## FORM SELECTION

Legend: Elements in bold are required

### DEMOGRAPHICS TAB

#### Demographics

**Sex**
- 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 Gender Identity**
- Straight or heterosexual
- Lesbian or gay
- Queer, pansexual, and/or questioning
- Something else; please specify. ________________________
- Don’t know
- Declined to answer

**Date of Birth**
___/___/______ (MM/DD/YYYY)

<table>
<thead>
<tr>
<th>Payment Source</th>
<th>Medicare Title 18</th>
<th>Medicaid Title 19</th>
<th>Medicaid – Private/HMO/PPO/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicare – Private/HMO/PPO/Other</td>
<td>Private/HMO/PPO/Other</td>
<td>VA/CHAMPVA/Tricare</td>
</tr>
<tr>
<td></td>
<td>Self-pay/No Insurance</td>
<td>Other/Not Documented/UTD</td>
<td></td>
</tr>
</tbody>
</table>

#### 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

Select **Hispanic Origin Group(s):**
- Mexican, Mexican American, Chicano/a
- Cuban
- Puerto Rican
- Another Hispanic, Latino, or Spanish Origin

### ADMISSIONS TAB

**Arrival and Admission**

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

**Arrival Date/Time**
___/___/______ ___: _____

**Admission Date**
___/___/______

**Transferred in (from another ED?)**
- Yes
- No

**Point of Origin for Admission or Visit**
- Yes: 1. Non-Healthcare Facility Point of Origin
- No: 6. Transfer from another Health Care Facility
- 2. Clinic
- 7. Emergency Room
- 9. Information not available
### Medical History (Select all that apply):

<table>
<thead>
<tr>
<th>Condition</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>☐</td>
</tr>
<tr>
<td>Atrial Fib (chronic or recurrent)</td>
<td>☐</td>
</tr>
<tr>
<td>Atrial Flutter (chronic or recurrent)</td>
<td>☐</td>
</tr>
<tr>
<td>ATTR-CM</td>
<td>☐</td>
</tr>
<tr>
<td>CAD</td>
<td>☐</td>
</tr>
<tr>
<td>CardioMEMs (implantable hemodynamic monitor)</td>
<td>☐</td>
</tr>
<tr>
<td>COPD or Asthma</td>
<td>☐</td>
</tr>
<tr>
<td>CRT-D (cardiac resynchronization therapy with ICD)</td>
<td>☐</td>
</tr>
<tr>
<td>CRT-P (cardiac resynchronization therapy-pacing only)</td>
<td>☐</td>
</tr>
<tr>
<td>CVA/TIA</td>
<td>☐</td>
</tr>
<tr>
<td>Depression</td>
<td>☐</td>
</tr>
<tr>
<td>Diabetes</td>
<td>☐</td>
</tr>
<tr>
<td>Dialysis (chronic)</td>
<td>☐</td>
</tr>
<tr>
<td>Emerging Infectious Disease</td>
<td>☐</td>
</tr>
<tr>
<td>MERS</td>
<td>☐</td>
</tr>
<tr>
<td>SARS-COV-1</td>
<td>☐</td>
</tr>
<tr>
<td>SARS-COV-2 (COVID-19)</td>
<td>☐</td>
</tr>
<tr>
<td>Other infectious respiratory pathogen</td>
<td>☐</td>
</tr>
<tr>
<td>Familial hypercholesterolemia</td>
<td>☐</td>
</tr>
<tr>
<td>No Medical History</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Diabetes Type:

- ☐ Type 1
- ☐ Type 2
- ☐ ND

### Diabetes Duration:

- ☐ <5 years
- ☐ 5 - <10 years
- ☐ 10 - <20 years
- ☐ >=20 years
- ☐ Unknown

### Sleep-Disordered Breathing Type:

- ☐ Obstructive
- ☐ Central
- ☐ Mixed
- ☐ Unknown/Not Documented

### Equipment used at home:

- ☐ O2
- ☐ CPAP
- ☐ BiPAP
- ☐ Adaptive Servo-Ventilation
- ☐ None
- ☐ Unknown/Not Documented

