**PMT FORM SELECTION**

<table>
<thead>
<tr>
<th>Legend: Elements in bold are required</th>
</tr>
</thead>
<tbody>
<tr>
<td>HF</td>
</tr>
<tr>
<td>Patient ID:</td>
</tr>
</tbody>
</table>

### ARRIVAL AND ADMISSION INFORMATION

<table>
<thead>
<tr>
<th>Internal Tracking ID:</th>
<th>Physician/Provider NPI:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Arrival Date and Time:</th>
<th><strong>/</strong>/____   : __</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY only</td>
<td></td>
</tr>
<tr>
<td>Unknown/Date UTD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Admit Date:</th>
<th><strong>/</strong>/____</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Point of Origin for Admission or Visit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Non-Health Care Facility Point of Origin</td>
</tr>
<tr>
<td>2 Clinic</td>
</tr>
<tr>
<td>4 Transfer From a Hospital (Different Facility)</td>
</tr>
<tr>
<td>5 Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)</td>
</tr>
<tr>
<td>O 6 Transfer from another Health Care Facility</td>
</tr>
<tr>
<td>O 7 Emergency room</td>
</tr>
<tr>
<td>O 9 Information not available</td>
</tr>
<tr>
<td>O F Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program</td>
</tr>
</tbody>
</table>

### DEMOGRAPHIC DATA

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th><strong>/</strong>/____</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Race:</th>
<th>American Indian or Alaska Native</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asian</td>
</tr>
<tr>
<td></td>
<td>Asian Indian</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
</tr>
<tr>
<td></td>
<td>Filipino</td>
</tr>
<tr>
<td></td>
<td>Japanese</td>
</tr>
<tr>
<td></td>
<td>Korean</td>
</tr>
<tr>
<td></td>
<td>Vietnamese</td>
</tr>
<tr>
<td></td>
<td>Other Asian</td>
</tr>
<tr>
<td></td>
<td>Black or African American</td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian</td>
</tr>
<tr>
<td></td>
<td>Guamanian or Chamorro</td>
</tr>
<tr>
<td></td>
<td>Samoan</td>
</tr>
<tr>
<td></td>
<td>Other Pacific Islander</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender: O Male O Female O Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hispanic Ethnicity If yes:</th>
<th>O Yes O No/UTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mexican, Mexican American, Chicano/a</td>
</tr>
<tr>
<td></td>
<td>Puerto Rican</td>
</tr>
<tr>
<td></td>
<td>Cuban</td>
</tr>
<tr>
<td></td>
<td>Another Hispanic, Latino or Spanish Origin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment Source:</th>
<th>Medicaid (Title 19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicare (Title 18)</td>
</tr>
<tr>
<td></td>
<td>Medicare – Private/HMO/Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>External Tracking ID:</th>
<th>___________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Postal Code:</th>
<th>__________ - _______</th>
</tr>
</thead>
</table>

