### DEMOGRAPHICS

#### Sex
- ☐ Male
- ☐ Female
- ☐ Male-to-Female (FTM)/Transgender Male/Trans Man
- ☐ Female-to-Male (MTF)/Transgender Female/Trans Woman
- ☐ Genderqueer, neither exclusively male nor female
- ☐ Additional gender category or other. ________________
- ☐ Did not disclose.

#### Patient Gender Identity
- ☐ Male
- ☐ Female
- ☐ Male-to-Female (FTM)/Transgender Male/Trans Man
- ☐ Female-to-Male (MTF)/Transgender Female/Trans Woman
- ☐ Genderqueer, neither exclusively male nor female
- ☐ Additional gender category or other. ________________
- ☐ Did not disclose.

#### Patient-Identified Sexual Orientation
- ☐ Straight or heterosexual
- ☐ Lesbian or gay
- ☐ Bisexual
- ☐ Queer, pansexual, and/or questioning
- ☐ Something else; please specify: ________________
- ☐ Don’t know
- ☐ Declined to answer

#### Date of Birth
- ___/___/______ (MM/DD/YYYY)

#### Patient Postal Code
- ________________ - ________________
- ☐ Homeless

#### Payment Source
- ☐ Medicare
- ☐ Medicaid
- ☐ Medicare – Private/HMO/PPO/Other
- ☐ Medicaid – Private/HMO/PPO/Other
- ☐ Private/HMO/PPO/Other
- ☐ VA/CHAMPVA/Tricare
- ☐ Self-pay/No Insurance
- ☐ Other/Not Documented/UTD

### RACE AND ETHNICITY

#### Race
- ☐ American Indian or Alaska Native
- ☐ Asian
  - ☐ Asian Indian
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Japanese
  - ☐ Korean
  - ☐ Vietnamese
  - ☐ Other Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
  - ☐ Native Hawaiian
  - ☐ Guamanian or Chamorro
  - ☐ Samoan
  - ☐ Other Pacific Islander
- ☐ White
- ☐ UTD

#### Hispanic Ethnicity
- ☐ Yes
- ☐ No/UTD

#### If yes,
- ☐ Mexican, Mexican American, Chicano/a
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Another Hispanic, Latino, or Spanish Origin

### ARRIVAL AND ADMISSION INFORMATION

#### Arrival Date/Time
- ___/___/______ ___:___ (MM/DD/YYYY HH:MM)

#### Point of Origin for Admission
- ☐ Home
- ☐ Transfer from a Hospital (Different Facility)
- ☐ Clinic
- ☐ Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- ☐ Transfer from another Health Care Facility
- ☐ Non-Healthcare Facility Point of Origin
- ☐ Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program
- ☐ Information not available

#### Initial point of hospital arrival
- ☐ Emergency Department
- ☐ Direct to inpatient unit – ICU
- ☐ Direct to inpatient unit – Non-ICU
- ☐ Cath Lab/Operating Room
- ☐ Other
### 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
- Antiplatelet Medication:
  - Aspirin
  - P2Y12 Inhibitors
  - Other Antiplatelet
- Beta-Blocker
- Loop Diuretic
- Mineralocorticoid Receptor Antagonist (MRA)
- SGLT2 Inhibitor
- GLP-1 agonist
- Unknown/Unable to Determine

### Exams/Labs at Admission

#### Date/Time of vital signs

- Height: _____ inches / cm
- Weight: _____ Lbs. / Kgs.
- BMI: _____ (Automatically Calculated)
- BSA: _____ (Automatically Calculated)
- Heart Rate: _____ bpm
- BP: _____ / _____ mmHg (systolic/diastolic)
- Temperature: _____ °C / °F

#### Admission Labs

- 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

<table>
<thead>
<tr>
<th>ALT</th>
<th>IU/L</th>
<th>Unavailable</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Platelet Count

<table>
<thead>
<tr>
<th>Platelet Count</th>
<th>(mm$^3$)</th>
<th>Unavailable</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Troponin

<table>
<thead>
<tr>
<th>Troponin</th>
<th>Tng/mL Tug/L Tng/L</th>
<th>I T</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Unavailable</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Random Blood Glucose

<table>
<thead>
<tr>
<th>Random Blood Glucose</th>
<th>(mg/dL)</th>
<th>Unavailable</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SHOCK ONSET

<table>
<thead>
<tr>
<th>Shock Onset Tab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiogenic shock present on hospital arrival?</td>
</tr>
<tr>
<td>Cardiac arrest prior to shock onset?</td>
</tr>
<tr>
<td>Most favorable neurological status after the arrest and prior to hospital discharge</td>
</tr>
<tr>
<td>Onset of shock (Date/Time):</td>
</tr>
<tr>
<td>Was a multidisciplinary shock team involved in patient management?</td>
</tr>
<tr>
<td>If multidisciplinary shock team was involved, select the timeframe</td>
</tr>
<tr>
<td>SCAI Shock Stage at Onset (first 6hrs)</td>
</tr>
<tr>
<td>SCAI Shock Stage Serial assessment (Assessed at 6h-12h)</td>
</tr>
<tr>
<td>Signs and Symptoms of Inadequate Perfusion present?</td>
</tr>
<tr>
<td>Presenting Physiology</td>
</tr>
<tr>
<td>Cardiogenic shock category</td>
</tr>
</tbody>
</table>

