Appendix:

**Definitions:**

**Myocardial Infarction:**

Detection of rise and/or fall of cardiac biomarker values (preferably troponin) with at least one value above the 99th percentile of the upper reference limit and with at least one of the following:

- Symptoms of ischaemia;
- New or presumably new significant ST-T changes or new LBBB;
- Development of pathological Q waves in the ECG;
- Imaging evidence of new loss of viable myocardium, or new regional wall motion abnormality;
- Identification of an intracoronary thrombus by angiography or autopsy.

**TIMI bleeding criteria:** (Non-CABG related bleeding)

**Major**
- Any intracranial bleeding (excluding microhemorrhages <10 mm evident only on gradient-echo MRI)
- Clinically overt signs of hemorrhage associated with a drop in hemoglobin of ≥5 g/dL
- Fatal bleeding (bleeding that directly results in death within 7 days)

**Minor**
- Clinically overt (including imaging), resulting in hemoglobin drop of 3 to <5 g/dL.

**Requiring medical attention**
- Any overt sign of hemorrhage that meets one of the following criteria and does not meet criteria for a major or minor bleeding event, as defined above.
- Requiring intervention (medical practitioner-guided medical or surgical treatment to stop or treat bleeding, including temporarily or permanently discontinuing or changing the dose of a medication or study drug).
- Leading to or prolonging hospitalization
-Prompting evaluation (leading to an unscheduled visit to a healthcare professional and diagnostic testing, either laboratory or imaging)

Minimal

-Any overt bleeding event that does not meet the criteria above

Ref:

**Cardiogenic shock**

Systolic blood pressure <90mm Hg for at least 30 min (or the need for supportive measures to maintain a systolic blood pressure of >90mm Hg) in the presence of a heart rate of >60beat/min in association with signs of end-organ hypoperfusion (cold extremities, low urinary output <30mL/h and/or mental confusion) A cardiac index
<2.21L/(min m2) in the presence of a pulmonary capillary wedge pressure of >15mm Hg.

**Killip Class**

Class I: no heart failure

Class II: crackles audible half way up the chest

Class III: crackles heard in all the lung fields

Class IV: cardiogenic shock

**Reinfarction**

Reinfarction was defined as having at least 2 of the following 4 criteria: (1) recurrent ischemic symptoms lasting >15 minutes after resolution of symptoms of the index myocardial infarction, (2) occurrence of new ST-T wave changes or new Q waves, (3) a second elevation in cardiac enzymes to over the normal upper limit (or by a further 20% if already over the normal upper limit), and (4) angiographic reocclusion of a documented previously patent infarct-related artery.

Successful and Failed Thrombolysis

Successful reperfusion is defined as resolution of chest pain, presence of reperfusion arrhythmias, and ST segment resolution >50% in the lead with maximum ST elevation in pre-Thrombolytic ECG.

Failed thrombolysis is defined as persisting or worsening chest pain or <50% resolution of ST segment elevation after 90 minutes of thrombolysis in a single lead showing maximum ST segment elevation at presentation.