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Failure Hospital Record Abstraction

															M CODE:: H F A ion A: 02-1 6-2007
													соит		R NUMBER:
		•	'	<u>'</u>	_	FORM	1 SEC	QUENC	E NUI	MBEF	R:		L		<u> </u>
	Last nai	ИE:													INITIALS:
	Surve comp	ear illar lete	t Fa nce d fo	ilure hosi or all	hospit oitaliza	tions. failur	. Se e-el	ee Su igible	rveil e coh	lanc ort	e Pro	ocedı italiz	ire m ations	ar	ed for heart failure-eligible Community nual for sampling rules. It should also be Refer to this form's question by question
16			0.	a. H	ospital	code	nur	nber	:						
			0.	b. M	edical	Recor	rd N	umbe	er:						
			0.		Date of o	-	arge Day	e (for		fata Yea		e) or	death	ղ:	
			0.	d. V	Vhat wa		Dec	sposit ease e	d	[)	tient	on dis	scl	harge?
			0	. e.	Was ar			perf Yes No		Y.					
				f. Wom?	as the	patie		either Yes No	`	Y	n arri	val o	did h	he,	/she die in the emergency

SECTION I. SCREENING FOR DECOMPENSATION OR NEW ONSET

1.	Was there evidence of the following conditional increasing or new onset shortness of breads. Increasing or new onset edema continuous continuou	eath	pnea	Y	es <u>No/Not Re</u>	<u>ecorded</u>
2.	Was there evidence in the doctor's notes the hospitalization was heart failure?	at the reas	on for this			
3	Is this a cohort participant?					
	If any response to items 1-3 is YES, go t	:o item 4. I	If all are NO or I	not recorded		
4.	Did the patient have new onset or progressi heart failure:		ms/signs of	<u>165</u>	NO/NOT RECORDS	:u -
	 a. At the time of admission to the home b. During this hospitalization? 	spital?				
5.	Date of new onset or progression of symptona. If exact date unknown, estimate weeks					
6.	Did the physician's note or discharge summe heart failure? (check all that apply)	nary indica	ate any of the fo	ollowing spec	cific types of	
	rear ranarer (erreer an errae app.))	<u>Yes</u>	No/ Not Rec	corded		
	a. Ischemic cardiomyopathy					
	b. Idiopathic/dilated cardiomyopathy					
	c. Hypertensive heart failure					
	d. Hypertrophic cardiomyopathy					
	e. Restrictive cardiomyopathy					
	f. Infiltrative cardiomyopathy					
	g. Cor pulmonale					
	h. Diastolic heart failure					
	i. Valvular cardiomyopathy					
	j. Other cardiomyopathy/systolic heart fa item 7.	ilure		lf N	lo/Not Recorded, o	go to
	j.1. If other cardiomyopathy, specify					
SE	CTION II: HISTORY OF HEART FAILURE					
	7. Prior to this hospitalization was there a h	istory of a	ny of the follow	ing:		
			Yes No/Not	t Recorded	<u>Unsure</u>	
	a. Diagnosis of heart failure					
	b. Prior hospitalization for heart failure					
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8. Was cardiac imaging performed prior to this hospitaliza	tion? Yes	No/Unk
8. a. Lowest Ejection Fraction recorded:	%	Go to item 9.
8. a.1. Qualitative description: Normal		
8. b. Year of lowest ejection fraction (yyyy)		
8.c. Type of imaging: 1. MUGA 2. ECHO 3. Cath/LV gram 4. CT 5. MRI 6. Other 7. Unknown		

c. Treatment for heart failure

SECTION III: MEDICAL HISTORY AND PRECIPITATING FACTORS 9. General <u>History of?</u> Yes No/NR a. AIDS/HIV b. Excess alcohol use c. Illicit drug use d. Anemia e. Cancer (excluding skin cancer) f. Connective tissue disease g. Ex-smoker h. Current smoker i. Thyroid disease Respiratory a. Asthma G b. Chronic bronchitis/COPD ^G c. Other chronic lung disease d. Pulmonary embolus e. Coughing, phlegm, wheezing ^G f. Sleep apnea 11. Cardiovascular a. Angina ^G b. Arrhythmia 1) Atrial fibrillation/atrial flutter 2) Heart block or other bradycardia 3) Ventricular fibrillation or tachycardia SECTION III: MEDICAL HISTORY AND PRECIPITATING FACTORS (continued) 11. <u>Cardiovascular</u> (continued) History of? Yes No/NR c. Infectious/bacterial endocarditis d. cardiac arrest e. Cardiac procedures a. CABG b. PCI c. Valve surgery 4 of 18