### Etiologies and Contributors to Cardiogenic Shock:

- None of the causes below
  - Acute Transplant Rejection
  - ACS/AMI
    - STEMI
    - NSTEMI
  - Arrhythmia
    - Bradycardia
    - Tachycardia
  - COVID-19 related complication
  - Isolated Right Heart Failure
    - Acute PE
    - Pulmonary HTN
  - LVAD complication
  - Mechanical complication of MI
  - Myocarditis
  - Peripartum
  - Post-cardiac arrest
  - Post-cardiopulmonary bypass
  - Takotsubo cardiomyopathy
  - Tamponade
  - Valvular dysfunction
  - Other (Specify): ____
  - Unknown

### MEDICATIONS AT SHOCK ONSET

<table>
<thead>
<tr>
<th>Shock Onset Tab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications administered at Onset of Shock (Select all that apply)</td>
</tr>
<tr>
<td>Anticoagulation Therapy</td>
</tr>
<tr>
<td>Warfarin</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
### Antiplatelet Medication:
- Aspirin
- P2Y12 Inhibitors
- Other Antiplatelet

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

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time of vital signs</td>
<td><strong>/</strong>/______ <strong>:</strong></td>
</tr>
<tr>
<td>Weight</td>
<td>_______ Lbs. Kgs.</td>
</tr>
<tr>
<td>BMI</td>
<td>_______ (Automatically Calculated)</td>
</tr>
<tr>
<td>BSA</td>
<td>_______ (Automatically Calculated)</td>
</tr>
<tr>
<td>Heart Rate</td>
<td>_______ bpm</td>
</tr>
<tr>
<td>BP</td>
<td>____ / ____ mmHg</td>
</tr>
<tr>
<td>Lactate</td>
<td>____ (mmol/L)</td>
</tr>
<tr>
<td>Hgb</td>
<td>____ g/dL g/L</td>
</tr>
<tr>
<td>NT-proBNP</td>
<td>____ pg/mL ng/L</td>
</tr>
<tr>
<td>BNP</td>
<td>____ pg/mL pmol/L ng/L</td>
</tr>
<tr>
<td>Scr</td>
<td>____ mg/dL µmol/L</td>
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<td>Alt</td>
<td>____ IU/L</td>
</tr>
<tr>
<td>Platelet Count</td>
<td>______ (mm$^3$)</td>
</tr>
<tr>
<td>Troponin (Peak related to shock onset)</td>
<td>____ ng/mL µg/L µg/L</td>
</tr>
<tr>
<td>Random Blood Glucose</td>
<td>______________ (mg/dL)</td>
</tr>
</tbody>
</table>

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

- No Procedures
- Cardiac Cath/Coronary Angiography
  - Percutaneous Cardiac Intervention (PCI)
    - Date/Time of PCI: __/__/______ __:__
- Cardiac Transplantation
  - Date/Time of transplantation: __/__/______ __:__
- Coronary Artery Bypass Graft (CABG)
  - Date/Time of CABG: __/__/______ __:__
- Electrophysiology (EP) procedure
  - Date/Time of EP: __/__/______ __:__
- Pulmonary embolectomy (surgical or transcatheter)
- Targeted temperature management
- Other Procedures/Advanced therapies (Specify): ______________

- Mechanical Circulatory Support Device/VAD
  - Percutaneous Assist Devices
    - IABP
    - Impella
    - TandemHeart
    - VA ECMO
    - iVAC
    - Other
  - Surgical Assist Devices
    - Temporary external device (e.g. CentriMag)
    - Implanted surgical assist device
      - Date/Time of implantation: __/__/______ __:__
      - Pulsatile-Flow Devices
      - Continuous-Flow Devices

Was a right heart catheterization or pulmonary artery catheterization performed?
- Yes
- No
- Unknown/Not Documented

Date/time of first RHC/PAC
- Yes
- No
- Unknown/Not Documented

Was the PA catheter used for a period of hemodynamic monitoring?
- Yes
- No
- Unknown/Not Documented
### Clinical Outcomes

**In-Hospital Tab**

**Record the Time/Date of the **FIRST** event of each type**

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe/Moderate GUSTO bleeding event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intracranial Hemorrhage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac Arrest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Yes, Date/Time detected

- Severe/Moderate GUSTO bleeding event: __/__/______ :__
- Intracranial Hemorrhage: __/__/______ :__
- Cardiac Arrest: __/__/______ :__
- Stroke: __/__/______ :__

Complications from procedures during this admission:

- No complications from procedures
- Acute Limb ischemia
- Bleeding
- Vascular access site
- Other site
- Vascular injury
- Other (Specify): 

### DISCHARGE INFORMATION

**Discharge Tab**

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

- **MM/DD/YYYY HH:MM**
- 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

- **MM/DD/YYYY HH:MM**
- Not Documented

**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

**END OF FORM**