ACC-NCDR® ICD Registry™v1.08 Data Collection Form
IMPLANT

A. PARTICIPANT ADMINISTRATION:

Participant ID[1000]/Name[1010]: _____ **Medicare Provider #[1015]:** _____ **Participant NPI[1016]:** _____

B. DEMOGRAPHICS:

Last Name[2000]: _____ **First Name[2010]:** _____ **Middle Name[2020]:** _____

SSN[2030]: _____ **Unique Patient Id[2040]:** _____(automatic) **Other ID[2045]:** _____

Date of Birth[2050]: _____/_____/_____ **Gender[2060]:** Male; Female

Race[2070]: White; Black/African American; Asian; American Indian/Alaska Native; Native Hawaiian; Other

Hispanic Ethnicity[2075]: No; Yes

Auxiliary 1[2080]: _____ **Auxiliary 2[2090]:** _____

C. ADMISSION:

Admission Date[3000]: _____/_____/_____ **Date of Implant[3010]:** _____/_____/_____

Insurance Payor-Primary[3020]: Government; Commercial; HMO; Non-U.S. Insurance; None/Self Pay

→ **if** Government, **Type-Primary [3025]:** Medicare; Medicaid; TriCare; VA Health Plan; Federal Employee Insurance

Insurance Payor-Secondary[3027]: Government; Commercial; HMO; Non-U.S. Insurance; None/Self Pay

→ **if** Government, **Type-Secondary [3029]:** Medicare; Medicaid; TriCare; VA Health Plan; Federal Employee Insurance

Reason for Admission[3030]: Admitted for this Procedure; Cardiac-CHF; Cardiac-Other; Non-Cardiac

Auxiliary 3[3040]: _____ **Auxiliary 4[3050]:** _____

D. HISTORY AND RISK FACTORS:

Syncope[3060]: No; Yes **Family Hx Sudden Death[3070]:** No; Yes

CHF [3080]: No; Yes

→ **if** Yes, **CHF Duration[3090]:** Within the past 3 months; 3 to 9 months; Greater than 9 months

→ **if** Yes **, Prior CHF Hospitalization[3095]:** Not Hospitalized; Yes-Within 6 months; Yes-Greater than 6 months

NYHA Functional Class (Current Status)[3100]: Class I; Class II; Class III; Class IV

Cardiac Arrest [3110]: No Arrest; Brady Arrest; Tachy Arrest

→ **if** Brady Arrest, **Brady Arrest Reason [3111]:** (Check all that apply)

❒ Acute MI ❒ Severe Electrolyte Disturbance ❒ Drug Induced Arrhythmia ❒ Sinus Node Dysfunction/AV Block

❒ Unknown Etiology

→ **if** Tachy Arrest, **Tachy Arrest Reason [3112]:** (Check all that apply)

❒ Acute MI ❒ Severe Electrolyte Disturbance ❒ Drug Induced Arrhythmia ❒ Primary VT/VF

❒ Unknown Etiology

Atrial Fibrillation or Flutter[3120]: No; Yes

Ventricular Tachycardia[3130]: No, Yes-VT, Non-Sustained; Yes-Monomorphic Sustained VT; Yes-Polymorphic Sustained VT

Sinus Node Function[3140]: Normal; Abnormal

Cardiac Transplant[3150]: No; Yes

Non-Ischemic Dilated Cardiomyopathy[3160]: No; Yes-Within the past 3 months; Yes-3 to 9 months; Yes-Greater than 9 months

Ischemic Heart Disease[3180]: No; Yes-At Least One Epicardial Artery > 70%; Yes-Other Diagnostic Tests

Previous MI[3190]: No; Yes-Within 40 days; Yes-Greater than 40 days; Yes-Both Within 40 days/Greater than 40 days

Previous CABG[3200]: No; Yes → **if** Yes, **Date[3210]:** ____/____/_____

Previous PCI[3220]: No; Yes-Within the past 3 months; Yes-Greater than 3 months

Previous Valvular Surgery[3230]: No; Yes

Permanent Pacemaker[3240]: No; Yes-Atrial Chamber; Yes-Ventricular Chamber; Yes-Dual Chamber; Yes-Biventricular