d. Pacemaker		
e. Defibrillator		
f. Congenital heart disease		
g. Coronary heart disease (within year) $^{\rm G}$	If Yes, go to item 11.i.	
h. Coronary heart disease (ever) ^G		
i. Electrocardioversion/defibrillation		
j. Hypertension		
k. Myocardial infarction		
Pulmonary hypertension		
m. Peripheral vascular disease		
n. Rheumatic heart disease		
o. Valvular heart disease		
12. <u>Gastrointestinal / Endocrine</u>		
a. Diabetes		
b. Hyperlipidemia		
c. Liver disease	\vdash	
13. <u>Renal</u>		
a Dialysis		
a. Dialysis		
a. Dialysis SECTION III: MEDICAL HISTORY AND PRECI 14. Neurology	History of?	
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SECTION III: MEDICAL HISTORY AND PRECI 14. Neurology a. Stroke/TIA	History of?	
SECTION III: MEDICAL HISTORY AND PRECI 14. Neurology a. Stroke/TIA	History of?	
SECTION III: MEDICAL HISTORY AND PRECI 14. Neurology a. Stroke/TIA b. Depression 15. Other significant medical condition:	History of?	ρf
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section iii: Medical History and Preciate 14. Neurology a. Stroke/TIA b. Depression 15. Other significant medical condition: 16. Were any of the following medical problem this event)? a. Postpartum state b. Excess alcohol intake c. Excess fluid intake/administration	History of? Yes No/NR	of
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h. Infectious/ bacterial endocarditis	
i. Pulmonary embolus	
j. Angina	Щ
k. Atrial fibrillation/flutter	
I. Heart block	Ш
m. Ventricular fibrillation/flutter	
n. Cardiac arrest	
o. Myocardial infarction	
p. Valvular heart disease	
q. Stroke/TIA	

SECTION IV: PHYSICAL EXAM - VITAL SIGNS

_	At hospital admission At hospital of (or at onset of event) (or last	lischarge recorded)
17. Blood pressure:	a / b mmHg c / d	
19. Height:	a. bpm a.l. cm/ in (c=cm, i=in)	
20. Weight: ^f	a.	kg
21. Respiration rate	/min	/min

SECTION V: PHYSICAL EXAM AND SYMPTOMS - FINDINGS

22. Did the patient have any of the following <u>GENERAL</u> signs or symptoms?					
		during hospitalization	At hosp	oital discharge	
	<u>Yes</u>	No/NR	<u>Yes</u>	No/NR	
a. Lower extremity edema ^{G, F, N}			a.1.		
b. Jugular venous distension (JVD) ^{B, F, N}			b.1.		
c. Hepatojugular reflux ^F					
d. Hepatomegaly ^{F, N, B}					
e. Leg fatigue on walking ^B					
23. Did the patient have any of the follo	owing <u>RES</u>	<u>PIRATORY</u> signs or syn	nptoms?		
	A	Anytime during hospita	alization	At hospital	
discharge	or at a	dmission			
	<u>Yes</u>	<u>No/NR</u>	<u>Yes</u>	<u>No/NR</u>	
a. Cough ^F			a.1. \square		
b. Dyspnea (Rest) B If Yes, go to item 23g.			b.1.		
c. Dyspnea (Walking) ^{B, F, N}			c.1.		
d. Dyspnea (Climbing or exertion) B, F, N			d.1.		
e. Stops for breath when walking N			e.1.		
f. Stops for breath after 100 yards N					
g. Rhonchi ^G					
h. Paroxysmal nocturnal dyspnea ^{B,F,G}			h.1.		
i. Orthopnea ^B			i.1.		
j. Pulmonary basilar rales ^{B, G, F, N}		j	.1.		
k. Rales (more than basilar) B, G, F, N			k.1		
I. Wheezing ^B			1		
m. Vital capacity (decreased 1/3) ^F					
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SECTION V: PHYSICAL EXAM AND SYMPTOMS - FINDINGS (continued)

24. Did the patient have any of the following <u>CARDIOVASCULAR</u> signs or symptoms?					
discharge	An	ytime during	At hospital		
discharge	<u>Yes</u>	No/NR	<u>Yes</u>	No/NR	
a. S3 (gallop) ^{B, F}			a.1.		
b. S4 (gallop)			b.1.		
c. Chest Pain ^G			c.1.		
d. NYHA class: I II II II	II IV	not reco	rded		

