

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	Sex ²⁰⁶⁰ : <input type="radio"/> Male <input type="radio"/> Female
Patient ID ²⁰⁴⁰ : (auto)	Other ID ²⁰⁴⁵ :	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 Date³⁰⁰⁰: mm/dd/yyyy

Reason for Admission³⁰⁴⁰: Admitted for this procedure Heart failure Other

→ **If Admitted for this procedure, Reason**¹⁵⁷⁸⁰ Device embolization Initial device implant Infection
 (Select all that apply) Generator device change Lead dislodgement Other

Health Insurance³⁰⁰⁵: No Yes

→ **If Yes, Payment Source**³⁰¹⁰: Private health insurance State-specific plan (non-Medicaid)
 (Select all that apply) Medicare (Part A or B) Medicare Advantage (Part C) Medicaid
 Military health care Indian Health Service Non-US insurance

→ **If any Medicare, Medicare Beneficiary Identifier (MBI)**¹²⁸⁴⁶: _____

Research Study³⁰²⁰: No Yes → **If Yes, Study Name**³⁰²⁵, **Patient ID**³⁰³⁰ _____, _____

PATHWAY (SELECT ALL THAT APPLY)

Electrophysiology Device Implant Pathway¹⁵⁸²⁶: Implantable cardioverter-defibrillator Permanent pacemaker Leads only

HISTORY AND RISK FACTORS

CONDITION HISTORY ¹²⁹⁰³	OCCURRENCE ¹⁴²⁶⁴		→ 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 - ischemic	<input type="radio"/>	<input type="radio"/>		
Cardiomyopathy - non-ischemic	<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"/>	NYHA Functional Classification ⁴⁰¹⁰ : <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV MI Date ⁴²⁹⁵ : mm / dd / yyyy	
Valvular heart disease	<input type="radio"/>	<input type="radio"/>		
Syncope	<input type="radio"/>	<input type="radio"/>		
PROCEDURE HISTORY ¹²⁹⁰⁵	OCCURRENCE ¹⁴²⁶⁸		→ If Yes, Procedure Date ¹⁴²⁵²	→ If Yes,
	No	Yes		
Aortic valve procedure	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	Prior CIED Device Type ¹⁵⁷⁹³ : <u>Select from dynamic list</u>
Prior coronary artery bypass graft	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	
CV implantable electronic device	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	
Prior PCI	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	

DIAGNOSTIC STUDIES (PRE-PROCEDURE)

ECG Performed⁵⁰³⁰: 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: (Select all that apply) Atrial fibrillation Atrial flutter Atrial paced Atrial tachycardia Sinus Sinus arrest

LVEF Assessed⁴¹⁵⁰: No Yes

→ If Yes, **Most Recent LVEF**⁴¹⁵⁵: mm/dd/yyyy

→ If Yes, **Most Recent LVEF**⁴¹⁶⁰: _____ %

LABS (LAB OR POC)

BUN⁶⁰²⁵: _____ mg/dL Not Drawn⁶⁰²⁶ **Hemoglobin**⁶⁰³⁰: _____ g/dL Not Drawn⁶⁰³¹ **Sodium**⁶⁰³⁵: _____ mEq/L Not Drawn⁶⁰³⁶

INR⁶⁰⁴⁵: _____ Not Drawn⁶⁰⁴⁶ **Creatinine**⁶⁰⁵⁰: _____ mg/dL Not Drawn⁶⁰⁵¹

PROCEDURE INFORMATION (COMPLETE FOR EACH LAB VISIT)

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 Type⁷⁰¹⁰: Generator change Generator explant Initial generator implant Lead only

→ If any generator change, explant, or implant, **Operator Name, NPI**^{7600,7605,7610,7615}: Last name, First Name, Middle Name/NPI

→ If any generator change, explant, or implant, **FIT Operator Name, NPI, Fellowship Training Program**^{15433,15434,15435,15436,15431}: _____, _____

Shared Decision Making¹⁴⁷³²: No Yes

Premarket Clinical Trial⁷⁰²⁰: No Yes

Post-market Surveillance¹⁵⁷⁸⁶: No Yes

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

COMPLETE FOR ANY INITIAL GENERATOR IMPLANT OR GENERATOR CHANGE

Device Implanted⁷⁶²⁰: No Yes

→ If Yes, **Final Device Type**¹⁵⁷⁹⁴: CRT-D Extravascular ICD ICD dual chamber ICD single chamber S-ICD (Sub Q)

(Select all that apply) Single chamber transvenous PPM Dual chamber transvenous PPM CRT-P Leadless single chamber PPM

Leadless dual chamber PPM His bundle PPM Left bundle PPM Leadless LVEP CCM

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

→ If Yes, **His Bundle Lead**¹⁵⁸²⁷: Implant unsuccessful Previously implanted Successfully implanted Not attempted

→ If Yes, **Left Bundle Lead**¹⁵⁸²⁸: Implant unsuccessful Previously implanted Successfully implanted Not attempted

→ If Yes, **Co-implant Device**¹⁵⁷⁸¹: No Yes

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

Bradycardia Indication Present¹⁴⁷³⁰: No Yes

→ If any pacemaker, CRT-D, or ICD dual chamber, **Reason Pacing Indicated**¹⁴⁷³¹: (Select all that apply)

- 2:1 AV block 2nd degree AV block, Mobitz Type II AV node ablation
- Anticipated requirement of >40% RV pacing Chronotropic incompetence Complete heart block (intrinsic)
- HF unresponsive to GDMT Sick sinus syndrome Other