### History of cigarette smoking? (In the past 12 months)

- ☐ Yes
- ☐ No

### History of vaping or e-cigarette use in the past 12 months?

- ☐ Yes
- ☐ No/ND

### Heart Failure History

**Etiology:** Check if history of:

- ☐ Ischemic/CAD
- ☐ Non-Ischemic
  - ☐ Alcohol/Other Drug
  - ☐ Chemotherapy
  - ☐ Familial
  - ☐ Hypertensive
  - ☐ Postpartum
  - ☐ Viral
## Known history of HF prior to this admission?
- Yes
- No

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

## Other Etiology
- Yes
- No

## 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
- HbA1c
- Oral Glucose Tolerance

### Basis for Diagnosis
- Acute Pulmonary Edema
- Dizziness/Syncope
- Dyspnea
- ICD Shock/Sustained Ventricular Arrhythmia
- Pulmonary Congestion
- Volume overload/Weight Gain
- Worsening fatigue
- Other

### Characterization of HF at admission or when first recognized
- Arrhythmia
- Pneumonia/respiratory process
- Noncompliance - medication
- Worsening Renal Failure
- Ischemia/ACS
- Uncontrolled HTN
- Noncompliance – Dietary
- Other

### Other Conditions Contributing to HF Exacerbation
- Select all that apply
- None/ND
- Bacterial infection
- Emerging Infectious Disease
  - SARS-COV-1
  - SARS-COV-2 (COVID-19)
  - MERS
  - Other infectious respiratory pathogen
- Influenza
- Seasonal Cold
- Other Viral Infection

### Active bacterial or viral infection at admission or during hospitalization
- Yes
- Hereditary
- Wild-Type
- Unknown/Not Documented
- No
- Not Documented

### New Diagnosis of ATTR-CM
- Hereditary
- Wild-Type
- Unknown/Not Documented
- No
- Not Documented

## MEDICATIONS AT ADMISSION

### Medications Used Prior to Admission: [Select all that apply]
- 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
- Antiplatelet agent (excluding aspirin)
- Aspirin
- Beta-Blocker
- Ca channel blocker
- Other injectable/subcutaneous agents
- Digoxin
- Diuretic
  - Thiazide/Thiazide-like
  - Loop
- Hydralazine
- **Other**
  - Anti-hyperglycemic medications:
    - DPP-4 Inhibitors
    - GLP-1 receptor agonist
    - Insulin
    - Metformin
    - Sulfonylurea
    - Thiazolidinedione
    - Other Oral Agents
    - Other injectable/subcutaneous agents
  - Ivabradine
  - Finerenone
  - Lipid lowering agent (Any)
    - Statin
    - Other Lipid lowering agent
  - Nitrate
  - Omega-3 fatty acid supplement
  - Renin Inhibitor
  - SGLT2 Inhibitor
  - Vericiguat
  - Other Medications Prior to Admission

### Symptoms (Closest to Admission)
*Select all that apply*
- Chest Pain
- Orthopnea
- Palpitations
- Dyspnea at rest
- Fatigue
- PND
- Dyspnea on Exertion
- Decreased appetite/early satiety
- Dizziness/lightheadedness/syncope

