

DEMOGRAPHICS

Last Name ²⁰⁰⁰ : _____		First Name ²⁰¹⁰ : _____		Middle Name ²⁰²⁰ : _____	
Birth Date ²⁰⁵⁰ : mm / dd / yyyy		SSN ²⁰³⁰ : - -		<input type="checkbox"/> SSN N/A ²⁰³¹	
Patient ID ²⁰⁴⁰ : (auto)		Other ID ²⁰⁴⁵ : _____			
Sex ²⁰⁶⁰ : <input type="radio"/> Male <input type="radio"/> Female		Patient Zip Code ²⁰⁶⁵ : _____		<input type="checkbox"/> Zip Code N/A ²⁰⁶⁶	
Race: (Select all that apply) <input type="checkbox"/> White ²⁰⁷⁰ <input type="checkbox"/> Black/African American ²⁰⁷¹ <input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³ <input type="checkbox"/> Asian ²⁰⁷² <input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴ Hispanic or Latino Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input type="radio"/> Yes					

EPISODE OF CARE

Arrival Date/Time ³⁰⁰¹ : mm / dd / yyyy / hh:mm	
Facility Classification Type ¹⁵⁶⁰⁵ : <input type="radio"/> Ambulatory Surgical Center (ASC) <input type="radio"/> Office Based Lab (OBL)	
Health Insurance ³⁰⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Payment Source ³⁰¹⁰ : <input type="checkbox"/> Private health insurance <input type="checkbox"/> State-specific plan (non-Medicaid) (Select all that apply) <input type="checkbox"/> Medicare (Part A or B) <input type="checkbox"/> Medicare Advantage (Part C) <input type="checkbox"/> Medicaid <input type="checkbox"/> Military health care <input type="checkbox"/> Indian health service <input type="checkbox"/> Non-US insurance → If any Medicare, Medicare Beneficiary Identifier ¹²⁸⁴⁶ : _____	

PATHWAY

CV ASC Pathway ¹⁵⁶⁰⁶ : (Select one) <input type="checkbox"/> Diagnostic coronary angiography (Only) <input type="checkbox"/> PCI with or without coronary angiography <input type="checkbox"/> Implantable cardiac defibrillator <input type="checkbox"/> Permanent pacemaker	
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HISTORY AND RISK FACTORS

CONDITION HISTORY ¹²⁹⁰³	OCCURRENCE ¹⁵⁵¹⁰		→ If Yes,	
	No	YES		
Atrial fibrillation	<input type="radio"/>	<input type="radio"/>	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 Plans for Cardioversion of AFib ⁴⁴⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes	
Cardiac arrest	<input type="radio"/>	<input type="radio"/>	Date ⁴²²⁵ : mm / dd / yyyy Bradycardia Arrest ⁴²⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes VFib Arrest ⁴²³⁵ : <input type="radio"/> No <input type="radio"/> Yes Vtach Arrest ⁴²³⁰ : <input type="radio"/> No <input type="radio"/> Yes	
Cardiomyopathy - ischemic	<input type="radio"/>	<input type="radio"/>	Timeframe ⁴¹⁹⁰ : <input type="radio"/> <3 months <input type="radio"/> ≥3 months Guideline Directed Medical Therapy Maximum Dose ⁴¹⁹⁵ : <input type="radio"/> Yes (for 3 months) <input type="radio"/> Not documented <input type="radio"/> Not attempted <input type="radio"/> Inability to complete	
Cardiomyopathy - non-ischemic	<input type="radio"/>	<input type="radio"/>	Timeframe ⁴²⁰⁵ : <input type="radio"/> <3 months <input type="radio"/> ≥3 months Guideline Directed Medical Therapy Maximum Dose ⁴²¹⁰ : <input type="radio"/> Yes (for 3 months) <input type="radio"/> Not documented <input type="radio"/> Not attempted <input type="radio"/> Inability to complete	
Cerebrovascular disease	<input type="radio"/>	<input type="radio"/>		
Chronic lung disease	<input type="radio"/>	<input type="radio"/>		
Coronary artery disease	<input type="radio"/>	<input type="radio"/>		
Currently on dialysis	<input type="radio"/>	<input type="radio"/>		
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>		
Familial hx of non-ischemic CM	<input type="radio"/>	<input type="radio"/>		
Familial syndrome-risk of sudden death	<input type="radio"/>	<input type="radio"/>		
Heart failure	<input type="radio"/>	<input type="radio"/>		
Myocardial infarction	<input type="radio"/>	<input type="radio"/>		Functional Classification ⁴⁰¹⁰ : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV MI Date ⁴²⁹⁵ : mm / dd / yyyy
Paroxysmal SVT history	<input type="radio"/>	<input type="radio"/>		
Primary valvular heart disease	<input type="radio"/>	<input type="radio"/>		