### MEDICAL HISTORY

<table>
<thead>
<tr>
<th>Medical History (Select all that apply)</th>
<th>Anemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>CAD</td>
</tr>
<tr>
<td>Atrial Flutter (Chronic or Recurrent)</td>
<td>CRT-P (cardiac resynchronization therapy-pacing only)</td>
</tr>
<tr>
<td>CRT-D (cardiac resynchronization therapy with ICD)</td>
<td>Depression</td>
</tr>
<tr>
<td>CVA/TIA</td>
<td>Dialysis (chronic)</td>
</tr>
<tr>
<td>Diabetes - Non-insulin treated</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>Peripheral Vascular Disease</td>
</tr>
<tr>
<td>Pacemaker</td>
<td>Prior PCI</td>
</tr>
<tr>
<td>Prior MI</td>
<td>Ventricular assist device</td>
</tr>
<tr>
<td>Valvular Heart Disease</td>
<td>Atrial Fibr (Chronic or Recurrent)</td>
</tr>
<tr>
<td></td>
<td>CardioMEMS (implantable hemodynamic monitor)</td>
</tr>
<tr>
<td></td>
<td>COPD or Asthma</td>
</tr>
<tr>
<td></td>
<td>Diabetes - Insulin treated</td>
</tr>
<tr>
<td></td>
<td>Heart failure</td>
</tr>
<tr>
<td></td>
<td>ICD only</td>
</tr>
<tr>
<td></td>
<td>Prior CABG</td>
</tr>
<tr>
<td></td>
<td>Renal insufficiency - chronic (SCr&gt;2.0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of Cigarette Smoking? (in past 12 months): O Yes O No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Heart Failure History</th>
<th>Etiology: Check if history of:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ischemic/CAD</td>
</tr>
<tr>
<td></td>
<td>Hypertensive</td>
</tr>
<tr>
<td></td>
<td>Alcohol/other drug</td>
</tr>
<tr>
<td></td>
<td>Chemotherapy</td>
</tr>
<tr>
<td></td>
<td>Familial</td>
</tr>
<tr>
<td></td>
<td>Unknown/ Idiopathic</td>
</tr>
</tbody>
</table>
## Known history of HF prior to this admission?
- [ ] Yes
- [ ] No

## # hospital admissions in past 6 mo. for HF:
- [ ] 0
- [ ] 1
- [ ] 2
- [ ] >2
- [ ] Unknown

- [ ] Patient listed for transplant

### DIAGNOSIS

#### Heart Failure Diagnosis
- [ ] Heart Failure, primary diagnosis, with CAD
- [ ] Heart Failure, primary diagnosis, no CAD
- [ ] Heart Failure, secondary diagnosis

#### Atrial Fibrillation (At presentation or during hospitalization)
- [ ] Yes
- [ ] No

#### Atrial Flutter (At presentation or during hospitalization)
- [ ] Yes
- [ ] No

### New Diagnosis of Diabetes
- [ ] Yes
- [ ] No
- [ ] Not Documented

#### Basis for Diagnosis
- [ ] HbA1c
- [ ] Oral Glucose Tolerance
- [ ] Fasting Blood Sugar
- [ ] Test Other

#### Characterization of HF at admission or when first recognized
- [ ] Acute pulmonary edema
- [ ] Dizziness/syncope
- [ ] Dyspnea
- [ ] ICD Shock/Sustained Ventricular Arrhythmia
- [ ] Pulmonary congestion
- [ ] Volume overload/Weight Gain
- [ ] Worsening fatigue
- [ ] Other

#### Other Conditions Contributing to HF Exacerbation
- [ ] Arrhythmia
- [ ] Pneumonia/respiratory process
- [ ] Worsening renal failure
- [ ] Noncompliance – medication
- [ ] Ischemia/ACS
- [ ] Uncontrolled HTN
- [ ] Noncompliance – dietary
- [ ] Other

### MEDICATIONS AT ADMISSION

#### Medications Used Prior to Admission
- [ ] Patient on no meds prior to admission
- [ ] ACE inhibitor
- [ ] Aldosterone antagonist
- [ ] Angiotensin receptor blocker (ARB)
- [ ] Angiotensin receptor neprilysin inhibitor (ARNI)
- [ ] Antiarrhythmic
- [ ] Anticoagulation Therapy
  - [ ] Warfarin
  - [ ] Direct Thrombin Inhibitor
  - [ ] Factor Xa Inhibitor
  - [ ] Other
- [ ] Antiplatelet agent (excluding aspirin)
- [ ] Aspirin
- [ ] Beta Blocker
- [ ] Ca channel blocker
- [ ] Diabetic Medications (Any)
- [ ] Digoxin
- [ ] Diuretic
- [ ] Thiazide/Thiazide-like
- [ ] Loop
- [ ] Hydralazine
- [ ] Ivabradine
- [ ] Lipid lowering agent (Any)
- [ ] Statin
- [ ] Other lipid lowering agent
- [ ] Nitrates
- [ ] Omega-3 fatty acid supplement
- [ ] Renin Inhibitor
- [ ] Other