### EXAMS/LABS AT ADMISSION

#### Admission Tab

<table>
<thead>
<tr>
<th>Height</th>
<th>inches</th>
<th>cm</th>
<th>Weight</th>
<th>Lbs.</th>
<th>Kgs.</th>
<th>Waist Circumference</th>
<th>inches</th>
<th>cm</th>
<th>BMI</th>
<th>(Automatically Calculated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JVP (cm):</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>JVP Value</td>
<td>&lt;1/3</td>
<td>≥1/3</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rales:</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Rales Value</td>
<td>Trace</td>
<td>1+</td>
<td>2+</td>
<td>3+</td>
<td>4+</td>
<td>N/A</td>
</tr>
<tr>
<td>Lower Extremity Edema</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Lower Extremity Value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipids</td>
<td>TC: mg/dL</td>
<td>HDL: mg/dL</td>
<td>LDL: mg/dL</td>
<td>TG: mg/dL</td>
<td>Lipids Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium (Na+)</td>
<td>mEq/L</td>
<td>mmol/L</td>
<td>mg/dL</td>
<td>Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hgb</td>
<td>g/dL</td>
<td>g/L</td>
<td>Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albumin</td>
<td>g/dL</td>
<td>g/L</td>
<td>Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BNP</td>
<td>pg/mL</td>
<td>pmol/L</td>
<td>ng/L</td>
<td>Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NT-proBNP</td>
<td>pg/mL</td>
<td>ng/L</td>
<td>Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum Creatinine</td>
<td>mg/dL</td>
<td>μmol/L</td>
<td>Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUN</td>
<td>mg/dL</td>
<td>μmol/L</td>
<td>Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Troponin (Peak)</td>
<td>ng/mL</td>
<td>μg/L</td>
<td>T</td>
<td>I</td>
<td>hs-I</td>
<td>hs-T</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Not Available</td>
<td></td>
</tr>
<tr>
<td>Potassium (K+)</td>
<td>mEq/L</td>
<td>mmol/L</td>
<td>mg/dL</td>
<td>Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ferritin (ng/mL)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HbA1C</strong></td>
<td>%</td>
<td>❑ Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fasting Blood Glucose (mg/dL)</strong></td>
<td></td>
<td>❑ Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EKG QRS Duration (ms)</strong></td>
<td></td>
<td>❑ Not Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EKG QRS Morphology</strong></th>
<th>Normal</th>
<th>LBBB</th>
<th>RBBB</th>
<th>NS-IVCD</th>
<th>Paced</th>
<th>Not Available</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>CLINICAL CODES</strong></th>
<th><strong>Clinical Codes Tab</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICD-10-CM Principal Diagnosis Code</strong></td>
<td>1.</td>
</tr>
<tr>
<td><strong>ICD-10-CM Other Diagnoses Codes</strong></td>
<td>4.</td>
</tr>
<tr>
<td><strong>ICD-10-PCS Principal Procedure Code</strong></td>
<td>7.</td>
</tr>
<tr>
<td><strong>ICD-10-PCS Other Principal Procedure Codes</strong></td>
<td>10.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>IN-HOSPITAL</strong></th>
<th><strong>In-Hospital Tab</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Hospital Care</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Procedures</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ No Procedures</td>
</tr>
<tr>
<td>❑ Cardiac Cath/Coronary Angiography</td>
</tr>
<tr>
<td>❑ CardioMEMs (implantable hemodynamic monitor)</td>
</tr>
<tr>
<td>❑ Coronary Artery Bypass Graft</td>
</tr>
<tr>
<td>❑ CRT-P (cardiac resynchronization therapy-pacing only)</td>
</tr>
<tr>
<td>❑ Dialysis or Ultrafiltration unspecified</td>
</tr>
<tr>
<td>❑ ICD only</td>
</tr>
<tr>
<td>❑ Mechanical Ventilation</td>
</tr>
<tr>
<td>❑ PCI</td>
</tr>
<tr>
<td>❑ Right Cardiac Catheterization</td>
</tr>
<tr>
<td>❑ TMVR</td>
</tr>
<tr>
<td>❑ Tricuspid Valve Procedure</td>
</tr>
<tr>
<td>❑ Atrial Fibrillation Ablation or Surgery</td>
</tr>
<tr>
<td>❑ Cardiac Valve Surgery</td>
</tr>
<tr>
<td>❑ Cardioversion</td>
</tr>
<tr>
<td>❑ CRT-D (cardiac resynchronization therapy with ICD)</td>
</tr>
<tr>
<td>❑ Dialysis</td>
</tr>
<tr>
<td>❑ Intra-aortic Balloon Pump</td>
</tr>
<tr>
<td>❑ Left Ventricular Assist Device</td>
</tr>
<tr>
<td>❑ Pacemaker</td>
</tr>
<tr>
<td>❑ PCI with stent</td>
</tr>
<tr>
<td>❑ Stress Testing</td>
</tr>
<tr>
<td>❑ TAVR</td>
</tr>
<tr>
<td>❑ Transplant (Heart)</td>
</tr>
<tr>
<td>❑ Ultrafiltration</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EF - Quantitative</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>Obtained:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EF - Qualitative</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>Obtained:</td>
</tr>
<tr>
<td>Normal or mild dysfunction</td>
<td></td>
</tr>
<tr>
<td>Qualitative moderate/severe dysfunction</td>
<td></td>
</tr>
<tr>
<td>Performed/results not available</td>
<td></td>
</tr>
<tr>
<td>Planned after discharge</td>
<td></td>
</tr>
<tr>
<td>Not performed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mitral Valve Regurgitation (MR) on echocardiogram</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Trace/trivial</td>
</tr>
<tr>
<td>1+ or Mild</td>
</tr>
<tr>
<td>2+ or Moderate</td>
</tr>
<tr>
<td>3+ or Moderate to Severe</td>
</tr>
<tr>
<td>4+ or Severe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Documented LVSD?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>LVF Assessment?</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Oral Medications during hospitalization</td>
</tr>
<tr>
<td>Select all that apply</td>
</tr>
<tr>
<td>IV Iron</td>
</tr>
<tr>
<td>Parenteral Therapies during hospitalization</td>
</tr>
</tbody>
</table>