Previous ICD[3250]: No; Yes-Single Chamber; Yes-Dual Chamber; Yes-Biventricular

→ **if** Yes, **Date[3260]:** ____/____/_____

→ **if** Yes, **Previous ICD Reason[3280]:** (Check all that apply) ❒ Primary Prevention ❒ Syncope with Inducible VT

❒ Spontaneous Monomorphic Sustained VT ❒ Spontaneous Polymorphic Sustained VT ❒ Ventricular Fibrillation

❒ Cardiac Arrest/Arrhythmia-Etiology Unknown ❒ Syncope and High Risk Characteristics ❒ AFib

→ **if** Yes, **Previous ICD Implant Site[3290]:** Pectoral; Abdominal

Cerebrovascular Disease[3310]: No; Yes **Chronic Lung Disease[3320]:** No; Yes

Diabetes[3330]: No; Yes **Hypertension[3340]:** No; Yes

Renal Failure Dialysis[3350]: No; Yes

E. DIAGNOSTIC STUDIES:

Ejection Fraction Assessed[3360]: No; Yes → **if** Yes, **EF%**[3370]: _____%

→ **if** Yes, **EF Timeframe** [3380]: 0-1 month; 1-2 months; 2-3 months; 3-6 months; 6-12 months; >12 months

Electrophysiology Study Done[3390]: No; Yes

→ **if** Yes, **EPS Timeframe**[3400]: 0-1 month; 1-2 months; 2-3 months; 3-6 months; 6-12 months; >12 months

→ **if** Yes, **EPS Findings**[3410]: (Check all that apply. "No Arrhythmias Induced" is mutually exclusive.)

❒ No Arrhythmias Induced ❒ VT Induced ❒ Non-sustained VT ❒ Sustained Monomorphic
❒ Sustained Polymorphic ❒ Ventricular Flutter Induced ❒ Ventricular Fibrillation Induced ❒ Results Unattainable

QRS Duration[3420]: _____(msec) **PR Interval Attainable**[3429] No; Yes → **if** Yes, **PR Interval**[3430]: _____(msec)

AV Conduction[3440]: Normal; Abnormal-1st Degree Heart Block Only; Abnormal-Heart Block 2nd or 3rd Degree(not paced); Paced (any)

Intraventricular Conduction[3450]:

Normal; Abnormal-Left Anterior Fascicular Block; Abnormal-Left Posterior Fascicular Block;
Abnormal-LBBB; Abnormal-RBBB; Abnormal-Intraventricular Conduction Delay, Nonspecific;
Paced; Abnormal-Bifascicular Block (RBBB Plus LAF); Abnormal-Bifascicular Block (RBBB Plus LPF)

Creatinine[3460]:_____ **BUN**[3470]:_____ **Sodium**[3480]:_____ **BNP Drawn**[3485]: No; Yes → **if** Yes, **BNP**[3490]:_____ **Systolic BP**[3500]:_____

F. ICD PROCEDURE:

ICD Indication[3505]: Primary Prevention; Secondary Prevention

Reason(s) for Re-implantation[3506]: (if Previous ICD[3250] is Yes) (Check all that apply)

❒ End of Battery Life ❒ Device Upgrade ❒ Device Infection ❒ Device Malfunction ❒ Device Under Manufacturer Advisory/Recalled

Multiple ICDs implanted during this admission[3507]: No; Yes

→ **If** Yes**, Reason(s) for device replacement during this admission**[3508]: (Check all that apply)

❒ Device Upgrade ❒ Device Infection ❒ Device Malfunction ❒ Device Under Manufacturer Advisory/Recalled

Implant Operator's UPIN[3510]: _____ **Implant Operator's NPI**[3515]: _____

Implant Operator's Last Name[3530]: _____ **First Name**[3520]: _____ **Middle Name**[3525] _____

ICD Type[3540]: Single Chamber; Dual Chamber; Biventricular

→ **If** Biventricular, **LV Lead Implant Method**[3550]: Coronary Sinus; Epicardial Lead; Other

	Manufacturer, Model Name, Model Number *-or-* **ICD Device ID**[3565/3570]	**ICD Serial Number**[3566/3571]
Implant:		
	if Previous ICD[3250] is Yes then complete **Explant** below	
Explant:		

G. ADVERSE EVENTS: (During or after the implant procedure until discharge.)

Adverse Events Exist[3580]: No; Yes → **if** Yes, then complete **Adverse Events** below.

