symptoms		
Coronary angiography with follow-on rescue PCI within 60–90 min after administration of fibrinolytics in patients with failed reperfusion		
Coronary angiography with follow-on rescue PCI in patients with recurrent myocardial ischemia after fibrinolysis		

Treatment of guilty lesion:	No. of DES used (drug-eluting stents)	No. of BMS used (bare metal stents)	No. of Balloons used	No. of GWs used (guide wires)

☐ Thrombectomy ☐ Aspiration ☐ Balloon only ☐ Simultaneous treatment of other lesions
☐ Thrombolysis intra coronary ☐ Complete revascularisation

Comments:

Post-PCI	Date	Time	Comment
Transfer to ICU			
Transfer to ward			
Transfer to rehabilitation facility			
Transfer to referral hospital			
Discharge from hospital			
Non: Deceased			
Adult smoking advice or counselling given			
Pre-discharge patient education provided			

DISCHARGE MEDICATION

MEDICATION	Dosage	MEDICATION	Dosage

Comments

Please feel free to add any comments that you feel may be of use in understanding the data collected.
Include information on adverse events, e.g. cardiac arrest ….

Questionnaire completed by	Contact details

SA HEART SASCI STEMI EARLY REPERFUSION PROJECT – FOLLOW-UP

Sticker

Today's date	
Hospital	
Patient Name	
Patient number	
Contact number	
Cardiologist	

Follow-up report on first visit

Date:

Follow-up report on next visit

Date:

12 Months outcome

Report completed by	Contact details