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/recall Upgrade Other

Device Explanted⁷⁶⁶⁰: Explanted (Current procedure) Not explanted Previously explanted

→ If Explanted, **Device ID**⁷⁶⁷⁵: _____, _____ → If Explanted, **Serial Number**⁷⁶⁸⁰: (Future Use) _____ → If Explanted, **UDI**⁷⁶⁸⁵: (Future Use)

Explant Treatment Recommendation⁷⁶⁷⁰: Downgrade No Re-implant Upgrade

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

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

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 <input type="radio"/> Abandoned <input type="radio"/> Reused
Lead ID ⁷⁷²⁰ :	_____	_____
Serial Number ⁷⁷²⁵ : (Future use)	_____	_____
UDI ⁷⁷³⁰ : (Future use)	_____	_____
Lead Location ⁷⁷³⁵ :	<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	<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

INTRA- OR POST-PROCEDURE EVENTS

EVENT(S) ⁹⁰⁰¹	EVENT(S) OCCURRED ⁹⁰⁰²	→ IF YES
Bleeding - Access Site	<input type="radio"/> No <input type="radio"/> Yes	
Bleeding - Gastrointestinal	<input type="radio"/> No <input type="radio"/> Yes	
Bleeding - Retroperitoneal	<input type="radio"/> No <input type="radio"/> Yes	
Hematoma (Re-op, evac, or transfusion)	<input type="radio"/> No <input type="radio"/> Yes	
Transfusion	<input type="radio"/> No <input type="radio"/> Yes	
Vascular complications	<input type="radio"/> No <input type="radio"/> Yes	Location¹⁵⁷⁸⁴: (Select all that apply) <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Groin Intervention Required¹⁵⁷⁸²: <input type="radio"/> No <input type="radio"/> Yes → If Yes, Intervention Type¹⁵⁷⁸³ <input type="radio"/> Endovascular repair <input type="radio"/> Surgical repair <input type="radio"/> Thrombin injection
Cardiac arrest	<input type="radio"/> No <input type="radio"/> Yes	
Cardiac perforation	<input type="radio"/> No <input type="radio"/> Yes	
Coronary venous dissection	<input type="radio"/> No <input type="radio"/> Yes	
Myocardial infarction	<input type="radio"/> No <input type="radio"/> Yes	
Urgent cardiac surgery	<input type="radio"/> No <input type="radio"/> Yes	
Pericardial effusion	<input type="radio"/> No <input type="radio"/> Yes	Requiring Intervention⁹⁰⁶⁵ <input type="radio"/> No <input type="radio"/> Yes
Cardiac tamponade	<input type="radio"/> No <input type="radio"/> Yes	Intervention Type¹⁵⁷⁸⁸: (Select all that apply) <input type="checkbox"/> Open cardiac surgery <input type="checkbox"/> Percutaneous drainage
Stroke (Any)	<input type="radio"/> No <input type="radio"/> Yes	
Transient ischemic attack (TIA)	<input type="radio"/> No <input type="radio"/> Yes	
Hemothorax	<input type="radio"/> No <input type="radio"/> Yes	Requiring Drainage⁹²¹⁰: <input type="radio"/> No <input type="radio"/> Yes
Pneumothorax	<input type="radio"/> No <input type="radio"/> Yes	Requiring Intervention¹⁵⁷⁸⁹: <input type="radio"/> No <input type="radio"/> Yes
Infection requiring antibiotics	<input type="radio"/> No <input type="radio"/> Yes	
Device embolization	<input type="radio"/> No <input type="radio"/> Yes	

POST-PROCEDURE EVENTS

Set Screw Problem⁹²⁵⁵: <input type="radio"/> No <input type="radio"/> Yes
Lead Dislodgement⁹²⁶⁰: <input type="radio"/> No <input type="radio"/> Yes → If Yes, Lead Location⁹²⁶⁵: <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

CONDUCTION SYSTEM PACING (COMPLETE FOR PATIENTS WITH A LEFT BUNDLE LEAD¹⁵⁸²⁸)

Final Paced QRS Duration¹⁵⁷⁹⁰ _____ msec <input type="checkbox"/> Not Assessed¹⁵⁸²⁹
Unipolar Paced QRS Morphology (Lead V1)¹⁵⁷⁸⁷ <input type="radio"/> No <input type="radio"/> Yes – qR <input type="radio"/> Yes – Qr <input type="radio"/> Yes - Other <input type="radio"/> Not documented
→ If Yes, R Wave Peak Time Duration¹⁵⁷⁹¹: (in Leads V5-V6) _____ msec <input type="checkbox"/> Not Assessed¹⁵⁸³⁰

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/transitional care unit/rehab
 Other Other acute care hospital Left against medical advice (AMA)

→ If Deceased, Death During Procedure¹⁰¹²⁰: No Yes

→ If Deceased, Cause of Death¹⁰¹²⁵: Cardiac Non-Cardiac Undetermined

DISCHARGE MEDICATIONS
Medications prescribed at discharge are not required for patients who expired or are discharged to “Other acute care hospital” or “AMA”

MEDICATION ¹⁰²⁰⁰	PRESCRIBED ¹⁰²⁰⁵			
	YES	NO – NO REASON	NO – MEDICAL REASON	NO – PATIENT REASON
Aldosterone Antagonist	<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-Nepriylsin Inhibitor (ARNI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angiotensin II Receptor Blocker (ARB) (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"/>
Antiarrhythmic Drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiplatelet Agent	<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"/>
Apixaban	<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"/>
Betrixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rivaroxaban	<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"/>