American Heart Association®
Get With The Guidelines®
Heart Failure

GWTG-HF Case Record Full Form (CRF)   December 2025

Patient ID:	
DEMOGRAPHICS	
Patient First Name	_____ Patient Last Name _____
Date of Birth	_____
Sex	○ Male ○ Female ○ Unknown Age _____
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 ○ Queer, pansexual, and/or questioning ○ Something else; please specify. _____. ○ Don't know ○ Declined to answer
Homeless	❑
Foreign Address	❑
Street Address	City _____ State _____ Patient Zip Code _____ - _____
Payment Source	❑ Medicare Title 18 ❑ Medicaid Title 19 ❑ 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
MRN	_____
External Tracking ID	_____
Race and Ethnicity	

Race and/or Ethnicity	❑ American Indian or Alaska Native ❑ Black or African American
	❑ Asian ❑ Hispanic or Latino
	  ❑ Asian Indian ❑ Middle Eastern or North African
	  ❑ Chinese ❑ Native Hawaiian or Pacific Islander
	  ❑ Filipino ❑ Native Hawaiian
	  ❑ Japanese ❑ Guamanian or Chamorro
	  ❑ Korean ❑ Samoan
	  ❑ Vietnamese ❑ Other Pacific Islander
	                                        ❑ White

	❑ Other Asian	❑ UTD
Select Hispanic Origin Group(s):	❑ Mexican, Mexican American, Chicano/a ❑ Cuban ❑ Puerto Rican ❑ Another Hispanic, Latino, or Spanish Origin	

ADMISSIONS

Arrival and Admission

Internal Tracking ID	_____	Physician/Provider NPI	_____
Arrival Date/Time	__/__/_____ __: ___	Admission Date	__/__/_____
Transferred in (from another ED?)	❍ Yes		❍ No
Point of Origin for Admission or Visit	❍ 1. Non-Healthcare Facility Point of Origin ❍ 2. Clinic ❍ 4. Transfer from a Hospital (Different Facility) ❍ 5. Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)		❍ 6. Transfer from another Health Care Facility ❍ 7. Emergency Room ❍ 9. Information not available ❍ F. Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program
Discharge Date/Time	__/__/_____ __: ___		

Medical History

Medical History (Select all that apply):

- ❑ Anemia
- ❑ Atrial Fib (chronic or recurrent)
- ❑ Atrial Flutter (chronic or recurrent)
- ❑ Barostim Device
- ❑ ATTR-CM
  - ❑ Hereditary
  - ❑ Wild-type
- ❑ CAD
- ❑ Cancer
- ❑ Cardiac Ablation
- ❑ CardioMEMs (implantable hemodynamic monitor)
- ❑ Chronic Kidney Disease (CKD)
- ❑ COPD or Asthma
- ❑ CRT-D (cardiac resynchronization therapy with ICD)
- ❑ CRT-P (cardiac resynchronization therapy-pacing only)
- ❑ Current Pregnancy (up to 6 weeks postpartum)
- ❑ CVA/TIA
- ❑ Depression
- ❑ Diabetes
- ❑ Dialysis (chronic)
- ❑ Emerging Infectious Disease
  - ❍ SARS-COV-2 (COVID-19)
  - ❍ Other infectious respiratory pathogen
- Familial hypercholesterolemia

- ❑ Heart failure
- ❑ Heart Transplant
- ❑ Hyperlipidemia
- ❑ Hypertension
- ❑ Hypertriglyceridemia
- ❑ Hypertrophic Cardiomyopathy
- ❑ ICD only
- ❑ Kidney Transplant
- ❑ Long COVID
- ❑ Mechanical Heart Valve
- ❑ Mitral Stenosis
- ❑ Obesity/Overweight
- ❑ Optimizer System
- ❑ Pacemaker
- ❑ Peripheral Vascular Disease
- ❑ Postpartum (6 weeks to 12 months postpartum)
- ❑ Prior CABG
- ❑ Prior MI
- ❑ Pulmonary Hypertension
  - ❍ Pulmonary arterial hypertension
  - ❍ Pulmonary hypertension due to left heart disease
  - ❍ Pulmonary hypertension due to lung disease and/or hypoxia
  - ❍ Chronic thromboembolic pulmonary hypertension (CTEPH)
  - ❍ Pulmonary hypertension with unclear multifactorial mechanisms
  - ❍ Unknown/Not Documented
- ❑ Prior PCI

