



A. DEMOGRAPHICS

Last Name, First Name, Middle Name, SSN, Patient ID, Other ID, Birth Date, Sex, Patient Zip Code, Race, Hispanic or Latino Ethnicity, Ethnicity Type

B. EPISODE OF CARE (ADMISSION)

Arrival Date, Reason for Admission, Health Insurance, Payment Source, HIC #, Research Study, Patient Restriction

C. HISTORY AND RISK FACTORS

Heart Failure, LVEF Assessed, NYHA Functional Classification, Most Recent LVEF Date, Most Recent LVEF, Syndromes w/Risk of Sudden Death, Syndrome Type, Familial Syndrome with Risk of Sudden Death, Familial Hx of Non-Ischemic Cardiomyopathy, Ischemic Cardiomyopathy, Guideline Directed Medical Therapy Maximum Dose, Non-Ischemic Cardiomyopathy, On Inotropic Support, Cardiac Arrest, Most Recent Arrest Date, VFib Arrest, VTach Arrest, Bradycardia Arrest, Ventricular Tachycardia, Most Recent VT Date, Occurred Post Cardiac Surgery, Reversible Cause, Hemodynamic Instability, VT Type



C. HISTORY AND RISK FACTORS (CONT.)

Syncope ⁴²⁸⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Prior MI ⁴²⁹⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Coronary Artery Disease ⁴²⁸⁵ :	<input type="radio"/> No <input type="radio"/> Yes	If Yes, Most Recent MI Date ⁴²⁹⁵ :	mm / dd / yyyy
Coronary Angiography ⁴³⁰⁰ :	<input type="radio"/> No <input type="radio"/> Yes		
If Yes, Performed after Most Recent Cardiac Arrest ⁴³⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes		
If Yes, Results of Angiography ⁴³¹⁰ :	<input type="radio"/> No significant disease <input type="radio"/> Non-revascularizable significant disease	<input type="radio"/> Significant disease	
If Significant disease, Revascularization Performed ⁴³¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes		
If Yes, Revascularization Outcome ⁴³²⁰ :	<input type="radio"/> Complete revascularization	<input type="radio"/> Incomplete revascularization	
Prior Cardiovascular Implantable Electronic Device ⁴³²⁵ :	<input type="radio"/> No <input type="radio"/> Yes	<i>(Includes previously placed)</i>	
Indications for Permanent Pacemaker ⁴³³⁰ :	<input type="radio"/> No <input type="radio"/> Yes		
If Yes, Class I or Class II Guideline Bradycardia Pacemaker Indication Present ⁴³³⁵ :	<input type="radio"/> No <input type="radio"/> Yes		
If Yes, Pacing Type ⁴³⁴⁰ :	<input type="radio"/> Atrial	<input type="radio"/> Ventricular	<input type="radio"/> Both
If Yes, Reason Pacing Indicated ⁴³⁴⁵ :	<input type="radio"/> Sick sinus syndrome <input type="radio"/> Complete heart block <input type="radio"/> Chronotropic incompetence	<input type="radio"/> Mobitz Type II <input type="radio"/> 2:1 AV Block <input type="radio"/> Atrial lead implant for SVT discrimination	
If Yes, Anticipated Requirement of >40% RV pacing ⁴³⁵⁰ :	<input type="radio"/> No <input type="radio"/> Yes		
On Heart Transplant Waiting List ⁴³⁵⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Candidate for LVAD ⁴³⁶⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Candidate for Transplant ⁴³⁶⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Currently on LVAD ⁴³⁷⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Atrial Fibrillation ⁴³⁹⁹ :	<input type="radio"/> No <input type="radio"/> Yes		
If Yes, AFib Classification ⁴⁴⁰⁰ :	<input type="radio"/> Paroxysmal (<i>terminating spontaneously w/in 7 days</i>) <input type="radio"/> Persistent (>7 days)	<input type="radio"/> Long standing persistent (>1 year) <input type="radio"/> Permanent	
If Yes, Plans for Cardioversion of AFib ⁴⁴⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes		
Paroxysmal SVT History ⁴⁴⁹⁰ :	<input type="radio"/> No <input type="radio"/> Yes		
OTHER HISTORY			
Prior PCI ⁴⁴⁹⁵ :	<input type="radio"/> No <input type="radio"/> Yes		
If Yes, Most Recent PCI Date ⁴⁵⁰⁰ :	mm / dd / yyyy	If Yes, Elective ⁴⁵⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes
If Yes, Pre-existing Cardiomyopathy ⁴⁵¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes		
Prior CABG ⁴⁵¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes		
If Yes, Most Recent CABG Date ⁴⁵²⁰ :	mm / dd / yyyy	If Yes, Elective ⁴⁵²⁵ :	<input type="radio"/> No <input type="radio"/> Yes
If Yes, Pre-existing Cardiomyopathy ⁴⁵³⁰ :	<input type="radio"/> No <input type="radio"/> Yes		
Primary Valvular Heart Disease ⁴⁵³⁵ : (<i>Moderate to Severe</i>)	<input type="radio"/> No <input type="radio"/> Yes		
Other Structural Abnormalities ⁴⁵⁴⁰ :	<input type="radio"/> No <input type="radio"/> Yes		
If Yes, Structural Abnormality Type ⁴⁵⁴⁵ :	<i>(Select all that apply)</i>		
<input type="checkbox"/> LV structural abnormality associated with risk for sudden cardiac arrest <input type="checkbox"/> Hypertrophic cardiomyopathy (HCM) with high risk features <input type="checkbox"/> Infiltrative <input type="checkbox"/> Arrhythmogenic right ventricular cardiomyopathy (ARVC) <input type="checkbox"/> Congenital heart disease associated with sudden cardiac arrest			
Cerebrovascular Disease ⁴⁵⁵⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Currently on Dialysis ⁴⁵⁶⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Diabetes Mellitus ⁴⁵⁵⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Chronic Lung Disease ⁴⁵⁷⁵ :	<input type="radio"/> No <input type="radio"/> Yes



