

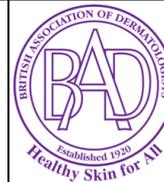
PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



BIR
Biologic Interventions Register

Event of Special Interest: Myocardial Infarction / Acute Coronary Disease

Rise in cardiac markers eg. troponins?

YES NO DON'T KNOW

Trop T/ Trop I Level: _____

Did the patient have ischemic symptoms?

YES NO DON'T KNOW

ECG findings:

Were there any ischemic changes YES NO DON'T KNOW

Were there any new Q waves YES NO DON'T KNOW

Was the patient thrombolysed?

YES NO DON'T KNOW

Did they receive angioplasty?

YES (date ___/___/___) NO DON'T KNOW

Did have any other cardiac intervention?

YES NO DON'T KNOW

If Yes Please Specify Details:

If you have any questions please call the Register office on: 0161 306 1911

Form completed

By: _____

On: ___/___/___

Please note this ESI form needs to be entered directly onto the BADBIR database in the adverse section