Patient ID:		**Legend: Elements in bold are required**	
DEMOGRAPHICS			***Demographics Tab***
Sex	○ Male	○ Female	○ Unknown
Patient Gender Identity	○ Male ○ Female ○ Female-to-Male (FTM)/Transgender Male/Trans Man ○ Male-to-Female (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			***Demographics Tab***
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			***Admission Tab***
Internal Tracking ID	_____		
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	
Referring hospital arrival Date/Time	___/___/_____ __:__ (MM/DD/YYYY HH:MM)	○ Unknown	
Referring hospital discharge Date/Time	___/___/_____ __:__ (MM/DD/YYYY HH:MM)	○ Unknown	

Initial point of hospital arrival	○ Emergency Department
	○ Direct to inpatient unit
	  ○ Intensive Care
	  ○ Non-ICU
		○ Cath Lab/Operating Room
		○ Other

MEDICAL HISTORY — *Admission Tab*

Medical History (Select all that apply):

- ❑ None
- ❑ Atherosclerotic vascular disease (choose all that apply)
  - ☐ 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 — *Admission Tab*

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 — *Admission Tab*

Date/Time of vital signs		___/___/_____ __:__	❑ Not Documented
Initial Vital signs	Height	_____ ❍ inches ❍ cm	❑ Not Documented
	Weight	_____ ❍Lbs. ❍Kgs.	❑ Not Documented
	BMI	_____ (Automatically Calculated)	
	BSA	_____ (Automatically Calculated)	
	Heart Rate	_____ bpm	❑ Not Documented
	BP	___ / ___ mmHg (systolic/diastolic)	❑ Not Documented
	Temperature	_____ ❍ C ❍ F	❑ Not Documented
Admission Labs	Lactate	_____ (mmol/L)	❑ Unavailable

	Hgb	_____	❍ g/dL	❍ g/L	❑ Unavailable
	NT-proBNP	_____	❍ pg/mL	❍ ng/L	❑ Unavailable
	BNP	_____	❍ pg/mL	❍ pmol/L	❍ ng/L ❑ Unavailable
	SCr	_____	❍ mg/dL	❍ µmol/L	❑ Unavailable
	ALT	_____	❍ IU/L	❑ Unavailable	
	Platelet Count	_____ (mm^3)		❑ Unavailable	
	Troponin	_____ ❍ng/mL ❍ug/L ❍ng/L	❍ T ❍ I	❍ Normal ❍ Abnormal	❑ Unavailable
	Random Blood Glucose	_____ (mg/dL)		❑ Unavailable	

SHOCK ONSET				***Shock Onset Tab***
Cardiogenic shock present on hospital arrival?	○ Yes		○ No	
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
Signs and Symptoms of Inadequate Perfusion present?	○ Yes	○ No
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 ❑ Bradyarrhythmia ❑ Tachyarrhythmia ❑ 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 ***Shock Onset Tab***

Medications administered at Onset of Shock *(Select all that apply)*	❑ None ❑ Anticoagulation Therapy ○ Direct oral anticoagulant ○ Warfarin ○ IV heparin ○ Other ❑ Antiplatelet Medication: ☐ Aspirin ☐ P2Y12 Inhibitors ☐ Other Antiplatelet	❑ Vasoactive Medications (IV Continuous, during first 6hrs after shock onset) ☐ Dobutamine ☐ Dopamine ☐ Epinephrine ☐ Levosimendan ☐ Milrinone ☐ Nitroprusside ☐ Norepinephrine ☐ Phenylephrine ☐ Vasopressin ❑ Not Documented

EXAMS/LABS AT SHOCK ONSET ***Shock Onset Tab***

Enter parameters closest to shock onset. (This section will be activated only if shock onset was after arrival)

Date/Time of vital signs (closest to shock onset)		___/___/_____ __:__			❑ Not Documented
Vital signs (closest to shock onset)	Weight	_____ ❍Lbs. ❍Kgs.			❑ Not Documented
	BMI	_____ (Automatically Calculated)			
	BSA	_____ (Automatically Calculated)			
	Heart Rate	_____ bpm			❑ Not Documented
	BP	___ / ___ mmHg (systolic/diastolic)			❑ Not Documented
Labs (Closest to shock onset)	Lactate	_____ (mmol/L)			❑ Unavailable
	Hgb	_____	❍ g/dL	❍ g/L	❑ Unavailable
	NT-proBNP	_____	❍ pg/mL	❍ ng/L	❑ Unavailable
	BNP	_____	❍ pg/mL	❍ pmol/L ❍ ng/L	❑ Unavailable
	SCr	_____	❍ mg/dL	❍ µmol/L	❑ Unavailable
	ALT	_____	❍ IU/L	❑ Unavailable	
	Platelet Count	_____ (mm^3)		❑ Unavailable	
	Troponin (Peak related to shock onset)	_____ ❍ng/mL ❍ug/L ❍ng/L	❍ T ❍ I	❍ Normal ❍ Abnormal	❑ Unavailable
	Random Blood Glucose	_____ (mg/dL)		❑ Unavailable	

IN-HOSPITAL CARE ***In-Hospital Tab***

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 [*Form Control for MCS form*]

  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	__/__/_____ __:__		○ Unknown
Was the PA catheter used for a period of hemodynamic monitoring?	○ Yes, the PAC was kept indwelling for monitoring ○ No, this was an "in/out" PAC/RHC at bedside or in the Cath lab ○ Unknown/Not Documented		
Data for Patient transferred to ICU from any other floor in the hospital			
ICU Admission Date/Time	__/__/_____ __:__		○ Unknown
ICU discharge (transfer out) Date/Time	__/__/_____ __:__		○ Unknown

Clinical Outcomes ***In-Hospital Tab***

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

Severe/Moderate GUSTO bleeding event	○ Yes	○ No
If Yes, Date/Time detected:	___/___/_____ __:__	○ Not Documented
Intracranial Hemorrhage	○ Yes	○ No
If Yes, Date/Time detected	___/___/_____ __:__	○ Not Documented
Cardiac Arrest	○ Yes	○ No
If Yes, Date/Time detected	___/___/_____ __:__	○ Not Documented
Stroke	○ Yes	○ No
If Yes, Date/Time detected	___/___/_____ __:__	○ Not Documented
Complications from procedures during this admission:	❑ None ❑ 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