<table>
<thead>
<tr>
<th>Patient ID:</th>
<th>Legend: Elements in bold are required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEMOGRAPHICS</strong></td>
<td>Demographics Tab</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>○ Male</td>
</tr>
<tr>
<td><strong>Patient Gender Identity</strong></td>
<td>○ Male</td>
</tr>
<tr>
<td><strong>Patient-Identified Sexual Orientation</strong></td>
<td>○ Straight or heterosexual</td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
<td><em><strong>/</strong></em>/______ (MM/DD/YYYY)</td>
</tr>
<tr>
<td><strong>Patient Postal Code</strong></td>
<td>_<em><strong><strong><strong><strong>-</strong></strong></strong></strong></em></td>
</tr>
<tr>
<td><strong>Payment Source</strong></td>
<td>○ Medicare</td>
</tr>
<tr>
<td><strong>RACE AND ETHNICITY</strong></td>
<td>Demographics Tab</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>○ American Indian or Alaska Native</td>
</tr>
<tr>
<td></td>
<td>○ Asian</td>
</tr>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hispanic Ethnicity</strong></td>
<td>○ Yes</td>
</tr>
<tr>
<td><strong>If yes,</strong></td>
<td>○ Mexican, Mexican American, Chicano/a</td>
</tr>
<tr>
<td></td>
<td>○ Puerto Rican</td>
</tr>
<tr>
<td><strong>ARRIVAL AND ADMISSION INFORMATION</strong></td>
<td>Admission Tab</td>
</tr>
<tr>
<td><strong>Arrival Date/Time</strong></td>
<td><em><strong>/</strong></em>/______ <em><strong>:</strong></em> (MM/DD/YYYY HH:MM)</td>
</tr>
<tr>
<td><strong>Point of Origin for Admission</strong></td>
<td>○ Home</td>
</tr>
<tr>
<td></td>
<td>○ Transfer from a Hospital (Different Facility)</td>
</tr>
<tr>
<td></td>
<td>○ Clinic</td>
</tr>
<tr>
<td></td>
<td>○ Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)</td>
</tr>
<tr>
<td><strong>Referring hospital arrival Date/Time</strong></td>
<td><em><strong>/</strong></em>/______ <em><strong>:</strong></em> (MM/DD/YYYY HH:MM)</td>
</tr>
<tr>
<td><strong>Referring hospital discharge Date/Time</strong></td>
<td><em><strong>/</strong></em>/______ <em><strong>:</strong></em> (MM/DD/YYYY HH:MM)</td>
</tr>
</tbody>
</table>
**MEDICAL HISTORY**

**Medical History (Select all that apply):**

- None
- Atherosclerotic vascular disease
  - Cerebrovascular disease (including previous TIA/CVA)
  - Coronary Artery Disease (CAD)
  - Peripheral Arterial Disease
  - Prior CABG
  - Prior MI
  - Prior PCI
- Atrial fibrillation or flutter
- Chronic Kidney Disease
  - Chronic hemodialysis
- Chronic pulmonary disease
- Chronic liver disease
- Smoking/Vaping
  - Cigarette use
  - e-cigarette use
  - Vaping
- Diabetes Mellitus
- Hypertension
- Unknown
- Heart Failure (HF)
  - Reduced EF
    - Ischemic Cardiomyopathy
    - Nonischemic Cardiomyopathy
    - History of heart transplantation
    - Presence of durable left ventricular assist device (LVAD)
    - Presence of Implantable cardioverter-defibrillator (ICD)
    - Presence of biventricular pacemaker (CRT)
  - Preserved EF
- Cardiac amyloidosis
- Congenital Heart Disease
- Hypertrophic cardiomyopathy
- Isolated right ventricular failure
- Pulmonary hypertension
- Valvular heart disease
- Emerging Infectious Disease
  - MERS
  - SARS-COV-1
  - SARS-COV-2 (COVID-19)
  - Other infectious respiratory pathogen