### EXAM/LABS AT ADMISSION

#### Symptoms (closest to admission)
- [ ] Chest pain
- [ ] Dyspnea at rest
- [ ] Orthopnea
- [ ] Decreased appetite/early satiety
- [ ] Dyspnea on exertion
- [ ] Palpitations
- [ ] Fatigue
- [ ] Dizziness/light-headedness/syncpe
- [ ] PND

#### Vital Signs (closest to admission)

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value</th>
<th>Unit</th>
<th>Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>_______</td>
<td>O inches</td>
<td>cm</td>
</tr>
<tr>
<td>Weight</td>
<td>_______</td>
<td>O lbs</td>
<td>kg</td>
</tr>
<tr>
<td>Waist Circumference</td>
<td>_______</td>
<td>O inches</td>
<td>cm</td>
</tr>
<tr>
<td>BMI</td>
<td>_______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Rate</td>
<td>_______ bpm</td>
<td></td>
<td>ND</td>
</tr>
<tr>
<td>BP-Supine</td>
<td>_______ / _______ mmHg</td>
<td>(systolic/diastolic)</td>
<td>ND</td>
</tr>
<tr>
<td>Respiratory Rate</td>
<td>________ breaths per minute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam (closest to admission)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JVP:</td>
<td>O Yes O No O Unknown If yes, _____ cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rules:</td>
<td>O Yes O No O Unknown If yes, O ≤1/3 O ≥1/3 O N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower extremity edema:</td>
<td>O Yes O No O Unknown If yes, O 1+ O 2+ O 3+ O 4+ O N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TC: ________ mg/dL</td>
<td>HDL: ________ mg/dL</td>
<td>LDL: ________ mg/dL</td>
<td>TG: ________ mg/dL</td>
</tr>
<tr>
<td>Labs (closest to admission)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Na</td>
<td>O mEq/L O mmol/L O mg/dL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hgb</td>
<td>O g/dL O g/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albumin</td>
<td>O g/dL O g/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BNP</td>
<td>O pg/mL O pmol/L O ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NBNP</td>
<td>O pg/mL O ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scr</td>
<td>O mg/dL O µmol/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUN</td>
<td>O mg/dL O µmol/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Troponin (Peak)</td>
<td>O mg/dL O µmol/L O ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T O I O Normal O Abnormal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>O mEq/L O mmol/L O mg/dL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1C</td>
<td>O %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fasting Blood Glucose (mg/dL)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EKG QRS Duration (ms)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EKG QRS Morphology</td>
<td>O Normal O LBBB O RBBB O NS-IVCD O Paced O Not Available</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IN-HOSPITAL CARE**

- No Procedures
- Cardioversion
- CRT-D (cardiac resynchronization therapy with ICD)
- Dialysis or Ultrafiltration unspecified
- Left Ventricular assist device
- PCI
- Stress Testing

- Atrial Fibrillation Ablation or Surgery
- CardioMEMS (implantable hemodynamic monitor)
- CRT-P (cardiac resynchronization therapy-pacing only)
- ICD only
- Mechanical ventilation
- PCI with Stent
- Transplant (Heart)

- Cardiac Cath/Coronary angiography
- Coronary artery bypass graft
- Dialysis
- Intra-aortic balloon pump
- Pacemaker
- Right Cardiac Catheterization
- Ultrafiltration

**EF – Quantitative**

- ________ %

- Not applicable
- Normal or mild dysfunction
- Qualitative moderate/severe dysfunction
- Performed/results not available
- Planned after discharge
- Not performed

- This Admission
- W/in the last year
- > 1 year ago

**EF – Qualitative**

- Not applicable
- Normal or mild dysfunction
- Qualitative moderate/severe dysfunction
- Performed/results not available
- Planned after discharge
- Not performed

