

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 : (Select all that apply) <input type="checkbox"/> Private health insurance <input type="checkbox"/> State-specific plan (non-Medicaid) <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

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 (terminating spontaneously w/in 7 days) <input type="radio"/> Persistent (>7 days) <input type="radio"/> Long standing persistent (>1 year) <input type="radio"/> Permanent
Cardiac arrest	<input type="radio"/>	<input type="radio"/>	Date ⁴²²⁵ mm / dd / yyyy Bradycardia Arrest ⁴²⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes
Cardiomyopathy (Any)	<input type="radio"/>	<input type="radio"/>	
Coronary artery disease	<input type="radio"/>	<input type="radio"/>	
Heart failure	<input type="radio"/>	<input type="radio"/>	
Myocardial infarction	<input type="radio"/>	<input type="radio"/>	MI Date ⁴²⁹⁵ mm / dd / yyyy
Primary valvular heart disease	<input type="radio"/>	<input type="radio"/>	
Syncope	<input type="radio"/>	<input type="radio"/>	
	<input type="radio"/>	<input type="radio"/>	
PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁵⁵¹¹		→ If Yes, Date ¹⁵⁵¹²
	No	YES	
Aortic valve procedure	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy
Coronary artery bypass graft	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy
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

DIAGNOSTIC STUDIES

ECG Performed⁵⁰³⁰: No Yes → If Yes, **ECG DATE**⁵⁰³⁵: mm / dd / yyyy

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:
 Alternating RBBB and LBBB Delay, nonspecific
 Left bundle branch block (LBBB) Right bundle branch block (RBBB)
(Select all that apply)

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 Drawn⁶⁰²⁶ **Sodium**⁶⁰³⁵: _____ mEq/L Not Drawn⁶⁰³⁶

Hemoglobin⁶⁰³⁰: _____ g/dl Not Drawn⁶⁰³¹

PROCEDURE INFORMATION

Procedure Room Entry Date/Time¹⁵⁶⁹⁴: mm/dd/yyyy / hh:mm **Procedure Start Date/Time**⁷⁰⁰⁰: mm/dd/yyyy / hh:mm

Procedure End Date/Time⁷⁰⁰⁵: mm/dd/yyyy / hh:mm **Procedure Room Exit Date/Time**¹⁵⁶⁹⁵: mm/dd/yyyy / hh:mm

Procedure Type¹⁵⁶⁰⁷: Generator change Generator explant Initial generator implant

→ If any procedure, **Operator Name, NPI**^{7600,7605,7610/7615}: Last name, First Name, Middle Name/NPI

→ If any procedure, **Lead Operator Name, NPI**^{7690,7695,7700/7705}: Last name, First Name, Middle Name/NPI

→ If any procedure, **FIT Operator Name, NPI, Fellowship Training Program**^{15433,15434,15435,15436,15431}: _____, _____

Shared Decision Making¹⁴⁷³²: No Yes

Premarket Clinical Trial⁷⁰²⁰: No Yes

COMPLETE FOR ANY INITIAL GENERATOR IMPLANT OR GENERATOR CHANGE

Reason Pacing Indicated¹⁴⁷³¹: (Select all that apply)
 2:1 AV block Anticipated requirement of >40% RV pacing AV node ablation
 Chronotropic incompetence Complete heart block (intrinsic) HF unresponsive to GDMT
 Mobitz Type II Sick sinus syndrome Not documented

DEVICE IMPLANT / EXPLANT (COMPLETE FOR ANY INITIAL GENERATOR IMPLANT, GENERATOR CHANGE, OR GENERATOR EXPLANT)

Device Implanted⁷⁶²⁰: (If Initial generator implant, Generator change) No Yes

→ If Yes, **Final Device Type**⁷⁶²⁵: CRT-P His/Left bundle pacemaker Leadless single chamber PM

→ If Yes, **CS/LV Lead**⁷⁶³⁰: Implant unsuccessful Previously implanted Successfully implanted Not attempted

→ If Yes, **His/Left Bundle Lead**¹⁴⁷³⁹: Implant unsuccessful Previously implanted Successfully implanted Not attempted

→ If Yes, **Device ID**⁷⁶³⁵: _____ → If Yes, **Serial Number**⁷⁶⁴⁰: _____

GENERATOR REMOVAL (COMPLETE FOR ANY GENERATOR CHANGE OR GENERATOR EXPLANT)

Reason(s) for Generator Replacement⁷⁶⁵⁰: (Select all that apply)
 Device relocation End of expected battery life Faulty connector/header Infection
 Malfunction Replaced at time of lead revision Under manufacturer advisory/recalled Upgrade

Device Explanted⁷⁶⁶⁰: Explanted Not explanted Previously explanted

→ If Explanted, **Device ID**⁷⁶⁷⁵: _____ → If Explanted, **Serial Number**⁷⁶⁸⁰: _____

→ If Previously Explanted, **Date**⁷⁶⁶⁵: mm/dd/yyyy

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

Lead Counter ⁷⁷¹⁰ :	1		2	
Identification ⁷⁷¹⁵ :	<input type="radio"/> New lead	<input type="radio"/> Existing lead	<input type="radio"/> New lead	<input type="radio"/> Existing lead
→ If Existing Lead, Implant Date ⁷⁷⁴⁰ :	mm/dd/yyyy		mm/dd/yyyy	
→ If Existing Lead, Lead Status ⁷⁷⁴⁵ :	<input type="radio"/> Extracted	<input type="radio"/> Abandoned	<input type="radio"/> Reused	<input type="radio"/> Extracted
Lead ID ⁷⁷²⁰ :	_____		_____	
Serial Number ⁷⁷²⁵ :	_____		_____	
Lead Location ⁷⁷³⁵ :	<input type="radio"/> Azygos vein	<input type="radio"/> His bundle	<input type="radio"/> Azygos vein	<input type="radio"/> His bundle
	<input type="radio"/> Left bundle	<input type="radio"/> LV endocardial	<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"/> LV epicardial (CVS)	<input type="radio"/> LV epicardial (surgical)
	<input type="radio"/> RA endocardial	<input type="radio"/> RA epicardial	<input type="radio"/> RA endocardial	<input type="radio"/> RA epicardial
	<input type="radio"/> RV endocardial	<input type="radio"/> RV 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"/> Subcutaneous array	<input type="radio"/> Subcutaneous (S-ICD)
	<input type="radio"/> Substernal	<input type="radio"/> SVC/subclavian	<input type="radio"/> Substernal	<input type="radio"/> SVC/subclavian
	<input type="radio"/> Other		<input type="radio"/> Other	

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"/>