HISTORY & RISK FACTORS (CONTINUED)

CONDITION HISTORY ¹²⁹⁰³	OCCURRENCE ¹⁵⁵¹⁰		→ If Yes,	
	No	YES		
Structural abnormalities	<input type="radio"/>	<input type="radio"/>	Structural Abnormality Type ⁴⁵⁴⁵ : (Select all that apply) <input type="checkbox"/> Arrhythmogenic right ventricular cardiomyopathy (ARVC) <input type="checkbox"/> Congenital heart disease associated with sudden cardiac arrest <input type="checkbox"/> Hypertrophic cardiomyopathy (HCM) with high-risk features <input type="checkbox"/> Infiltrative <input type="checkbox"/> LV structural abnormality associated with risk for sudden cardiac arrest	
Syncope	<input type="radio"/>	<input type="radio"/>		
Syndromes of sudden death	<input type="radio"/>	<input type="radio"/>	Syndrome Type ⁴¹⁷⁰ : <input type="radio"/> Brugada <input type="radio"/> Catecholaminergic polymorphic VT <input type="radio"/> Idiopathic/Primary VT/VF <input type="radio"/> Long QT <input type="radio"/> Short QT	
Ventricular fibrillation (not due to reversible cause)	<input type="radio"/>	<input type="radio"/>	VF Date ¹⁴⁷²⁰ : mm / dd / yyyy	
Ventricular tachycardia	<input type="radio"/>	<input type="radio"/>	VT Date ⁴²⁵⁰ : VT Type ⁴²⁷⁵ : <input type="radio"/> Monomorphic <input type="radio"/> Monomorphic and polymorphic VT <input type="radio"/> Non-sustained <input type="radio"/> Polymorphic VT Post Cardiac Surgery (W/in 48 Hrs) ⁴²⁵⁵ : <input type="radio"/> No <input type="radio"/> Yes Bradycardia Dependent ⁴²⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes Reversible Cause ⁴²⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes Hemodynamic Instability ⁴²⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes	
PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁵⁵¹¹		→ If Yes, Procedure Date ¹⁵⁵¹²	→ If Yes,
	No	YES		
Aortic valve procedure	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	
Coronary angiography	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	Performed After Most Recent Cardiac Arrest ⁴³⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes Results of Angiography ⁴³¹⁰ : <input type="radio"/> Non-revascularizable significant disease <input type="radio"/> No 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
Coronary artery bypass graft	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	Pre-existing CM ⁴⁵³⁰ : <input type="radio"/> No <input type="radio"/> Yes
CV implantable electronic device (pacemaker or defibrillator)	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	
Percutaneous coronary intervention	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	Pre-existing CM ⁴⁵¹⁰ : <input type="radio"/> No <input type="radio"/> Yes

DIAGNOSTIC STUDIES

EP Study⁵⁰⁰⁰: No Yes → If Yes, **EP Date**⁵⁰⁰⁵: mm / dd / yyyy **Date Unknown**⁵⁰¹⁰

→ If Yes, **Clinically Relevant Ventricular Arrhythmias Induced**⁵⁰¹⁵: No Yes

ECG Performed⁵⁰³⁰: No Yes → If Yes, **ECG Date**⁵⁰³⁵: mm / dd / yyyy → If Yes, **ECG Normal**⁵⁰⁴⁰: No Yes

Ventricular Paced⁵¹⁰⁵: No Yes

Only Ventricular-Paced QRS Complexes Present⁵⁰⁴⁵: No Yes → If Yes, **Ventricular-Paced QRS Duration**⁵⁰⁵⁰: _____ msec
→ If No, **QRS Duration (Non-Ventricular-Paced Complex)**⁵⁰⁵⁵: _____ msec

Abnormal Intraventricular Conduction⁵⁰⁶⁰: No Yes
→ If Yes, **Intraventricular Conduction Types**⁵⁰⁶⁵:
(Select all that apply) Alternating RBBB and LBBB Delay, nonspecific
 Left bundle branch block (LBBB) Right bundle branch block (RBBB)

Atrial Rhythm⁵¹⁰⁰: Atrial fibrillation Atrial flutter Atrial paced Atrial tachycardia Sinus Sinus arrest
(Select all that apply)

