HEART FAILURE DIAGNOSIS FORM

EVENT-ID NUMBER: ☐☐☐☐☐☐☐   CONTACT NUMBER: ☐☐   FORM CODE: | H | D | X |

VERSION: A   DATE 11/07/2007

H

Instructions: Please complete the Heart Failure Diagnosis Form using the attached Event Summary Form and the medical reports provided to assign a heart failure diagnosis. If you mark an answer in error, mark an "X" through the incorrect answer and circle the appropriate response.

Part A: ADMINISTRATION INFORMATION

1. a. Batch Number: ☐☐☐ - H

  b. Type of Review: Original .... O
Adjudication .... A
              Special review .... S

  c. Date of HDX completion: ☐☐ / ☐☐ / ☐☐☐☐

2. Code number of person completion this form: ☐☐☐

PART B: REVIEW OF COMPUTER'S HF DIAGNOSIS

	YES	NO	UNKNOWN
3. Does this event meet criteria for complete chart abstraction?	Y	N	U
4. Is there evidence of			
a. Abnormal LV systolic function?	Y	N	U
b. Abnormal RV systolic function:	Y	N	U
c. LV diastolic dysfunction	Y	N	U

5. Estimated LVEF (worst): a. ≥ 50% ☐   b. 35-49% ☐   c. < 35% ☐   d. Unknown ☐

6. Assign an overall heart failure diagnosis based on your clinical judgment (select only one)

  Definite decompensated heart failure .... A
  Possible decompensated heart failure .... B
  Chronic stable heart failure.. C → | Skip to Item 8 |

  Heart failure unlikely .... D → | Skip to Item 8 |

  Unclassifiable .... F → | Skip to Item 8 |

	Yes	NO	UNKNOWN
a. Was definite or possible decompensated heart failure present at admission?	Y	N	U
7. Was this event fatal?	Y	N → Skip to Item 8	
a. Was decompensated heart failure the primary cause of death?	Y	N	U

8. Comments: _____

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