- This Admission
- W/in the last year
- > 1 year ago

**Documented LVSD?**

- O Yes O No

**LVF Assessment?**

- O Yes O No O Not done, reason documented

**Oral Medications during hospitalization**

- Select all that apply

- None
- ACE inhibitor
- ARNI
- Aldosterone antagonist
- ARB
- Beta Blocker
- Hydralazine nitrate
### Parenteral Therapies during hospitalization

Select all that apply:

- None
- Dopamine
- Milrinone
- Nesiritide
- Nitroglycerine
- Vasopressin antagonist
- Dobutamine
- Loop diuretics
- Intermittent bolus
- Continuous infusion
- Other IV vasodilators

### Was the patient ambulating at the end of hospital day 2?

- Yes
- No
- Not Documented

### Was DVT prophylaxis initiated by the end of hospital day 2?

- Yes
- No/Not Documented
- Contraindicated

If yes, select one or more:

- Low dose unfractionated heparin (LDUH)
- Low molecular weight heparin (LMWH)
- Warfarin
- Intermittent pneumatic compression devices (IPC)
- Factor Xa Inhibitor
- Direct thrombin inhibitor
- Venous foot pumps (VFP)
- Other

### Was DVT or PE (pulmonary embolus) documented?

- Yes
- No/Not Documented

### Influenza Vaccination

- Influenza vaccine was given during this hospitalization during the current flu season
- Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization
- Documentation of patient's refusal of influenza vaccine
- Allergy/sensitivity to influenza vaccine or if medically contraindicated
- Vaccine not available
- None of the above/Not documented/UTD.

### Pneumococcal Vaccination

- Pneumococcal vaccine was given during this hospitalization
- Pneumococcal vaccine was received in the past, not during this hospitalization
- Documentation of patient's refusal of pneumococcal vaccine
- Allergy/sensitivity to pneumococcal vaccine
- None of the above/Not documented/UTD

### DISCHARGE INFORMATION

**Discharge Date/Time**

- 12/31/2017 2:00 PM
- MM/DD/YYYY only

**Get With The Guidelines® HF Mortality Risk Score**

[Calculated in the PMT]

**For patients discharged on or after 04/01/2011: What was the patient’s discharge disposition on the day of discharge?**

- Home
- Hospice – Home
- Hospice – Health Care facility
- Acute Care Facility
- Other Health Care facility
- Expired
- Left Against Medical Advise/AMA
- Not Documented or Unable to Determine (UTD)

**If Other Health Care Facility**

- Skilled Nursing Facility (SNF)
- Inpatient Rehabilitation Facility (IRF)
- Long Term Care Hospital (LTCH)
- Intermediate Care facility (ICF)
- Other

**If Home, special discharge circumstances**

- Home Health
- Homeless
- International
- Prison/Incarcerated
- None/UTD

**Primary Cause of Death**

- Cardiovascular
- Non-cardiovascular
- Unknown

If cardiovascular:

- Acute coronary syndrome
- Worsening heart failure
- Sudden death
- Other cardiovascular

