### DEMOGRAPHICS

#### 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
_________-________

#### 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

#### 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)

#### Referring hospital discharge Date/Time
__/__/____:____ (MM/DD/YYYY HH:MM)
### 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
- Antiplaquelet 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**

<table>
<thead>
<tr>
<th>Date/Time of vital signs</th>
<th><strong>/</strong>/_______ <strong>:</strong></th>
<th>Not Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Vital signs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td>_______ O inches O cm</td>
<td>Not Documented</td>
</tr>
<tr>
<td>Weight</td>
<td>_______ O Lbs. O Kgs.</td>
<td>Not Documented</td>
</tr>
<tr>
<td>BMI</td>
<td>_______ (Automatically Calculated)</td>
<td>Not Documented</td>
</tr>
<tr>
<td>BSA</td>
<td>_______ (Automatically Calculated)</td>
<td>Not Documented</td>
</tr>
<tr>
<td>Heart Rate</td>
<td>_______ bpm</td>
<td>Not Documented</td>
</tr>
<tr>
<td>BP</td>
<td>__ / __ mmHg (systolic/diastolic)</td>
<td>Not Documented</td>
</tr>
<tr>
<td>Temperature</td>
<td>_______ O C O F</td>
<td>Not Documented</td>
</tr>
<tr>
<td>Admission Labs</td>
<td>Lactate _______ (mmol/L)</td>
<td>Unavailable</td>
</tr>
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</table>
### Cardiogenic Shock

**Case Record Form**

**J**anuary 2022

---

<table>
<thead>
<tr>
<th></th>
<th>g/dL</th>
<th>g/L</th>
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</thead>
<tbody>
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<td>Hgb</td>
<td>_____</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>pg/mL</th>
<th>pmol/L</th>
<th>ng/L</th>
<th>❑ Unavailable</th>
</tr>
</thead>
<tbody>
<tr>
<td>NT-proBNP</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
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<th>pg/mL</th>
<th>pmol/L</th>
<th>ng/L</th>
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</tr>
</thead>
<tbody>
<tr>
<td>BNP</td>
<td>_____</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>mg/dL</th>
<th>µmol/L</th>
<th>ng/L</th>
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</tr>
</thead>
<tbody>
<tr>
<td>SCr</td>
<td>_____</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(mm³)</th>
<th>❑ Unavailable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platelet Count</td>
<td>_____</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>ng/mL</th>
<th>ug/L</th>
<th>ng/L</th>
<th>❑ Normal</th>
<th>❑ Abnormal</th>
<th>❑ Unavailable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troponin</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Shock Onset

**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
- ❑ LVAD complication
- ❑ Mechanical complication of MI
- ❑ Myocarditis
- ❑ Peripartum
- ❑ Post-cardiac arrest
- ❑ Post-cardiopulmonary bypass
- ❑ Takotsubo cardiomyopathy
- ❑ Tamponade
- ❑ Valvular dysfunction
- ❑ Other (Specify): _______
### 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)*

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time of vital signs</td>
<td>1/1/2022:23</td>
<td>Not Documented</td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td>Not Documented</td>
</tr>
<tr>
<td>BMI</td>
<td></td>
<td>(Automatically Calculated)</td>
</tr>
<tr>
<td>BSA</td>
<td></td>
<td>(Automatically Calculated)</td>
</tr>
<tr>
<td>Heart Rate</td>
<td>120 bpm</td>
<td>Not Documented</td>
</tr>
<tr>
<td>BP</td>
<td>100/60 mmHg (systolic/diastolic)</td>
<td>Not Documented</td>
</tr>
<tr>
<td>Lactate</td>
<td></td>
<td>Unavailable</td>
</tr>
<tr>
<td>Hgb</td>
<td></td>
<td>Unavailable</td>
</tr>
<tr>
<td>NT-proBNP</td>
<td></td>
<td>Unavailable</td>
</tr>
<tr>
<td>BNP</td>
<td></td>
<td>Unavailable</td>
</tr>
<tr>
<td>Scr</td>
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</tr>
<tr>
<td>ALT</td>
<td></td>
<td>Unavailable</td>
</tr>
<tr>
<td>Platelet Count</td>
<td></td>
<td>Unavailable</td>
</tr>
<tr>
<td>Troponin (Peak related to shock onsets)</td>
<td></td>
<td>Unavailable</td>
</tr>
<tr>
<td>Random Blood Glucose</td>
<td></td>
<td>Unavailable</td>
</tr>
</tbody>
</table>

### 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: 1/1/2022:23
- Cardiac Transplantation
  - Date/Time of transplantation: 1/1/2022:23
- Coronary Artery Bypass Graft (CABG)
  - Date/Time of CABG: 1/1/2022:23
- Electrophysiology (EP) procedure
  - Date/Time of EP: 1/1/2022:23
- 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: 1/1/2022:23
      - 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

<table>
<thead>
<tr>
<th>ICU Admission Date/Time</th>
<th>/ / :</th>
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</tr>
</thead>
<tbody>
<tr>
<td>ICU discharge (transfer out) Date/Time</td>
<td>/ / :</td>
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</tr>
</tbody>
</table>

Clinical Outcomes

<table>
<thead>
<tr>
<th>Clinical Outcomes</th>
<th>In-Hospital Tab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe/Moderate GUSTO bleeding event</td>
<td>Yes/No/Not Documented</td>
</tr>
<tr>
<td>If Yes, Date/Time detected:</td>
<td>/ / :</td>
</tr>
<tr>
<td>Intracranial Hemorrhage</td>
<td>Yes/No/Not Documented</td>
</tr>
<tr>
<td>If Yes, Date/Time detected</td>
<td>/ / :</td>
</tr>
<tr>
<td>Cardiac Arrest</td>
<td>Yes/No/Not Documented</td>
</tr>
<tr>
<td>If Yes, Date/Time detected</td>
<td>/ / :</td>
</tr>
<tr>
<td>Stroke</td>
<td>Yes/No/Not Documented</td>
</tr>
<tr>
<td>If Yes, Date/Time detected</td>
<td>/ / :</td>
</tr>
</tbody>
</table>

Complications from procedures during this admission:

- None
- Acute Limb ischemia
- Bleeding
- Vascular access site
- Other site
- Vascular injury
- Other (Specify):  
  ________

DISCHARGE INFORMATION

<table>
<thead>
<tr>
<th>DISCHARGE INFORMATION</th>
<th>Discharge Tab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time of Discharge from hospital:</td>
<td>/ / :</td>
</tr>
<tr>
<td>(MM/DD/YYYY HH:MM)</td>
<td>Not Documented</td>
</tr>
</tbody>
</table>
| 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