LVEF Assessed⁴¹⁵⁰: No Yes → If Yes, **Date**⁴¹⁵⁵: mm / dd / yyyy → If Yes, **Most Recent LVEF**⁴¹⁶⁰: _____ %

PRE-PROCEDURE LABS

BUN⁶⁰²⁵: _____ mg/dl **Not Drawn**⁶⁰²⁶ **Hemoglobin**⁶⁰³⁰: _____ g/dl **Not Drawn**⁶⁰³¹ **Sodium**⁶⁰³⁵: _____ mEq/L **Not Drawn**⁶⁰³⁶

INTRA OR POST-PROCEDURE EVENTS

EVENT(S) ⁹⁰⁰¹	EVENT(S) OCCURRED ⁹⁰⁰²	EVENT(S) ⁹⁰⁰¹	EVENT(S) OCCURRED ⁹⁰⁰²
Cardiac arrest	<input type="radio"/> No <input type="radio"/> Yes	Hemothorax	<input type="radio"/> No <input type="radio"/> Yes
Cardiac perforation	<input type="radio"/> No <input type="radio"/> Yes	Myocardial infarction	<input type="radio"/> No <input type="radio"/> Yes
Cardiac tamponade	<input type="radio"/> No <input type="radio"/> Yes	Pneumothorax	<input type="radio"/> No <input type="radio"/> Yes
Coronary venous dissection	<input type="radio"/> No <input type="radio"/> Yes	Stroke	<input type="radio"/> No <input type="radio"/> Yes
Hematoma (Re-op, evac, or transfusion)	<input type="radio"/> No <input type="radio"/> Yes	Transient ischemic attack (TIA)	<input type="radio"/> No <input type="radio"/> Yes

POST-PROCEDURE EVENTS

Set Screw Problem⁹²⁵⁵: No Yes

Lead Dislodgement⁹²⁶⁰: No Yes → If Yes, **Lead Location**⁹²⁶⁵:

- | | | | | |
|--|--|-------------------------------------|--------------------------------------|---|
| <input type="radio"/> Azygos vein | <input type="radio"/> His bundle | <input type="radio"/> Left bundle | <input type="radio"/> LV endocardial | <input type="radio"/> LV epicardial (CVS) |
| <input type="radio"/> LV epicardial (surgical) | <input type="radio"/> RA endocardial | <input type="radio"/> RA epicardial | <input type="radio"/> RV endocardial | <input type="radio"/> RV epicardial |
| <input type="radio"/> Subcutaneous array | <input type="radio"/> Subcutaneous (S-ICD) | <input type="radio"/> Substernal | <input type="radio"/> SVC/subclavian | <input type="radio"/> Other |

DISCHARGE

Discharge Date/Time¹⁰¹⁰¹: mm/dd/yyyy / hh:mm

Discharge Status¹⁰¹⁰⁵: Alive Deceased

→ If Alive, **Discharge Location**¹⁰¹¹⁰: Home Skilled nursing facility Extended care/transitional care unit/rehab
 Other Acute care hospital Left against medical advice (AMA)

→ If Acute care hospital, **Emergent Transfer**¹⁵⁶⁰⁸: No Yes

→ If Acute care hospital, **Suspected Condition(s)**¹⁵⁷⁰²:

(Select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Bleeding - Gastrointestinal | <input type="checkbox"/> Bleeding - Other | <input type="checkbox"/> Bleeding - Retroperitoneal |
| <input type="checkbox"/> NSTEMI | <input type="checkbox"/> Other vascular complications | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Transient ischemic attack (TIA) | <input type="checkbox"/> Other | <input type="checkbox"/> None documented |

DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE) *Not required for patients who expired or were discharged to "Acute care hospital" or "Left AMA".*

DISCHARGE MEDICATION ¹⁰²⁰⁰	PRESCRIBED ¹⁰²⁰⁵			
	YES	NO - NO REASON	NO - MEDICAL REASON	NO - PT. REASON
ALDOSTERONE RECEPTOR ANTAGONIST (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANGIOTENSIN CONVERTING ENZYME INHIBITOR (ACE-I) (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANGIOTENSIN RECEPTOR BLOCKER (ARB) (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANGIOTENSIN II RECEPTOR BLOCKER NEPRILYSIN INHIBITOR (ARNI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANTIARRHYTHMIC DRUG (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANTIPLATELET DRUG (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASPIRIN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BETA BLOCKER (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DIRECT ORAL ANTICOAGULANT (DOAC) (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RENIN INHIBITOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SELECTIVE SINUS NODE L/F CHANNEL INHIBITOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STATIN (ANY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WARFARIN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>