**When is the earliest physician/APN/PA documentation of comfort measures only?**

- Day 0 or 1
- Day 2 or after
- Timing unclear
- Not Documented/UTD
<table>
<thead>
<tr>
<th>Symptoms (closest to discharge)</th>
<th>O Worse</th>
<th>O Unchanged</th>
<th>O Better, symptomatic</th>
<th>O Better, asymptomatic</th>
<th>O Unable to determine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs (closest to discharge)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Rate bpm</td>
<td>ND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP-Supine mmHg (systolic/diastolic)</td>
<td>ND</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam (closest to discharge)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JVP</td>
<td></td>
<td>O Yes</td>
<td>O No</td>
<td>O Unknown</td>
<td>If yes, ______ cm</td>
</tr>
<tr>
<td>Rales</td>
<td></td>
<td>O Yes</td>
<td>O No</td>
<td>O Unknown</td>
<td>If yes, O &lt;1/3</td>
</tr>
<tr>
<td>Lower extremity edema</td>
<td></td>
<td>O Yes</td>
<td>O No</td>
<td>O Unknown</td>
<td>If yes, O trace</td>
</tr>
<tr>
<td>Labs (closest to discharge)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Na</td>
<td></td>
<td>O mEq/L</td>
<td>O mmol/L</td>
<td>O mg/dL</td>
<td>□ Not well documented</td>
</tr>
<tr>
<td>BNP</td>
<td></td>
<td>O pg/mL</td>
<td>O pmol/L</td>
<td>O ng/L</td>
<td>□ Not well documented</td>
</tr>
<tr>
<td>SCr</td>
<td></td>
<td>O mg/dL</td>
<td>O µmol/L</td>
<td>□ Not well documented</td>
<td></td>
</tr>
<tr>
<td>BUN</td>
<td></td>
<td>O mg/dL</td>
<td>O µmol/L</td>
<td>□ Not well documented</td>
<td></td>
</tr>
<tr>
<td>NT-BNP (pg/mL)</td>
<td></td>
<td>O pg/mL</td>
<td>□ Not well documented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K</td>
<td></td>
<td>O mEq/L</td>
<td>O mmol/L</td>
<td>O mg/dL</td>
<td>□ Not well documented</td>
</tr>
</tbody>
</table>

**DISCHARGE MEDICATIONS**

**ACEI**

Prescribed? | O Yes | O No
---|---|---

If yes, Medication: Dosage: Frequency:  
Contraindicated? | O Yes | O No

Contraindications or Other Documented Reason(s) For Not Providing ACEI:  
- Hypotensive patient who was at immediate risk of cardiogenic shock
- Hospitalized patient who experienced marked azotemia
- Other
- Patient Reason
- System Reason

**ARB**

Prescribed? | O Yes | O No
---|---|---

If yes, Medication: Dosage: Frequency:  
Contraindicated? | O Yes | O No

Contraindications or Other Documented Reason(s) For Not Providing ARB:  
- Hypotensive patient who was at immediate risk of cardiogenic shock
- Hospitalized patient who experienced marked azotemia
- Other
- Patient Reason
- System Reason

**ARNI**

Prescribed? | O Yes | O No
---|---|---

If yes, Medication: Dosage: Frequency:  
Contraindicated? | O Yes | O No

Contraindications or Other Documented Reason(s) For Not Providing ARNI:  
- Ace inhibitor use within the prior 36 hours
- Allergy
- Hyperkalemia
- Hypotension
- Other Medical reasons
- Patient reason
- Renal dysfunction defined as creatinine > 2.5 mg/dL in men or > 2.0 mg/dL in women
- System reason

Reasons for not switching to ARNI at discharge:  
- O Yes | O No | O ARNI was prescribed at discharge

If yes,  
- New onset heart failure
- NYHA Class I
- NYHA Class IV
- Not previously tolerating ACEI or ARB

**ASA**

Prescribed? | O Yes | O No
---|---|---

If yes, Dosage: Frequency:
### Anticoagulation Therapy

**Contraindicated?**
- Yes
- No

**Prescribed?**
- Yes
- No

**If yes,**
- **Class:**
  - Warfarin
  - Direct thrombin inhibitor
  - Factor Xa Inhibitor
  - Other
  - Other

- **Medication:**
- **Dosage:**
- **Frequency:**

**Contraindicated?**
- Yes
- No

**If yes,**
- Contraindication(s):
  - Allergy to or complication r/t anticoagulation therapy (hx or current)
  - Patient/Family refused
  - Risk for bleeding or discontinued due to bleeding
  - Serious side effect to medication
  - Terminal illness/Comfort Measures Only