Adverse Event[3581]		Date[3583]	Adverse Event[3581]		Date[3583]
Cardiac Arrest[ae001]:	❒	____/____/____	**Phlebitis - Deep**[ae014]:	❒	____/____/____
Drug Reaction[ae002]:	❒	____/____/____	**TIA**[ae015]:	❒	____/____/____
Cardiac Perforation[ae003]:	❒	____/____/____	**CVA/Stroke**[ae016]:	❒	____/____/____
Cardiac Valve Injury[ae004]:	❒	____/____/____	**MI**[ae0017]:	❒	____/____/____
Conduction Block[ae005]:	❒	____/____/____	**Pericardial Tamponade**[ae018]:	❒	____/____/____
Coronary Venous Dissect[ae006]:	❒	____/____/____	**AV Fistula**[ae019]:	❒	____/____/____
Hematoma[ae007]:	❒	____/____/____	**Infection Related to Device**[ae020]:	❒	____/____/____
Lead Dislodgement[ae008]:	❒	____/____/____		❒	____/____/____
Hemothorax[ae009]:	❒	____/____/____		❒	____/____/____
Pneumothorax[ae010]:	❒	____/____/____			
Peripheral Nerve Injury[ae011]:	❒	____/____/____			
Peripheral Embolus[ae012]:	❒	____/____/____			
Phlebitis - Superficial[ae013]:	❒	____/____/____			

H. DISCHARGE: (Complete this section at discharge)

CABG During this Admission[3590]**:** No; Yes → **if** Yes, **Date**[3600]: _____/_____/_____

PCI During this Admission[3610]**:** No; Yes → **if** Yes, **Date**[3620]: _____/_____/_____

Vital Status[3630]**:** Alive; Deceased-Cardiac Death; Deceased-Non-Cardiac Death

→ **if** Deceased, **Date**[3640]**:** _____/_____/_____ → **if** Deceased, **Death in Lab**[3645]**:** No; Yes

Discharge Date[3650]**:** _____/_____/_____

I. DISCHARGE MEDICATIONS: (Medications prescribed at discharge.)

if Vital Status[3630] is **Alive** then complete **Discharge Medications** below.

Category	Medication Name[3660]	Prescribed[3665]				Category	Medication Name[3660]	Prescribed[3665]			
		No	Yes	Con	Blind			No	Yes	Con	Blind
Ace Inhibitor	ACE-Inhibitor (any)[m001]	❒	❒	❒	❒	Calcium Channel Blocker	Diltiazem[m016]	❒	❒	❒	❒
							Verapamil[m017]	❒	❒	❒	❒
Antiarrhythmic Agent	Amiodarone[m002]	❒	❒	❒	❒		Other CCB[m018]	❒	❒	❒	❒
	Disopyramide[m003]	❒	❒	❒	❒						
	Dofetilide[m004]	❒	❒	❒	❒	Coumadin	Coumadin[m019]	❒	❒	❒	❒
	Flecainide[m005]	❒	❒	❒	❒						
	Mexiletine[m006]	❒	❒	❒	❒	Digoxin	Digoxin[m020]	❒	❒	❒	❒
	Procainamide[m007]	❒	❒	❒	❒						
	Propafenone[m008]	❒	❒	❒	❒	Diuretic	Diuretic (any)[m021]	❒	❒	❒	❒
	Quinidine[m009]	❒	❒	❒	❒						
	Sotalol[m010]	❒	❒	❒	❒	Nitrate	Nitroglycerin SL, PRN[m022]	❒	❒	❒	❒
	Other Anti. Arrhy.[m011]	❒	❒	❒	❒		Nitroglycerin Long Acting[m023]	❒	❒	❒	❒
Antihypertensive	Hydralazine[m012]	❒	❒	❒	❒	Platelet Aggregation Inhibitor	Clopidogrel[m024]	❒	❒	❒	❒
							Ticlopidine[m025]	❒	❒	❒	❒
ARB	ARB (any)[m013]	❒	❒	❒	❒						
						Statin	Statin (any)[m026]	❒	❒	❒	❒
ASA	ASA[m014]	❒	❒	❒	❒						
Beta Blocker	Beta-Blocker (any)[m015]	❒	❒	❒	❒						