SECTION VI: DIAGNOSTIC TESTS

25. Was an electrocardiogram performed during	this host	oitalization?: Yer MR
23. Was all electrocardiogram performed daring	(1113 1105 ₎	Go to item 27.
26. Did the patient have any of the following ECC	G abnorn <u>Yes</u>	nalities at any time during this hospitalization? <u>No/Unknown</u>
a. MI (age undetermined)		
b. Ischemic changes or ST-T changes		
c. Atrial fibrillation / atrial flutter $^{\rm G}$		c.1. On telemetry? Yes No
d. Left ventricular hypertrophy		
e. Left bundle branch block		
f. Ventricular tachycardia		f.1. On telemetry? Ye N
27. Was a chest X-ray performed during this ho	spitaliza	ition?: Ye No/NR Go to item 29.
28. Did the patient have any of the following sign	ns on ch <u>Yes</u>	
a. Alveolar infiltrates		
b. Alveolar/pulmonary edema B, F, N		
c. Interstitial pulmonary edema ^{B, F, N}		
d. Cardiomegaly ^{B, F}		
e. Cephalization/upper zone redistribution $^{\mathrm{B},\mathrm{N}}$		
f. Congestive heart failure		
g. Bilateral pleural effusion B, F, N h. Unilateral pleural effusion F, N		
i. Pulmonary vascular congestion		
j. Kerley B lines		
k. Cardiothoracic ratio $\geq 0.5^{B}$		

SECTION VI: DIAGNOSTIC TESTS (continued)

29. Was a transthoracic echocardiogram pe	rformed?	Yes	No/N	Go	to item 30
First transthoracic echocardiogram perform	ned after o	nset or progre	ession of hea		<u> </u>
a. Date (mm-dd-yyyy):					
b. Ejection fraction: %					
c. Wall thickness: septal:	c.1. un	it (1=cm	n, 2=mm)		
c.2. posterior:	c.3. units	s (1=cm,	2=mm)		
d. Record the following if present on transt	horacic ec	chocardiogran	<u>ı</u> :		
	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>None</u>	<u>Present</u> <u>NF</u>
1. Left ventricular hypertrophy (LVH)					
2. Impaired LV systolic function					
3. Impaired RV systolic function					
4. Aortic regurgitation					
5. Aortic stenosis					
6. Tricuspid regurgitation					
7. Mitral regurgitation					
8. Mitral stenosis					
9. Estimated RVSP/PASP:		mmHg	a. TR jet	velocit] m/s
10. Pulmonary hypertension					
11. Regional wall motion abnormality	<u>Yes</u> □	<u>No/Unkn</u>	<u>iown/NR</u>		
12. Dilated left ventricle					
13. Dilated right ventricle					
14. Diastolic dysfunction					

SECTION VI: DIAGNOSTIC TESTS (continued)

30. Was a transesophageal echocardiogram	performe	d? Ye□	No/NF			
				→	Go to item 3	1.
First transesophageal echocardiogram perfe	ormed afte	er onset or p	rogression of	event.		
a. Date (mm-dd-yyyy)						
b. Ejection fraction: %						
c. Record the following if present on tr	ansesoph	ageal echoc	ardiogram:			
	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>None</u>	<u>Present</u>	<u>NR</u>
1. Impaired LV systolic function						
2. Impaired RV systolic function						
	<u>Yes</u>	<u>No/</u>	Unknown/NR			
3. Regional wall motion abnormality						
4. Dilated left ventricle						
5. Dilated right ventricle		٦				
SECTION VI: DIAGNOSTIC TESTS (conting of the state of the	rmed?	Ye : □	No/NP	→ Go	to item 32.	
b. Record the following measurements fro	m the catl	heterization	report::			
1. Right atrial pressure (mean):	mm	nHg				
2. Pulmonary arterial pressure:	/	mm	nHg			
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3. Pulmonary wedge pressure: mmHg
4. Cardiac output: liters/min
5. Cardiac index: liters/min/m² BSA
32 Was coronary angiography performed? Yes No/NR Go to item 33.
a. Date (mm-dd-yyyy) :
b. Record the following:
1. Ejection fraction: %
2. Coronary stenosis: 0 1-24 25-49 50-74 75-94 95-99 100 NR
8
b. Left anterior descending artery and branches:
c. Left circumflex/marginal artery:
d. Right coronary artery and branches:
e. Intermediate ramus:
3. Were coronary bypass grafts present? Yes No/NR Go to item 32.b.4. a. Number of occluded grafts:
4. Mitral regurgitation: mild moderate serie ne present NR
SECTION VI: DIAGNOSTIC TESTS (continued)
33. Was a cardiac radionuclide ventriculogram performed? Yes No/NR
Go to item 34.
a. Date:
mm-da-yyyy)
24 Was a cardias Magnatic Decembra Inspains (MDI) norfermed 2 Vod No (NDI)
34. Was a cardiac Magnetic Resonance Imaging (MRI) performed? Yes No/NR
Go to item 35.
a. Date: b. Ejection fraction: LV % c. RV % (mm-dd-yyyy)
(IIIII dd yyyy)
35. Was a cardiac CT scan performed? Yes No/NR
Go to item 36.
a. Date:
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(mm-dd-yyyy)