**MEDICATIONS AT HOSPITAL ADMISSION**

**Medications Used Prior to Admission: [Select all that apply]**

- No meds prior to admission
- ACE Inhibitor
- Angiotensin receptor blocker (ARB)
- Angiotensin Receptor Neprilysin Inhibitor (ARNI)
- Anticoagulation Therapy
  - Direct oral anticoagulant
  - Warfarin
  - Other
- Anti-hyperglycemic medications:
  - Insulin
  - Oral
- Antiplatlet Medication:
  - Aspirin
  - P2Y12 Inhibitors
  - Other Antiplatelet
- Beta-Blocker
- Home IV Inotropes
- Loop Diuretic
- Mineralocorticoid Receptor Antagonist (MRA)
- SGLT2 Inhibitor
- GLP-1 agonist
- Unknown/Unable to Determine

**EXAMS/LABS AT ADMISSION**

**Initial Vital signs**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td></td>
<td>inches</td>
<td>cm</td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td>Lbs.</td>
<td>Kgs.</td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td></td>
<td>(Automatically Calculated)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSA</td>
<td></td>
<td>(Automatically Calculated)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Rate</td>
<td></td>
<td>bpm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP</td>
<td>/</td>
<td>mmHg (systolic/diastolic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
<td>C</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>
**Admission Labs**

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lactate</td>
<td>_____</td>
<td>(mmol/L)</td>
</tr>
<tr>
<td>Hgb</td>
<td>_____</td>
<td>g/dL</td>
</tr>
<tr>
<td>NT-proBNP</td>
<td>_____</td>
<td>pg/mL</td>
</tr>
<tr>
<td>BNP</td>
<td>_____</td>
<td>pmol/L</td>
</tr>
<tr>
<td>SCr</td>
<td>_____</td>
<td>mg/dL</td>
</tr>
<tr>
<td>ALT</td>
<td>_____</td>
<td>IU/L</td>
</tr>
<tr>
<td>Platelet Count</td>
<td>_____</td>
<td>(mm³)</td>
</tr>
<tr>
<td>Troponin</td>
<td>_____</td>
<td>ng/L</td>
</tr>
<tr>
<td>Random Blood Glucose</td>
<td>_____</td>
<td>(mg/dL)</td>
</tr>
</tbody>
</table>

**Most favorable neurological status at admission**
- Conscious without severe disability
- Conscious with severe disability
- Comatose
- Unable to assess due to sedation
- Unknown/Not Documented

**SHOCK ONSET**

**Cardiogenic shock present on hospital arrival?**
- Shock present on participating hospital arrival
- Shock onset while in-hospital
- Shock onset at referring hospital

**Certainty of shock etiology**
- Cardiogenic shock was a clear contributor to the shock state
- Cardiogenic shock was suspected but with some uncertainty

**Cardiac arrest prior to shock onset?**
- Yes
- No
- Unknown/Not Documented

**Most favorable neurological status after the arrest and prior to hospital discharge**
- Conscious without severe disability
- Conscious with severe disability
- Comatose
- Unable to assess due to sedation
- Unknown/Not Documented

**Onset of shock (Date/Time):**
- / / ___ : ___
- Unknown

**Was a multidisciplinary shock team involved in patient management?**
- Yes
- No
- Not documented

**If multidisciplinary shock team was involved, select the timeframe**
- Within 3hrs of shock onset
- Within 6hrs of shock onset
- Within 24hrs of shock onset
- >24hrs of shock onset
- Unknown/not documented

**SCAI Shock Stage at Onset (first 6hrs)**
- Stage B
- Stage C
- Stage D
- Stage E
- ND/Unable to Determine

**SCAI Shock Stage Serial assessment (Assessed at 6h-12h)**
- Stage B
- Stage C
- Stage D
- Stage E
- ND/Unable to Determine

**Presenting Physiology**
- Biventricular Failure
- Left Ventricular Failure
- Right Ventricular Failure
- Primary Other Cardiac (Arrhythmia, Valvular Stenosis, etc.)
- Not Documented