### Clopidogrel

**Prescribed?**
- Yes
- No

**If yes,**
- **Dosage:**
- **Frequency:**

**Contraindicated?**
- Yes
- No

### Other Antiplatelet(s)

**Prescribed?**
- Yes
- No

**If yes,**
- **Medication:**
- **Dosage:**
- **Frequency:**

**Contraindicated?**
- Yes
- No

### Beta Blocker

**Prescribed?**
- Yes
- No

**If yes, Class of Beta Blocker**
- Evidence-Based Beta Blocker
- Non Evidence-Based Beta Blocker
- Unknown Class

**If yes,**
- **Medication:**
- **Dosage:**
- **Frequency:**

**Contraindicated?**
- Yes
- No

**Contraindications or Other Documented Reason(s) For Not Providing Beta Blockers**:
- Low blood pressure
- Fluid overload
- Asthma
- Patient recently treated with an intravenous positive inotropic agent
- Other
- Patient Reason
- System Reason

### Aldosterone Antagonist

**Prescribed?**
- Yes
- No

**If yes,**
- **Medication:**
- **Dosage:**
- **Frequency:**

**Contraindicated?**
- Yes
- No

**Contraindications or Other Documented Reasons(s) for Not Providing Aldosterone Antagonist at Discharge**
- Allergy due to aldosterone receptor antagonist
- Hyperkalemia
- Renal dysfunction defined as creatinine > 2.5 mg/dL in men or > 2.0 mg/dL in women
- Other medical reasons
- Other contraindications
- Patient Reason
- System Reason

### Diabetic Tx:
- None prescribed/ND
- Oral agents
- Other subcutaneous/injectable agents
- Insulin

### Lipid Lowering Medication(s)

**Prescribed?**
- Yes
- No

**If yes,**
- **Class:**
- **Medication:**
- **Dosage:**
- **Frequency:**

**Contraindicated?**
- Yes
- No

### Omega-3 fatty acid supplement

**Prescribed?**
- Yes
- No

**Contraindicated?**
- Yes
- No

### Hydralazine Nitrate

**Prescribed?**
- Yes
- No

**Contraindicated?**
- Yes
- No

**Contraindications or Other Documented Reason(s) For Not Providing Hydralazine Nitrate**:
- Medical Reason
- Patient Reason
<table>
<thead>
<tr>
<th></th>
<th>Prescribed?</th>
<th>Contraindicated?</th>
<th>Ivabradine</th>
<th>Other Medications at Discharge</th>
<th>ICD Therapy</th>
<th>CRT Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Contraindications or Other Documented Reason(s) For Not Providing Ivabradine:</td>
<td>☐ Allergy to Ivabradine</td>
<td>☐ NYHA class I or IV</td>
<td>☐ Not treated with maximally tolerated dose beta blockers or beta blockers contraindicated</td>
<td>☐ New Onset HF</td>
<td>☐ Not in sinus rhythm</td>
<td>☐ Patient 100% atrial or ventricular paced</td>
</tr>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>☐ Antiarrhythmic</td>
<td>☐ Amiodarone</td>
<td>☐ Dofetilide</td>
<td>☐ Sotalol</td>
<td>☐ Other</td>
<td>☐ Diuretic</td>
</tr>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td>☐ Ca Channel blocker</td>
<td>☐ Digoxin</td>
<td>☐ Loop Diuretic</td>
<td>☐ Thiazide Diuretic Nitrate</td>
<td>☐ Nitrate</td>
<td>☐ Ranolazine</td>
</tr>
<tr>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>OTHER THERAPIES</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Counseling?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Reason for not counseling?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Documented Medical Reason(s) for Not Counseling?</td>
<td>☐ ICD or CRT-D device in patient</td>
<td>☐ Multiple or significant comorbidities</td>
<td>☐ Limited life expectancy</td>
<td>☐ Other reasons not eligible for ICD (e.g. EF &gt; 35%, new onset HF)</td>
<td>☐ Other reasons for not counseling</td>
<td>☐ Contraindications</td>
</tr>
<tr>
<td>Placed or Prescribed?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Reason for not Placing or Prescribing?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Documented Reason(s) for Not Placing or Prescribing CRT Therapy?</td>
<td>☐ Contraindications</td>
<td>☐ Not receiving optimal medical therapy</td>
<td>☐ Any other physician documented reason including, AMI in prior 40 days, recent revascularization, recent onset of HF</td>
<td>☐ Patient Reason</td>
<td>☐ System Reason</td>
<td>☐ QRS duration &lt;120 ms</td>
</tr>
<tr>
<td>CRT-D Placed or Prescribed?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>CRT-P Placed or Prescribed</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Reason for not Placing or Prescribing?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Documented Medical Reason(s) for Not Placing or Prescribing CRT Therapy?</td>
<td>☐ Contraindications</td>
<td>☐ Not receiving optimal medical therapy</td>
<td>☐ Not NYHA functional Class III or ambulatory Class IV</td>
<td>☐ Any other physician documented reason including, AMI in prior 40 days, recent revascularization, recent onset of HF</td>
<td>☐ QRS duration &lt;120 ms</td>
<td>☐ Patient Reason</td>
</tr>
</tbody>
</table>