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 |

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

Was DVT or PE (pulmonary embolus) documented? | Yes | No/Not Documented |

Influenza Vaccination | Yes | No/Not Documented |
| 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 or if medically contraindicated | Vaccine not available | None of the above/Not Documented/UTD |

COVID-19 Vaccination | Yes | No/Not Documented |
| COVID-19 vaccine was given during this hospitalization | COVID-19 vaccine was received prior to admission, not during this hospitalization | Documentation of patient's refusal of COVID-19 vaccine | Allergy/Sensitivity to COVID-19 or if medically contraindicated | Vaccine not available | None of the above/Not Documented/UTD |

COVID-19 Date | | | |

Is there documentation that this patient was included in a COVID-19 vaccine trial? | Yes | No/ND |

Pneumococcal Vaccination | Yes | No/Not Documented |
| 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 or if medically contraindicated to pneumococcal vaccine | None of the above/Not Documented/UTD |

**DISCHARGE INFORMATION**

What was the patient's discharge disposition on the day of discharge? | 1 – Home | 2 – Hospice – Home | 3 – Hospice – Health Care Facility | 4 – Acute Care Facility | 5 – Other Health Care Facility | 6 – Expired | 7 – Left Against Medical Advice/AMA | 8 – 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 |
| Skilled Nursing Facility | ND |

If Home, special discharge circumstances: | Home Health Care | 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

### When is the earliest physician/APN/PA documentation of comfort measures only?
- Day 0 or 1
- Day 2 or after
- Timing unclear
- Not Documented

### Symptoms (closest to discharge)
- Worse
- Unchanged
- Better, Symptomatic
- Better, Asymptomatic
- Unable to determine

### Vital Signs (closest to Discharge)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td></td>
<td>Lbs.</td>
</tr>
<tr>
<td>Heart Rate (bpm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systolic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diastolic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Exam (Closest to Discharge)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>JVP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rales:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Extremity Edema</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Labs (Closest to Discharge)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium (Na+)</td>
<td></td>
<td>mEq/L</td>
</tr>
<tr>
<td>BNP</td>
<td></td>
<td>pg/mL</td>
</tr>
<tr>
<td>Serum Creatinine</td>
<td></td>
<td>mg/dL</td>
</tr>
<tr>
<td>BUN</td>
<td></td>
<td>mg/dL</td>
</tr>
<tr>
<td>eGFR (mL/min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NT-proBNP (pg/mL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potassium (K+)</td>
<td></td>
<td>mEq/L</td>
</tr>
<tr>
<td>Urinary Albumin (mg/dL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary Creatinine (mg/dL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary Albumin-to-Creatinine Ratio (UACR) (mg/g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ferritin (mg/mL)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### ACE Prescribed?
- ☐ Yes  ☐ No  ☐ NC (None-Contraindicated)

#### ACE Medication/Dosage/Frequency
<table>
<thead>
<tr>
<th>Medication:</th>
<th>Dosage:</th>
<th>Frequency:</th>
</tr>
</thead>
</table>

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

### ARB Prescribed?
- ☐ Yes  ☐ No  ☐ NC (None-Contraindicated)

#### ARB Medication/Dosage/Frequency
<table>
<thead>
<tr>
<th>Medication:</th>
<th>Dosage:</th>
<th>Frequency:</th>
</tr>
</thead>
</table>

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

### ARNI Prescribed?
- ☐ Yes  ☐ No  ☐ NC (None-Contraindicated)

#### ARNI Medication/Dosage/Frequency
<table>
<thead>
<tr>
<th>Medication:</th>
<th>Dosage:</th>
<th>Frequency:</th>
</tr>
</thead>
</table>