**Cardiogenic shock category**
- Acute, de novo HF
- Acute-on-chronic HF
- Unable to determine

**Etiologies and Contributors to Cardiogenic Shock:**
- None of the causes below
- Acute Transplant Rejection
- ACS/AMI
  - STEMI
  - NSTEMI
- Arrhythmia
- LVAD complication
- Mechanical complication of MI
- Myocarditis
- Peripartum
- Post-cardiac arrest
- Post-cardiopulmonary bypass
### MEDICATIONS AT SHOCK ONSET
**Medications administered at Onset of Shock (Select all that apply)**

- Bradyarrhythmia
- Tachyarrhythmia
- COVID-19 related complication
- Isolated Right Heart Failure
- Acute PE
- Pulmonary HTN
- Takotsubo cardiomyopathy
- Tamponade
- Valvular dysfunction
- Other (Specify): _______
- Unknown

### EXAMS/LABS AT SHOCK ONSET
**Enter parameters closest to shock onset. (To be entered only if shock onset was after arrival)**

#### Date/Time of vital signs (closest to shock onset)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Date/Time</th>
<th>Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time</td>
<td><em><strong>/</strong></em>/___</td>
<td>:___</td>
</tr>
</tbody>
</table>

#### Vital signs (closest to shock onset)

- Weight ________ Lbs. Kgs.
- BMI ________ (Automatically Calculated)
- BSA ________ (Automatically Calculated)
- Heart Rate ________ bpm
- BP _____ / ____ mmHg (systolic/diastolic)

#### Labs (Closest to shock onset)

- Lactate ________ mmol/L
- Hgb ________ g/dL g/L
- NT-proBNP ________ pg/mL ng/L
- BNP ________ pg/mL pmol/L ng/L
- SCr ________ mg/dL µmol/L
- ALT ________ IU/L
- Platelet Count ________ (mm$^3$)
- Troponin (Peak related to shock onset) ________ ng/mL ng/L
- Random Blood Glucose ________________ (mg/dL)

### IN-HOSPITAL CARE
**Cardiovascular Procedures during this hospitalization**

- No Procedures
- Cardiac Cath/Coronary Angiography
- Cardiac Transplantation
  - Date/Time of transplantation: ___/___/___ :___
- Coronary Artery Bypass Graft (CABG)
  - Date/Time of CABG: ___/___/___ :___
- Electrophysiology (EP) procedure
  - Date/Time of EP: ___/___/___ :___
- Mechanical Circulatory Support Device/VAD
  - Percutaneous Assist Devices
    - IABP
    - Impella
    - TandemHeart
    - VA ECMO
    - iVAC
    - Other VAD
<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percutaneous Cardiac Intervention (PCI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date/Time of PCI</td>
<td>/ / / :</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary embolectomy (surgical or transcatheter)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Targeted temperature management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Procedures/Advanced therapies (Specify:)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Assist Devices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary external device (e.g. CentriMag)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implanted surgical assist device</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date/Time of implantation</td>
<td>/ / / :</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulsatile-Flow Devices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuous-Flow Devices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a right heart catheterization or pulmonary artery catheterization performed?</td>
<td>○ Yes</td>
<td>○ No</td>
<td>○ Unknown/Not Documented</td>
</tr>
<tr>
<td>Date/time of first RHC/PAC</td>
<td>/ / / :</td>
<td></td>
<td>○ Unknown</td>
</tr>
<tr>
<td>Was the PA catheter used for a period of hemodynamic monitoring outside the Cath Lab/OR?</td>
<td>○ Yes</td>
<td>○ No</td>
<td>○ Unknown/Not Documented</td>
</tr>
<tr>
<td>Was the patient managed with invasive mechanical ventilation at any time during the hospitalization?</td>
<td>○ Yes</td>
<td>○ No</td>
<td>○ Unknown/Not Documented</td>
</tr>
<tr>
<td>Date/Time of first intubation related to this hospitalization</td>
<td>/ / / :</td>
<td></td>
<td>○ Unknown</td>
</tr>
<tr>
<td>Was patient managed with renal replacement therapy at any time during the hospitalization?</td>
<td>○ Yes</td>
<td>○ No</td>
<td>○ Unknown/Not Documented</td>
</tr>
<tr>
<td>If Yes, Select type of renal replacement therapy used</td>
<td>○ Accelerated venovenous hemofiltration (AVVH)</td>
<td>○ Continuous venovenous hemofiltration (CVVH)</td>
<td>○ Routine hemodialysis for patient with end-stage renal dialysis (ESRD)</td>
</tr>
<tr>
<td>Primary Indications for advanced renal therapy (Select all that apply)</td>
<td>○ Acidemia</td>
<td>○ Hyperkalemia</td>
<td>○ Severe uremia</td>
</tr>
<tr>
<td>Dialogue for Patient transferred to ICU from any other floor in the hospital</td>
<td>Was the patient admitted to ICU at any point during this hospitalization?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
<tr>
<td>ICU Admission Date/Time</td>
<td>/ / / :</td>
<td></td>
<td>○ Unknown</td>
</tr>
<tr>
<td>ICU discharge (transfer out) Date/Time</td>
<td>/ / / :</td>
<td></td>
<td>○ Unknown</td>
</tr>
<tr>
<td>Number of days patient was in ICU (auto-calc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Outcomes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Record the Time/Date of the FIRST event of each type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe/Moderate GUSTO bleeding event</td>
<td>○ Yes</td>
<td>○ No</td>
<td></td>
</tr>
<tr>
<td>If Yes, Date/Time detected</td>
<td>/ / / :</td>
<td></td>
<td>○ Not Documented</td>
</tr>
<tr>
<td>Intracranial Hemorrhage</td>
<td>○ Yes</td>
<td>○ No</td>
<td></td>
</tr>
</tbody>
</table>
### Complications from procedures during this admission:

- No complications from procedures
- Acute Limb ischemia
  - Amputation
  - Fasciotomy
- Arterial non-CNS thrombosis
- Bleeding – Vascular access site – MCS-Related
- Bleeding – Vascular access site – Other access site
- Bleeding – Other site

- Cardiac tamponade
- Vascular injury (any)
- Venous thromboembolism
- Other (Specify):

### DISCHARGE INFORMATION

**Date/Time of Discharge from hospital:**

<table>
<thead>
<tr>
<th>Discharge Tab</th>
<th>(MM/DD/YYYY HH:MM)</th>
<th>□ Not Documented</th>
</tr>
</thead>
</table>

**Most favorable neurological status at discharge:**

- Conscious without severe disability
- Conscious with severe disability
- Comatose
- Unable to assess due to sedation
- Unknown/Not Documented

**Discharge disposition:**

- 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 patient died, Date/Time of death:**

<table>
<thead>
<tr>
<th>Discharge Tab</th>
<th>(MM/DD/YYYY HH:MM)</th>
<th>□ Not Documented</th>
</tr>
</thead>
</table>

**Primary cause of death:**

- Cardiovascular
- Non-Cardiovascular
- Unknown

**If Cardiovascular:**

- Acute Coronary Syndrome
- Cardiogenic Shock/HF
- Stroke

- Sudden Cardiac Death
- Unknown
- Other Cardiovascular

**If Non-Cardiovascular:**

- Anoxic brain injury

- Other non-cardiovascular

**If Other Health Care Facility:**

- Skilled Nursing Facility (SNF)
- Inpatient Rehabilitation Facility (IRF)

- Long Term Care Hospital (LTCH)
- Intermediate Care Facility (ICF)
- Other

### SOCIAL DETERMINANTS OF HEALTH

**During this admission, was a standardized health related social needs form or assessment completed?**

- Yes

- No/Not Documented

**If yes, identify the areas of unmet social need. (select all that apply):**

- None
- Education
- Employment
- Financial Strain
- Food

- Living Situation/Housing
- Mental Health
- Substance Abuse
- Transportation Barriers

**END OF FORM**