D. DIAGNOSTIC STUDIES

Electrophysiology Study⁵⁰⁰⁰: No Yes
If Yes, Most Recent Electrophysiology Study Date⁵⁰⁰⁵: mm / dd / yyyy Date Unknown⁵⁰¹⁰
If Yes, Clinically Relevant Ventricular Arrhythmias Induced⁵⁰¹⁵: No Yes

ECG Performed⁵⁰³⁰: No Yes
If Yes, ECG Date⁵⁰³⁵: mm / dd / yyyy
If Yes, Was ECG Normal⁵⁰⁴⁰: No Yes

Only Ventricular Paced QRS Complexes Present⁵⁰⁴⁵: No Yes
If Yes, Ventricular Paced QRS Duration⁵⁰⁵⁰: _____ msec
If No, QRS Duration (Non-Ventricular Paced Complex)⁵⁰⁵⁵: _____ msec

Abnormal Intraventricular Conduction⁵⁰⁶⁰: No Yes
If Yes, Intraventricular Conduction Types⁵⁰⁶⁵: (Select all that apply)
 Left Bundle Branch Block (LBBB) Delay, Nonspecific
 Right Bundle Branch Block (RBBB) Alternating RBBB and LBBB

Atrial Rhythm⁵¹⁰⁰: (Select all that apply) Sinus AFib Atrial tach Atrial Flutter Sinus arrest Atrial paced Not Documented

Ventricular Paced⁵¹⁰⁵: No Yes

E. LABS

BUN⁶⁰²⁵: _____ mg/dL Not Drawn⁶⁰²⁶ **Sodium**⁶⁰³⁵: _____ mEq/L Not Drawn⁶⁰³⁶
Hemoglobin⁶⁰³⁰: _____ g/dL Not Drawn⁶⁰³¹

F. PROCEDURE INFORMATION (COMPLETE FOR EACH LAB VISIT)

Procedure Start Date/Time⁷⁰⁰⁰: mm/dd/yyyy / hh:mm **Procedure End Date/Time**⁷⁰⁰⁵: mm/dd/yyyy / hh:mm

Procedure Type⁷⁰¹⁰: Initial generator implant Generator change Generator explant Lead only

ICD Indication⁷⁰¹⁵: Primary prevention Secondary prevention

Premarket Clinical Trial⁷⁰²⁰: No Yes

G. ICD IMPLANT / EXPLANT (COMPLETE FOR EACH LAB VISIT IN WHICH AN INITIAL GENERATOR IMPLANT, GENERATOR CHANGE, OR GENERATOR EXPLANT WAS PERFORMED)

Operator Name^{7600,7605,7610}: _____ **Operator NPI**⁷⁶¹⁵: _____

Device Implanted⁷⁶²⁰: No Yes
If Yes, Final Device Type⁷⁶²⁵: Single chamber Dual chamber CRT-D S-ICD (Sub Q)
If Yes, CS/LV Lead⁷⁶³⁰: Implant unsuccessful Not attempted Successfully implanted Previously implanted

DEVICE INFORMATION FOR IMPLANTED DEVICES

If Yes, Device ID⁷⁶³⁵: _____ **If Yes, Serial Number**⁷⁶⁴⁰: _____ **If Yes, UDI**⁷⁶⁴⁵: _____ (future)

à IF PROCEDURE TYPE⁷⁰¹⁰ = 'GENERATOR CHANGE' OR 'GENERATOR EXPLANT'

Reason(s) for Re-implantation⁷⁶⁵⁰: (Select all that apply)
 End of expected battery life Replaced at time of lead revision Upgrade Infection
 Under manufacturer advisory/recalled Faulty Connector/Header Device relocation Malfunction
If Upgrade, Reason for Upgrade⁷⁶⁵⁵: Single ICD to Dual ICD ICD to CRT-D

Device Explanted⁷⁶⁶⁰: Not explanted Explanted Previously explanted
If Previously Explanted, Explant Date⁷⁶⁶⁵: mm / dd / yyyy

DEVICE INFORMATION FOR CHANGED OR EXPLANTED DEVICES

If Explanted, Device ID⁷⁶⁷⁵: _____ **If Explanted, Serial Number**⁷⁶⁸⁰: _____ **If Explanted, UDI**⁷⁶⁸⁵: _____ (future)