RISK INTERVENTIONS
### Smoking Cessation Counseling Given
- [ ] Yes
- [ ] No

### Activity Level
- [ ] Yes
- [ ] No

### Follow-Up
- [ ] Yes
- [ ] No

### Symptoms Worsening
- [ ] Yes
- [ ] No

### Diet (Salt restricted)
- [ ] Yes
- [ ] No

### Medications
- [ ] Yes
- [ ] No

### Weight Monitoring
- [ ] Yes
- [ ] No

### Follow-Up Visit Scheduled
- [ ] Yes
- [ ] No

#### Date/Time of first follow-up visit:
- [ ]__/__/______ [ ]_:____
  - [ ] MM/DD/YYYY only
  - [ ] Unknown

#### Location of first follow-up visit:
- [ ] Office Visit
- [ ] Home Health Visit
- [ ] Not Documented

### Medical or Patient Reason for no follow-up appointment being scheduled?
- [ ] Yes
- [ ] No

#### Follow up Phone Call Scheduled
- [ ] Yes
- [ ] No

#### Date of first follow-up phone call:
- [ ]__/__/______
  - [ ] Unknown

### TLC (Therapeutic Lifestyle Change) Diet
- [ ] Yes
- [ ] No
- [ ] Not Documented
- [ ] Not Applicable

### Obesity Weight Management
- [ ] Yes
- [ ] No
- [ ] Not Documented
- [ ] Not Applicable

### Activity Level/Recommendation
- [ ] Yes
- [ ] No
- [ ] Not Documented
- [ ] Not Applicable

### Referred to Outpatient Cardiac Rehab Program
- [ ] Yes
- [ ] No
- [ ] Not Documented
- [ ] Not Applicable

### Anticoagulation Therapy Education
- [ ] Yes
- [ ] No
- [ ] Not Documented
- [ ] Not Applicable

### Was Diabetes Teaching Provided?
- [ ] Yes
- [ ] No
- [ ] Not Documented
- [ ] Not Applicable

### PT/INR Planned follow-up
- [ ] Yes
- [ ] No
- [ ] Not Documented
- [ ] Not Applicable

### Referral to Outpatient HF Management Program
- [ ] Yes
- [ ] No
- [ ] Not Documented
- [ ] Not Applicable

#### If Yes,
- [ ] Telemanagement
- [ ] Home Visit
- [ ] Clinic-based

### Referral to AHA Heart Failure Interactive Workbook
- [ ] Yes
- [ ] No
- [ ] Not Documented
- [ ] Not Applicable

### Provision of at least 60 minutes of Heart Failure Education by a qualified educator
- [ ] Yes
- [ ] No
- [ ] Not Documented
- [ ] Not Applicable

### Advanced Care Plan/Surrogate Decision Maker Documented Or Discussed?
- [ ] Yes
- [ ] No
- [ ] Not Documented
- [ ] Not Applicable