36. Was a stress test performed?	Yes 🗌	No/NR	
a. Date:			Go to item 37.
b. Normal Abnormal Equivo	Ll ocal	7	
c. Ejection fraction: LV: %		_	

SECTION VII: BIOCHEMICAL ANALYSES

	a. <u>Worst*</u>	b. <u>Last</u>	c. <u>Upper Limit Normal</u>
37. Hemoglobin (g/dL)			
38. Hematocrit (%)			
39. BNP (pg/mL)			
40. ProBNP (pg/mL)			
41. Troponin T (ng/mL)			
42. Troponin I (ng/mL)			
43. Sodium (mEq/L)			
44. Serum creatinine (mg/dL)			
45. BUN (mg/dL)			
Worst = highest value with exception worst is the lowest value (L)	ption of hemoglobin, hem	atocrit, and sodium. F	or these items

SECTION VIII: INTERVENTIONS

	<u>Yes</u>	No/Unknown/NR
46. Cardiac (electrophysiologic) ablation therapy		
47. Implantable cardiac defibrillator		
48. Cardioversion		
49. Pacemaker placement (non-biventricular)		
50. Biventricular pacemaker (CRT)		
51. Coronary Artery Bypass Graft		
52. Percutaneous Coronary Intervention (PCI)/stent		
53. Valve replacement/repair		
54. Intra Aortic Balloon Pump (IABP)		
55. Hemofiltration/dialysis		
56. Listed/received transplant of heart		
57. Left ventricular assist device		
58. Was patient counseled regarding the following?		
a. Sodium/cholesterol reduction		
b. Tobacco cessation N/A		
c. Fluid restriction		

SECTION IX: MEDICATIONS

			lization or progre	ession At hosp	ital discharge
	111 11	ospital <u>Yes</u>	No/NR	<u>Yes</u>	No/NR
59.	ACE inhibitors			a. 🗌	
60.	Angiotensin II receptor blocke	ers 🗌		a. 🔲	
61.	Antiarrhythmics				
	a. Amiodarone			a. 1.	
	b. Other			b. 1	
62.	Anticoagulants			a	
63.	Anti-inflammatory			a. 🗌	
64.	Antiplatelets				
	a. Aspirin			a.1.	
	b. Other			b.1.	
65.	Beta blockers			a. 🗌	
66.	Calcium channel blockers			a	
67.	Digitalis ^G			a. 🔲	
68.	Diuretics ^G			a	
69.	Aldosterone Blocker			a. 🔲	
70.	Lipid lowering agents				
	a. Statins			a.1.	
	b. Other			b.1.	
71.	Nitrates			a	
72.	Hydralazine			a. 🔲	
SECTION IX: MEDICATIONS (continued)					
73. IV drugs during this hospitalization?					
a.	IV inotropes: Yes	No	NR		
b.	IV diuretics:	res	N_NR		
c.	IV vasodilators: Yes	☐ No	/NR		
d.	IV antiarrythmics: Yes	☐ No	/NR		
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SECTION X: COMPLICATIONS FOLLOWING EVENT

		<u>Yes</u>	No/Unknown		
74.	Cardiac arrest				
75.	Stroke				
76.	Myocardial infarction				
SECT	ION XI: ADMINISTRATIVE				
77. Time taken to abstract (mins):					
78. Abstractor number:					
79. Date abstract completed (mm-dd-yyyy):					