Explant Treatment Recommendation⁷⁶⁷⁰: No Re-implant Downgrade



H. LEAD ASSESSMENT (COMPLETE FOR ALL LEADS, INCLUDING NEW LEADS IMPLANTED, EXISTING LEADS EXTRACTED, ABANDONED, OR REUSED)

Operator Name ^{7690,7695,7700} :		Operator NPI ⁷⁷⁰⁵ :		
Lead Counter ⁷⁷¹⁰ :	1	2	3	
Identification ⁷⁷¹⁵ :	<input type="radio"/> New Lead <input type="radio"/> Existing Lead	<input type="radio"/> New Lead <input type="radio"/> Existing Lead	<input type="radio"/> New Lead <input type="radio"/> Existing Lead	
Lead ID ⁷⁷²⁰ :				
Serial Number ⁷⁷²⁵ :				
UDI ⁷⁷³⁰ :	(future)	(future)	(future)	
Lead Location ⁷⁷³⁵ :	<input type="radio"/> RA endocardial <input type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous (S-ICD) <input type="radio"/> Subcutaneous array <input type="radio"/> Other	<input type="radio"/> RA endocardial <input type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous (S-ICD) <input type="radio"/> Subcutaneous array <input type="radio"/> Other	<input type="radio"/> RA endocardial <input type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous (S-ICD) <input type="radio"/> Subcutaneous array <input type="radio"/> Other	

COMPLETE FOR EXISTING LEADS ONLY

Existing Lead Implant Date ⁷⁷⁴⁰ :	mm / dd / yyyy	mm / dd / yyyy	mm / dd / yyyy
Existing Lead Status ⁷⁷⁴⁵ :	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused

I. INTRA OR POST-PROCEDURE EVENTS (COMPLETE FOR EACH LAB VISIT)

Cardiac Arrest ⁹⁰⁰⁰ :	<input type="radio"/> No <input type="radio"/> Yes	TIA ⁹¹⁴⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Myocardial Infarction ⁹⁰⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Hematoma (Req re-op, evacuation or transfusion) ⁹¹⁸⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Cardiac Perforation ⁹⁰¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Infection Requiring Antibiotics ⁹¹⁹⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Coronary Venous Dissection ⁹⁰¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Hemothorax ⁹²⁰⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Cardiac Tamponade ⁹⁰⁵⁵ :	<input type="radio"/> No <input type="radio"/> Yes	Pneumothorax ⁹²¹⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Stroke ⁹¹²⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Urgent Cardiac Surgery ⁹²⁵⁰ :	<input type="radio"/> No <input type="radio"/> Yes

POST-PROCEDURE EVENT(S)

Set Screw Problem ⁹²⁵⁵ :	<input type="radio"/> No <input type="radio"/> Yes
Lead Dislodgement ⁹²⁶⁰ :	<input type="radio"/> No <input type="radio"/> Yes
If Yes, Lead Location ⁹²⁶⁵ :	<input type="radio"/> RA endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> Subcutaneous array <input type="radio"/> LV epicardial <input type="radio"/> LV via CVS <input type="radio"/> Other <input type="radio"/> RV endocardial <input type="radio"/> Subcutaneous (S-ICD)



J. DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE/ADMISSION)

CABG¹⁰⁰⁰⁵: (During this admission) No Yes If Yes, CABG Date¹⁰⁰¹⁰: mm / dd / yyyy

PCI¹⁰⁰¹⁵: (During this admission) No Yes If Yes, PCI Date¹⁰⁰²⁰: mm / dd / yyyy

Discharge Date¹⁰¹⁰⁰: mm / dd / yyyy

Discharge Status¹⁰¹⁰⁵: Alive Deceased

If Alive, Discharge Location¹⁰¹¹⁰: Home Skilled Nursing facility
 Extended care/TCU/rehab Other
 Other acute care hospital Left against medical advice (AMA)

If Deceased, Death During the Procedure¹⁰¹²⁰: No Yes

If Deceased, Cause of Death¹⁰¹²⁵:

- Acute myocardial infarction Pulmonary Hemorrhage
 Sudden cardiac death Renal Non-cardiovascular procedure or surgery
 Heart failure Gastrointestinal Trauma
 Stroke Hepatobiliary Suicide
 Cardiovascular procedure Pancreatic Neurological
 Cardiovascular hemorrhage Infection Malignancy
 Other cardiovascular reason Inflammatory/Immunologic Other non-cardiovascular reason

DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE)

Medications prescribed at discharge are not required for patients who expired or discharged to "Other acute care Hospital," or "AMA".

Table with 5 columns: Medication¹⁰²⁰⁰, PRESCRIBED¹⁰²⁰⁵ (YES, NO - NO REASON, NO - MEDICAL REASON, NO - PT. REASON). Rows include Aldosterone Antagonist, Antiarrhythmic Drug, Warfarin, Antiplatelet Agent, Aspirin, Apixaban, Dabigatran, Edoxaban, Rivaroxaban, ACE Inhibitor, ARB, Statin, Beta Blocker.