



A. DEMOGRAPHICS

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

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, Syndromes w/Risk of Sudden Death, Familial Syndrome with Risk of Sudden Death, Ischemic Cardiomyopathy, Non-Ischemic Cardiomyopathy, On Inotropic Support, Cardiac Arrest, Ventricular Tachycardia

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C. HISTORY AND RISK FACTORS (CONT.)

Syncope⁴²⁸⁰: No Yes Prior MI⁴²⁹⁰: No Yes

Coronary Artery Disease⁴²⁸⁵: No Yes → If Yes, Most Recent MI Date⁴²⁹⁵: mm / dd / yyyy

Coronary Angiography⁴³⁰⁰: No Yes
→ If Yes, Performed after Most Recent Cardiac Arrest⁴³⁰⁵: No Yes
→ If Yes, Results of Angiography⁴³¹⁰: No significant disease Significant disease
 Non-revascularizable significant disease
→ If Significant disease, Revascularization Performed⁴³¹⁵: No Yes
→ If Yes, Revascularization Outcome⁴³²⁰: Complete revascularization Incomplete revascularization

Prior Cardiovascular Implantable Electronic Device⁴³²⁵: No Yes (Includes previously placed)

Indications for Permanent Pacemaker⁴³³⁰: No Yes
→ If Yes, Class I or Class II Guideline Bradycardia Pacemaker Indication Present⁴³³⁵: No Yes
→ If Yes, Pacing Type⁴³⁴⁰: Atrial Ventricular Both
→ If Yes, Reason Pacing Indicated⁴³⁴⁵: Sick sinus syndrome Mobitz Type II
 Complete heart block 2:1 AV Block
 Chronotropic incompetence Atrial lead implant for SVT discrimination
→ If Yes, Anticipated Requirement of >40% RV pacing⁴³⁵⁰: No Yes

On Heart Transplant Waiting List⁴³⁵⁵: No Yes Candidate for LVAD⁴³⁶⁵: No Yes

Candidate for Transplant⁴³⁶⁰: No Yes Currently on LVAD⁴³⁷⁰: No Yes

Atrial Fibrillation⁴³⁹⁹: No Yes
→ If Yes, AFib Classification⁴⁴⁰⁰: Paroxysmal (terminating spontaneously w/in 7 days) Long standing persistent (>1 year)
 Persistent (>7 days) Permanent

→ If Yes, Plans for Cardioversion of AFib⁴⁴⁰⁵: No Yes

Paroxysmal SVT History⁴⁴⁹⁰: No Yes

OTHER HISTORY

Prior PCI⁴⁴⁹⁵: No Yes
→ If Yes, Most Recent PCI Date⁴⁵⁰⁰: mm / dd / yyyy → If Yes, Elective⁴⁵⁰⁵: No Yes
→ If Yes, Pre-existing Cardiomyopathy⁴⁵¹⁰: No Yes

Prior CABG⁴⁵¹⁵: No Yes
→ If Yes, Most Recent CABG Date⁴⁵²⁰: mm / dd / yyyy → If Yes, Elective⁴⁵²⁵: No Yes
→ If Yes, Pre-existing Cardiomyopathy⁴⁵³⁰: No Yes

Primary Valvular Heart Disease⁴⁵³⁵: (Moderate to Severe) No Yes

Other Structural Abnormalities⁴⁵⁴⁰: No Yes
→ If Yes, Structural Abnormality Type⁴⁵⁴⁵: (Select all that apply)
 LV structural abnormality associated with risk for sudden cardiac arrest
 Hypertrophic cardiomyopathy (HCM) with high risk features
 Infiltrative
 Arrhythmogenic right ventricular cardiomyopathy (ARVC)
 Congenital heart disease associated with sudden cardiac arrest

Cerebrovascular Disease⁴⁵⁵⁰: No Yes Currently on Dialysis⁴⁵⁶⁰: No Yes

Diabetes Mellitus⁴⁵⁵⁵: No Yes Chronic Lung Disease⁴⁵⁷⁵: No Yes



D. DIAGNOSTIC STUDIES

Electrophysiology Study⁵⁰⁰⁰: No Yes
 → If Yes, **Most Recent Electrophysiology Study Date**⁵⁰⁰⁵: mm / dd / yyyy Date Unknown⁵⁰¹⁰
 → If Yes, **Clinically Relevant Ventricular Arrhythmias Induced**⁵⁰¹⁵: No Yes

ECG Performed⁵⁰³⁰: No Yes
 → If Yes, **ECG Date**⁵⁰³⁵: mm / dd / yyyy
 → If Yes, **Was ECG Normal**⁵⁰⁴⁰: 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)
 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 Type**⁷⁶²⁵: Single chamber Dual chamber CRT-D S-ICD (Sub Q)
 → If Yes, **CS/LV Lead**⁷⁶³⁰: Implant unsuccessful Not attempted Successfully implanted Previously implanted

DEVICE INFORMATION FOR IMPLANTED DEVICES

→ If Yes, **Device ID**⁷⁶³⁵: _____ → If Yes, **Serial Number**⁷⁶⁴⁰: _____ → If Yes, **UDI**⁷⁶⁴⁵: _____ (future)

→ 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 Upgrade**⁷⁶⁵⁵: Single ICD to Dual ICD ICD to CRT-D

Device Explanted⁷⁶⁶⁰: Not explanted Explanted Previously explanted
 → If Previously Explanted, **Explant Date**⁷⁶⁶⁵: mm / dd / yyyy

DEVICE INFORMATION FOR CHANGED OR EXPLANTED DEVICES

→ If Explanted, **Device ID**⁷⁶⁷⁵: _____ → 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"/> 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



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.