#### Contraindications or Other Documented Reason(s) for Not Providing ARNI at Discharge:
- ☐ Contraindicated
  - ACE inhibitor use within the prior 36 hours
  - Allergy
  - Hyperkalemia
  - Hypotension
  - Renal dysfunction defined as creatinine > 2.5 mg/dL in men or > 2.0 mg/dL in women
  - Other Contraindications
- ☐ Not Eligible
- ☐ Not Tolerant
- ☐ Patient Reason
- ☐ System Reason
- ☐ Other Reasons

#### Reasons for not switching to ARNI at discharge:
- ☐ Yes  ☐ No  ☐ ARNI was prescribed at discharge

If Yes,
- ☐ NYHA Class I
- ☐ NYHA Class IV

### Beta Blocker Prescribed?
- ☐ Yes  ☐ No  ☐ NC (None-Contraindicated)

#### Beta Blocker Class
- ☐ Evidence-Based Beta Blocker
- ☐ Non-Evidence-Based Beta Blocker
- ☐ Unknown Class

#### Contraindications or Other Documented Reason(s) For Not Providing Beta Blockers:
- ☐ Contraindicated
  - Asthma
  - Fluid Overload
  - Low Blood Pressure
  - Patient recently treated with an intravenous positive inotropic agent

---

Page 8 of 12

NOT FOR USE WITHOUT PERMISSION. ©2020 American Heart Association and IQVIA. For questions, call 888-526-6700
### Beta Blocker

**Medication/Dosage/Frequency**

<table>
<thead>
<tr>
<th>Medication:</th>
<th>Dosage:</th>
<th>Frequency:</th>
</tr>
</thead>
</table>

### SGLT2 Inhibitor Prescribed?

- Yes
- No
- NC

**Medication/Dosage/Frequency**

<table>
<thead>
<tr>
<th>Medication:</th>
<th>Dosage:</th>
<th>Frequency:</th>
</tr>
</thead>
</table>

**Contraindications or Other Documented Reason(s) For Not Providing SGLT2 Inhibitor:**

- Contraindicated
- Patient currently on dialysis
- Ketoacidosis
- Known hypersensitivity to the medication
- Type I diabetes (not approved for use in patients with Type I diabetes due to increased risk of ketoacidosis)
- Other Contraindications
- Not Eligible
- Not Tolerant
- Patient Reason
- System Reason
- Other Reason

### Aldosterone Antagonist Prescribed?

- Yes
- No
- NC (None-Contraindicated)

**Aldosterone Antagonist Medication/Dosage/Frequency**

<table>
<thead>
<tr>
<th>Medication:</th>
<th>Dosage:</th>
<th>Frequency:</th>
</tr>
</thead>
</table>

**Contraindications or Other Documented Reason(s) for Not Providing Aldosterone Antagonist at Discharge:**

- Contraindicated
- 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 contraindications
- Not Eligible
- Not Tolerant
- Patient Reason
- System Reason
- Other Reason

### Anticoagulation Therapy Prescribed?

- Yes
- No
- NC (None-Contraindicated)