	❑ Sleep-Disordered Breathing ❑ TAVR ❑ TMVR ❑ Tricuspid Valve procedure ❑ Valvular Heart Disease ❑ Ventricular assist device ❑ Watchman Device ❑

❑ No Medical History

Currently Pregnant?	❍ Yes, currently pregnant ❍ No, postpartum up to 6 weeks
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 ❑ Other Etiology ❑ Unknown Etiology
Known history of HF prior to this admission?	❍ Yes	❍ No

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

❑ Patient Listed for Transplant

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	❑ Documented New Onset?
Atrial Flutter (At presentation or during hospitalization)	❍ Yes	❍ No	❑ Documented New Onset?
New Diagnosis of Diabetes	❍ Yes	❍ No	❍ Not Documented
Basis for Diagnosis	❑ HbA1c ❑ Oral Glucose Tolerance		❑ Fasting Blood Sugar ❑ Test Other

Characterization of HF at admission or when first recognized	❍ Acute Pulmonary Edema ❍ Dizziness/Syncope ❍ Dyspnea ❍ ICD Shock/Sustained Ventricular Arrhythmia	❍ Pulmonary Congestion ❍ Volume overload/Weight Gain ❍ Worsening fatigue ❍ Other
Other Conditions Contributing to HF Exacerbation *Select all that apply*	❑ Arrhythmia ❑ Pneumonia/respiratory process ❑ Noncompliance - medication	❑ Worsening Renal Failure ❑ Ischemia/ACS ❑ Uncontrolled HTN ❑ Noncompliance – dietary ❑ Other

Active bacterial or viral infection at admission or during hospitalization	❍ 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	

New Diagnosis of ATTR-CM	❍ Yes
	   ❍ 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
   ▪ ACE Medication Name
   ▪ ACE Medication Dosage
   ▪ ACE Medication Frequency
❑ Angiotensin receptor blocker (ARB)
   ▪ ARB Medication Name
   ▪ ARB Medication Dosage
   ▪ ARB Medication Frequency
❑ Angiotensin Receptor Neprilysin Inhibitor (ARNI)
   ▪ ARNI Medication Name
   ▪ ARNI Medication Dosage
   ▪ ARNI Medication Frequency
❑ Antiarrhythmic
❑ Anticoagulation Therapy
   ❍ Warfarin
   ❍ Direct Thrombin Inhibitor
   ❍ Factor Xa Inhibitor
   ❍ Other
❑ Antiplatelet agent (excluding aspirin)
❑ Aspirin
❑ Beta-Blocker
   ▪ Beta Blocker Class
   ▪ Beta Blocker Medication Name
   ▪ Beta Blocker Medication Dosage

❑ Hydralazine
❑ Ivabradine
❑ Lipid lowering agent (Any)
   ❍ Statin
   ❍ Other Lipid lowering agent
❑ Mavacamten
❑ Mineralocorticoid Receptor Antagonist (MRA)
   ▪ MRA Medication Name
   ▪ MRA Medication Dosage
   ▪ MRA Medication Frequency
❑ Nitrate
❑ Omega-3 fatty acid supplement
❑ Renin Inhibitor
❑ SGLT2 Inhibitor
   ▪ SGLT2 Medication Name
   ▪ SGLT2 Medication Dosage
   ▪ SGLT2 Medication Frequency
❑ Vericiguat
❑ Other Anti-hyperglycemic medications:
   ❑ DPP-4 Inhibitors
   ❑ Insulin
   ❑ Metformin
   ❑ Sulfonylurea
   ❑ Thiazolidinedione
   ❑ Other Oral Agents
   ❑ Other injectable/subcutaneous agents

- ▪ Beta Blocker Medication Frequency
- ❑ Ca Channel Blocker
- ❑ Digoxin
- ❑ Diuretic
  - ❑ Thiazide/Thiazide-like
  - ❑ Loop
- ❑ GLP-1 Receptor Agonists
  - ▪ GLP-1 Medication Name
  - ▪ GLP-1 Dosage
  - ▪ GLP-1 Frequency

❑ 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

Height	_____ m inches m cm	❍ Height ND
Weight	_____ mLbs. mKgs.	❍ Weight ND
Waist Circumference	_____ m inches m cm	❍ Waist Circumference ND
BMI	_____ (Automatically Calculated)	
Systolic	_____	
Diastolic	_____	

