

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 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 Ventricular Fibrillation Arrest ⁴²³⁵ : <input type="radio"/> No <input type="radio"/> Yes Ventricular Tachycardia 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"/>	

HISTORY AND RISK FACTORS (CONTINUED)

CONDITION HISTORY ¹²⁹⁰³	OCCURRENCE ¹⁴²⁶⁴		→ If Yes,
	No	Yes	
Currently on dialysis	<input type="radio"/>	<input type="radio"/>	
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	
Familial hx non-ischemic cardiomyopathy	<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"/>	NYHA Functional Classification⁴⁰¹⁰: <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV
Inotropic support	<input type="radio"/>	<input type="radio"/>	
Myocardial infarction	<input type="radio"/>	<input type="radio"/>	MI Date⁴²⁹⁵: mm / dd / yyyy
Paroxysmal SVT history	<input type="radio"/>	<input type="radio"/>	
Valvular heart disease	<input type="radio"/>	<input type="radio"/>	
Structural abnormalities	<input type="radio"/>	<input type="radio"/>	Structural Abnormality Type⁴⁵⁴⁵: (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 → If Infiltrative, Select Type¹⁵⁷⁸⁵: <u>Select all that apply from list</u> <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 Type⁴¹⁷⁰: <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"/>	Ventricular Fibrillation Date¹⁴⁷²⁰: mm / dd / yyyy
Ventricular tachycardia	<input type="radio"/>	<input type="radio"/>	Ventricular Tachycardia Date⁴²⁵⁰: mm / dd / yyyy Ventricular Tachycardia Type⁴²⁷⁵: <input type="radio"/> Monomorphic <input type="radio"/> Non-sustained <input type="radio"/> Polymorphic <input type="radio"/> Monomorphic/polymorphic Post Cardiac Surgery (W/in 48 Hrs)⁴²⁵⁵: <input type="radio"/> No <input type="radio"/> Yes Bradycardia Dependent⁴²⁶⁰: <input type="radio"/> No <input type="radio"/> Yes Reversible Cause⁴²⁶⁵: <input type="radio"/> No <input type="radio"/> Yes Hemodynamic Instability⁴²⁷⁰: <input type="radio"/> No <input type="radio"/> Yes

HISTORY & RISK FACTORS (CONTINUED)

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	
Coronary angiography	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	Performed After Most Recent Cardiac Arrest⁴³⁰⁵: <input type="radio"/> No <input type="radio"/> Yes Results of Angiography⁴³¹⁰: <input type="radio"/> No disease (<50% stenosis of LMCA) <input type="radio"/> Significant disease (≥ 50% stenosis of LMCA) <input type="radio"/> Non-revascularized significant disease →If Significant disease, Revascularization Performed⁴³¹⁵: <input type="radio"/> No <input type="radio"/> Yes →If Yes, Revascularization Outcome⁴³²⁰: <input type="radio"/> Complete revascularization <input type="radio"/> Incomplete revascularization
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 CIED Device Type¹⁵⁷⁹³: <u>Select from dynamic list</u>
Prior PCI	<input type="radio"/>	<input type="radio"/>	mm / dd / yyyy	Pre-existing Cardiomyopathy⁴⁵¹⁰: <input type="radio"/> No <input type="radio"/> Yes
Candidate for VAD	<input type="radio"/>	<input type="radio"/>	N/A	
Currently on VAD	<input type="radio"/>	<input type="radio"/>	N/A	
On Heart Transplant Waiting List	<input type="radio"/>	<input type="radio"/>	N/A	
Candidate for transplant	<input type="radio"/>	<input type="radio"/>	N/A	

DIAGNOSTIC STUDIES (PRE-PROCEDURE)

EP Study⁵⁰⁰⁰: No Yes **→ If Yes, EP Date⁵⁰⁰⁵:** mm / dd / yyyy **Date Unknown⁵⁰¹⁰**

→ If Yes, Clinically Relevant Ventricular Arrhythmias Induced⁵⁰¹⁵: No Yes

ECG Performed⁵⁰³⁰: No Yes **→ If Yes, ECG Normal⁵⁰⁴⁰:** No Yes

Ventricular Paced⁵¹⁰⁵: 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)

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 LVEF⁴¹⁵⁵: mm/dd/yyyy

→ If Yes, Most Recent LVEF⁴¹⁶⁰: _____ %

LABS (LAB OR POC)

BUN⁶⁰²⁵: _____ mg/dL **Not Drawn⁶⁰²⁶** **Hemoglobin⁶⁰³⁰:** _____ g/dL **Not Drawn⁶⁰³¹** **Sodium⁶⁰³⁵:** _____ mEq/L **Not Drawn⁶⁰³⁶**

INR⁶⁰⁴⁵: _____ **Not Drawn⁶⁰⁴⁶** **Creatinine⁶⁰⁵⁰:** _____ mg/dL **Not Drawn⁶⁰⁵¹**

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	Location ¹⁵⁷⁸⁴ : (Select all that apply) <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Groin Intervention Required ¹⁵⁷⁸² : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Intervention Type ¹⁵⁷⁸³ <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	
Cardiac tamponade	<input type="radio"/> No <input type="radio"/> Yes	Requiring Intervention ⁹⁰⁶⁵ <input type="radio"/> No <input type="radio"/> Yes Intervention Type ¹⁵⁷⁸⁸ : (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	
Pneumothorax	<input type="radio"/> No <input type="radio"/> Yes	Requiring Drainage ⁹²¹⁰ : <input type="radio"/> No <input type="radio"/> Yes Requiring Intervention ¹⁵⁷⁸⁹ : <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 Problem ⁹²⁵⁵: No Yes

Lead Dislodgement ⁹²⁶⁰: 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

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

Final Paced QRS Duration ¹⁵⁷⁹⁰ _____ msec **Not Assessed** ¹⁵⁸²⁹

Unipolar Paced QRS Morphology (Lead V1) ¹⁵⁷⁸⁷ No Yes – qR Yes – QR Yes - Other Not documented

→ **If Yes, R Wave Peak Time Duration** ¹⁵⁷⁹¹: (in Leads V5-V6) _____ msec **Not Assessed** ¹⁵⁸³⁰

DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE/ADMISSION)

CABG ¹⁰⁰⁰⁵ (During this admission): No Yes → **If Yes, CABG Date** ¹⁰⁰¹⁰: mm/dd/yyyy

PCI ¹⁰⁰¹⁵ (During this admission): No Yes → **If Yes, PCI Date** ¹⁰⁰²⁰: mm/dd/yyyy

Discharge Date ¹⁰¹⁰⁰: mm/dd/yyyy

Discharge Status ¹⁰¹⁰⁵: Alive Deceased

→ **If Alive, Discharge Location** ¹⁰¹¹⁰: Home Skilled nursing facility Extended care/transitional care unit/rehab

Other Other acute care hospital Left against medical advice (AMA)

→ **If Deceased, Death During Procedure** ¹⁰¹²⁰: No Yes

→ **If Deceased, Cause of Death** ¹⁰¹²⁵: 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"/>