**Anticoagulation Therapy Class**

- Warfarin
- Direct Thrombin Inhibitor
- Factor Xa Inhibitor
- Other

**Anticoagulation Contraindication(s):**

- Contraindicated
- Allergy to or complication r/t anticoagulation therapy (hx or current)
- Risk for bleeding or discontinued due to bleeding
- Serious side effect to medication
- Terminal illness/Comfort Measures Only
- Other Contraindications
- Not Eligible
- Not Tolerant
<table>
<thead>
<tr>
<th>Hydralazine Nitrate Prescribed?</th>
<th>Yes</th>
<th>No</th>
<th>NC (None-Contraindicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraindications or Other Documented Reason(s) For Not Providing Hydralazine Nitrate:</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
</tr>
<tr>
<td>Anti-hyperglycemic Prescribed?</td>
<td>Yes</td>
<td>No</td>
<td>NC (None-Contraindicated)</td>
</tr>
<tr>
<td>Anti-hyperglycemic Class/Medication</td>
<td>Class:</td>
<td>Medication:</td>
<td></td>
</tr>
<tr>
<td>ASA Prescribed?</td>
<td>Yes</td>
<td>No</td>
<td>NC (None-Contraindicated)</td>
</tr>
<tr>
<td>ASA Medication/Dosage/Frequency</td>
<td>Medication:</td>
<td>Dosage:</td>
<td>Frequency:</td>
</tr>
<tr>
<td>Other Antiplatelets Prescribed?</td>
<td>Yes</td>
<td>No</td>
<td>NC (None-Contraindicated)</td>
</tr>
<tr>
<td>Other Antiplatelets Medication/Dosage/Frequency</td>
<td>Medication:</td>
<td>Dosage:</td>
<td>Frequency:</td>
</tr>
<tr>
<td>Clopidogrel Prescribed?</td>
<td>Yes</td>
<td>No</td>
<td>NC (None-Contraindicated)</td>
</tr>
<tr>
<td>Clopidogrel Dosage/Frequency</td>
<td>Dosage:</td>
<td>Frequency:</td>
<td></td>
</tr>
<tr>
<td>Ivabradine Prescribed?</td>
<td>Yes</td>
<td>No</td>
<td>NC (None-Contraindicated)</td>
</tr>
<tr>
<td>Ivabradine Contraindications or Other Documented Reason(s) For Not Providing Ivabradine:</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
</tr>
<tr>
<td>Lipid Lowering Medication Prescribed?</td>
<td>Yes</td>
<td>No</td>
<td>NC (None-Contraindicated)</td>
</tr>
<tr>
<td>Lipid Lowering Class/Medication/Dosage/Frequency</td>
<td>Class:</td>
<td>Medication:</td>
<td>Dosage:</td>
</tr>
</tbody>
</table>
**Omega-3 Prescribed?**

- [ ] Yes
- [ ] No
- [ ] NC

**Other Medications**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiarrhythmic (Discharge)</td>
<td>Ca Channel Blocker (Discharge)</td>
<td>Nitrate (Discharge)</td>
</tr>
<tr>
<td>Amiodarone</td>
<td>Digoxin (Discharge)</td>
<td>Ranolazine</td>
</tr>
<tr>
<td>Dofetilide</td>
<td>Diuretic (Discharge)</td>
<td>Renin Inhibitor (Discharge)</td>
</tr>
<tr>
<td>Sotalol</td>
<td>Loop Diuretic</td>
<td>Vericiguat</td>
</tr>
<tr>
<td>Other antiarrhythmics</td>
<td>Thiazide Diuretic</td>
<td>Other Anti-Hypertensive</td>
</tr>
</tbody>
</table>

**OTHER THERAPIES**

**ICD Counseling?**

- [ ] Yes
- [ ] No

**Reason for not counseling**

- [ ] Yes
- [ ] No

**Documented Medical Reason(s) for Not Counseling?**

- ICD or CRT-D device in patient
- Multiple or significant comorbidities
- Limited Life Expectancy
- Other reasons not eligible for ICD (e.g. EF>35%, new onset HF)
- Other reasons for not counseling

**ICD Placed or Prescribed?**

- [ ] Yes
- [ ] No

**Reason(s) for Not Placing or Prescribing?**

- [ ] Yes
- [ ] No

**Documented Reason(s) for Not Placing or Prescribing ICD Therapy?**

- Contraindications
- Not receiving optimal medical therapy
- Patient Reason
- System Reason
- Any other physician documented reason including AMI in prior 40 days, recent revascularization, recent onset HF

**CRT-D Placed or Prescribed?**

- [ ] Yes
- [ ] No

**CRT-P Placed or Prescribed?**

- [ ] Yes
- [ ] No

**Reason for not Placing or Prescribing?**

- [ ] Yes
- [ ] No

**Documented Reason(s) for Not Placing or Prescribing CRT Therapy?**

- Contraindications
- Not receiving optimal medical therapy
- Not NYHA functional Class III or ambulatory Class IV
- Patient Reason
- Any other physician documented reason including AMI in prior 40 days, recent revascularization, recent onset HF
- System Reason

**RISK INTERVENTIONS**

**Smoking Cessation Counseling Given**

- [ ] Yes
- [ ] No

**Smoking Cessation Therapies Prescribed (select all that apply)**

- Treatment Not Specified
- Counseling Only
- Over the Counter Nicotine Replacement Therapy
- Prescription Medications
- Other