❍ BP ND

Respiratory Rate (breaths per minute)	_____				
JVP (cm):	❍ Yes	❍ No	❍ Unknown	JVP Value _____	
Rales:	❍ Yes	❍ No	❍ Unknown	Rales Value _____	❍ <1/3 ❍ ≥1/3 ❍ N/A
Lower Extremity Edema	❍ Yes	❍ No	❍ Unknown	Lower Extremity Value	m Trace ❍ 1+ ❍ 2+ ❍ 3+ ❍ 4+ ❍ N/A
Lipids	TC: _____ mg/dL	HDL: _____ mg/dL	LDL: _____ mg/dL	TG: _____ mg/dL	❍ Lipids Not Available

Labs (Closet to Admission)

Sodium (Na+)	_____	❍ mEq/L	❍ mmol/L	❍ mg/dL	❍ Not Available
Hgb	_____	❍ g/dL	❍ g/L		❍ Not Available
Albumin	_____	❍ g/dL	❍ g/L		❍ Not Available
BNP	_____	❍ pg/mL	❍ pmol/L	❍ ng/L	❍ Not Available
NT-proBNP	_____	❍ pg/mL	❍ ng/L		❍ Not Available
Serum Creatinine	_____	❍ mg/dL	❍ µmol/L		❍ Not Available

BUN	_____	o mg/dL	o μmol/L		o Not Available
Troponin (Peak)	_____ mng/mL mug/L	o T o I o hs-I o hs-T	o Normal o Abnormal		o Not Available
Potassium (K+)	_____	o mEq/L	o mmol/L	o Not Available	
Ferritin (ng/mL)	_____				
HbA1C	_____ %		o Not Available		
Fasting Blood Glucose (mg/dL)	_____		o Not Available		
EKG QRS Duration (ms)	_____		o Not Available		
EKG QRS Morphology	o Normal o LBBB		o RBBB o NS-IVCD		o Paced o Not Available

CLINICAL CODES

ICD-10-CM Principal Diagnosis Code	_____		
ICD-10-CM Other Diagnoses Codes	1.	2.	3.
	4.	5.	6.
	7.	8.	9
	10.	11.	12.

ICD-10-PCS Principal Procedure Code	_____	Date: __/__/____	O Date UTD
ICD-10-PCS Other Principal Procedure Codes	1.	Date: __/__/____	O Date UTD
	2.	Date: __/__/____	O Date UTD
	3.	Date: __/__/____	O Date UTD
	4.	Date: __/__/____	O Date UTD
	5.	Date: __/__/____	O Date UTD

IN-HOSPITAL

Procedures

- ❑ No Procedures
- ❑ Cardiac Cath/Coronary Angiography
- ❑ CardioMEMs (implantable hemodynamic monitor)
- ❑ Coronary Artery Bypass Graft
- ❑ CRT-P (cardiac resynchronization therapy-pacing only)
- ❑ Dialysis or Ultrafiltration unspecified
- ❑ ICD only
- ❑ Mechanical Ventilation
- ❑ PCI
- ❑ Right Cardiac Catheterization
- ❑ TMVR
- ❑ Tricuspid Valve Procedure

- ❑ Atrial Fibrillation Ablation or Surgery
- ❑ Cardiac Valve Surgery
- ❑ Cardioversion
- ❑ CRT-D (cardiac resynchronization therapy with ICD
- ❑ Dialysis
- ❑ ECMO
- ❑ Intra-aortic Balloon Pump
- ❑ Left Ventricular Assist Device
- ❑ Mechanical Heart Valve
- ❑ Pacemaker
- ❑ PCI with stent
- ❑ Stress Testing
- ❑ TAVR
- ❑ Transplant (Heart)
- ❑ Ultrafiltration

EF - Quantitative	_____ %	Obtained:	O This Admission O Within the last year O > 1 year ago
EF - Qualitative	O Not Applicable O Normal or mild dysfunction	Obtained:	O This Admission O Within the last year

	○ Qualitative moderate/severe dysfunction ○ Performed/results not available ○ Planned after discharge ○ Not performed		○ > 1 year ago
Mitral Valve Regurgitation (MR) on echocardiogram	○ Not applicable ○ None ○ Trace/trivial ○ 1+ or Mild ○ 2+ or Moderate ○ 3+ or Moderate to Severe ○ 4+ or Severe		
Documented LVSD?	○ Yes		○ No
LVF Assessment?	○ Yes	○ No	○ Not done, Reason Documented
Oral Medications during hospitalization *Select all that apply*	❑ None ❑ ARNI ❑ ARB	❑ Hydralazine Nitrate ❑ Mineralocorticoid Receptor Antagonist (MRA)	❑ ACE Inhibitor ❑ Beta Blocker ❑ SGLT2 Inhibitor
IV Iron	❑ Yes	❑ No	❑ Not documented