### Advance Directive Executed
- [ ] Yes
- [ ] No

### POST DISCHARGE TRANSITION

#### Care Transition Record Transmitted
- [ ] By the seventh post-discharge day
- [ ] Exists, but not transmitted by the seventh post-discharge day
- [ ] No Care Transition Record/UTD

#### All were included (Check all yes)
- [ ] Discharge Medications
- [ ] Follow-up Treatment(s) and Service(s) Needed
- [ ] Procedures Performed During Hospitalization
- [ ] Reason for Hospitalization
- [ ] Treatment(s)/Service(s) Provided
- [ ] Yes
- [ ] No

### OPTIONAL FIELDS

<table>
<thead>
<tr>
<th>Field 1</th>
<th>Field 2</th>
<th>Field 3</th>
<th>Field 4</th>
<th>Field 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field 6</td>
<td>Field 7</td>
<td>Field 8</td>
<td>Field 9</td>
<td>Field 10</td>
</tr>
<tr>
<td>Field 11</td>
<td>Field 12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments
<table>
<thead>
<tr>
<th>ADMIN/JOINT COMMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9 Principal Diagnosis Code</td>
</tr>
<tr>
<td>ICD-9 Other Diagnoses Codes</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>7.</td>
</tr>
<tr>
<td>10.</td>
</tr>
<tr>
<td>16.</td>
</tr>
<tr>
<td>19.</td>
</tr>
<tr>
<td>22.</td>
</tr>
<tr>
<td>ICD-9-CM Principal Procedure Code</td>
</tr>
<tr>
<td>ICD-9 Other Procedure Codes</td>
</tr>
<tr>
<td>1. ________ Date: <strong>/</strong>/__ □ Date UTD</td>
</tr>
<tr>
<td>2. ________ Date: <strong>/</strong>/__ □ Date UTD</td>
</tr>
<tr>
<td>3. ________ Date: <strong>/</strong>/__ □ Date UTD</td>
</tr>
<tr>
<td>4. ________ Date: <strong>/</strong>/__ □ Date UTD</td>
</tr>
<tr>
<td>5. ________ Date: <strong>/</strong>/__ □ Date UTD</td>
</tr>
<tr>
<td>ICD-10-CM Principal Diagnosis Code</td>
</tr>
<tr>
<td>ICD-10-CM Other Diagnoses Codes</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>7.</td>
</tr>
<tr>
<td>10.</td>
</tr>
<tr>
<td>16.</td>
</tr>
<tr>
<td>19.</td>
</tr>
<tr>
<td>22.</td>
</tr>
<tr>
<td>ICD-10-PCS Principal Procedure Code</td>
</tr>
<tr>
<td>ICD-10-PCS Principal Procedure Code</td>
</tr>
<tr>
<td>1. ________ Date: <strong>/</strong>/__ □ Date UTD</td>
</tr>
<tr>
<td>2. ________ Date: <strong>/</strong>/__ □ Date UTD</td>
</tr>
<tr>
<td>3. ________ Date: <strong>/</strong>/__ □ Date UTD</td>
</tr>
<tr>
<td>4. ________ Date: <strong>/</strong>/__ □ Date UTD</td>
</tr>
<tr>
<td>5. ________ Date: <strong>/</strong>/__ □ Date UTD</td>
</tr>
<tr>
<td>CPT Code</td>
</tr>
<tr>
<td>CPT Code Date</td>
</tr>
<tr>
<td>What is the patient’s source of payment for this episode of care?</td>
</tr>
<tr>
<td>Was this Case Sampled?</td>
</tr>
<tr>
<td>During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied (i.e. AMI, CAC, HF, PN, PR, SCIP)?</td>
</tr>
<tr>
<td>PMT used concurrently or retrospectively or combination?</td>
</tr>
<tr>
<td>Standardized order sets used?</td>
</tr>
<tr>
<td>Patient adherence contract/compact used?</td>
</tr>
<tr>
<td>Discharge checklist used?</td>
</tr>
</tbody>
</table>