**DISCHARGE INSTRUCTIONS**

**Activity Level**

- [ ] Yes
- [ ] No

**Diet (Salt restricted)**

- [ ] Yes
- [ ] No

**Follow-up**

- [ ] Yes
- [ ] No

**Medications**

- [ ] Yes
- [ ] No

**Symptoms Worsening**

- [ ] Yes
- [ ] No

**Weight Monitoring**

- [ ] Yes
- [ ] No

**Follow-up Visit Scheduled**

- [ ] Yes
- [ ] No

**Date/Time of first follow-up visit:**

- [ ] Office Visit
- [ ] Home Health Visit
- [ ] Telehealth
- [ ] Not Documented

**Location of first follow-up visit:**

**Medical or Patient Reason for no follow-up appointment being scheduled?**

- [ ] Yes
- [ ] No

**Follow-up Phone Call Scheduled**

- [ ] Yes
- [ ] No

**Date/Time of first follow-up phone call:**

**Follow-up appointment scheduled for diabetes management?**

- [ ] Yes
- [ ] No

**Date of diabetes management follow-up visit:**

**OTHER RISK INTERVENTIONS**

**Smoking Cessation Counseling Given**

- [ ] Yes
- [ ] No

**Smoking Cessation Therapies Prescribed (select all that apply)**

- Treatment Not Specified
- Counseling Only
- Over the Counter Nicotine Replacement Therapy
- Prescription Medications
- Other

**DISCHARGE INSTRUCTIONS**

**Activity Level**

- [ ] Yes
- [ ] No

**Diet (Salt restricted)**

- [ ] Yes
- [ ] No

**Follow-up**

- [ ] Yes
- [ ] No

**Medications**

- [ ] Yes
- [ ] No

**Symptoms Worsening**

- [ ] Yes
- [ ] No

**Weight Monitoring**

- [ ] Yes
- [ ] No

**Follow-up Visit Scheduled**

- [ ] Yes
- [ ] No

**Date/Time of first follow-up visit:**

- [ ] Office Visit
- [ ] Home Health Visit
- [ ] Telehealth
- [ ] Not Documented

**Location of first follow-up visit:**

**Medical or Patient Reason for no follow-up appointment being scheduled?**

- [ ] Yes
- [ ] No

**Follow-up Phone Call Scheduled**

- [ ] Yes
- [ ] No

**Date/Time of first follow-up phone call:**

**Follow-up appointment scheduled for diabetes management?**

- [ ] Yes
- [ ] No

**Date of diabetes management follow-up visit:**

**OTHER RISK INTERVENTIONS**
<table>
<thead>
<tr>
<th>TLC (Therapeutic Lifestyle Change) Diet</th>
<th>Yes</th>
<th>No</th>
<th>Not Documented</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity Weight Management</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Activity Level/Recommendation</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Referred to Outpatient Cardiac Rehab Program</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Anticoagulation Therapy Education</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Was Diabeteis Teaching provided?</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>PT/INR Planned Follow-Up</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Referral to Sleep Study</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Referral to Outpatient HF Management Program</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Outpatient HF Management Program Type(s): Telemanagement</td>
<td>Home Visit</td>
<td>Clinic-based</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to AHA My HF Guide/Heart Failure Interactive Workbook</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Provision of at least 60 minutes of Heart Failure Education by a qualified educator</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Advanced Care Plan/Surrogate Decision Maker Documented Or Discussed?</td>
<td>Yes</td>
<td>No</td>
<td>Not Documented</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Advance Directive Executed</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### POST DISCHARGE TRANSITION

<table>
<thead>
<tr>
<th>Care Transition Record Transmitted</th>
<th>By the seventh post-discharge day</th>
<th>Exists, but not transmitted by the seventh post-discharge day</th>
<th>No Care Transition Record/UTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Transition Record Transmitted Includes</td>
<td>All were included (Check all yes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Medications</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Follow-up Treatment(s) and Service(s) Needed</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Procedures Performed During Hospitalization</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Reason for Hospitalization</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Treatment(s)/Service(s) Provided</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>During this admission, was a standardized health related social needs form or assessment completed?</th>
<th>Yes</th>
<th>No/ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, identify the areas of unmet social need. (select all that apply):</td>
<td>None of the areas of unmet social need listed</td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>Personal Safety</td>
</tr>
<tr>
<td></td>
<td>Employment</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td></td>
<td>Financial Strain</td>
<td>Transportation Barriers</td>
</tr>
<tr>
<td></td>
<td>Food</td>
<td>Utilities</td>
</tr>
<tr>
<td></td>
<td>Living Situation/Housing</td>
<td></td>
</tr>
</tbody>
</table>