Parenteral Therapies during hospitalization *Select all that apply*	❑ None
	❑ Dopamine
	❑ Dobutamine
	❑ Iron
		❑ Loop Diuretics
		  ❑ Continuous Infusion
		  ❑ Intermittent bolus
		❑ Milrinone
		❑ Nesiritide Nitroglycerine
		❑ Other IV Vasodilator
		❑ Vasopressin antagonist	

Was the patient ambulating by 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	○ 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	○ 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	_____/_____/_____ ❑ Unknown		
Is there documentation that	○ Yes ○ No/ND		

this patient was included in a COVID-19 vaccine trial?	
Pneumococcal Vaccination	❍ 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

	Weight	_____ ❍ Lbs. ❍ Kgs. ❍ Not Documented					
	Heart Rate (bpm)	_____				❍ Not Documented	
	Systolic					❍ Not Documented	
	Diastolic						
Exam (Closest to Discharge)	JVP:	❍ Yes	❍ No	❍ Unknown	If Yes, _____ cm		
	Rales:	❍ Yes ❍ No	❍ Unknown	If Yes,	❍ <1/3	Rales:	❍ Yes ❍ No
	Lower Extremity Edema	❍ Yes ❍ No	❍ Unknown	If Yes,	❍ Trace ❍ 1+	Lower Extremity Edema	❍ Yes ❍ No
Labs (Closest to Discharge)	Sodium (Na+)	_____	❍ mEq/L	❍ mmol/L	❍ mg/dL	❑ Unavailable	
	BNP	_____	❍ pg/mL	❍ pmol/L	❍ ng/L	❑ Unavailable	
	Serum Creatinine	_____		❍ mg/dL	❍ μmol/L	❑ Unavailable	
	BUN	_____		❍ mg/dL	❍ μmol/L	❑ Unavailable	
	eGFR (mL/min)						
	NT-proBNP (pg/mL)	_____			❑ Not Documented		
	Potassium (K+)	_____	❍ mEq/L	❍ mmol/L	❍ mg/dL	❑ Unavailable	

	Urinary Albumin (mg/dL)	
	Urinary Creatinine (mg/dL)	
	Urinary Albumin-to-Creatinine Ratio (UACR) (mg/g)	
	Ferritin (mg/mL)	_____ ❑ Unavailable

Discharge Medications

ACE Prescribed?	○ Yes ○ No ○ NC (None-Contraindicated)		
ACE Medication/Dosage/Frequency	Medication:	Dosage:	Frequency:

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 Enrolled in Clinical Trial
	❑ Patient Reason
	❑ System Reason
	❑ Other Reason		

ARB Prescribed?	○ Yes ○ No ○ NC (None-Contraindicated)		
ARB Medication/ Dosage/Frequency	Medication:	Dosage:	Frequency:

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 Enrolled in Clinical Trial
	❑ Patient Reason
	❑ System Reason
	❑ Other Reasons		

ARNI Prescribed?	○ Yes ○ No ○ NC (None-Contraindicated)		
ARNI Medication/Dosage/Frequency	Medication:	Dosage:	Frequency:

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 Enrolled in Clinical Trial ❑ 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
	❑ Other Contraindications
	❑ Not Eligible
	❑ Not Tolerant
	❑ Patient Enrolled in Clinical Trial
	❑ Patient Reason
	❑ System Reason

Beta Blocker Medication/Dosage/Frequency	Medication: Dosage: Frequency:
SGLT2 Inhibitor Prescribed?	○ Yes ○ No ○ NC Medication: Dosage: Frequency:

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 Enrolled in Clinical Trial
	❑ Patient Reason
	❑ System Reason
	❑ Other Reason

GLP-1 Receptor Agonist Prescribed at Discharge?	○ Yes ○ No ○ NC (None-Contraindicated)
GLP-1 Receptor Agonist Medication/Dosage/Frequency	Medication: Dosage: Frequency:

Contraindications or Other Documented Reason(s) for Not Providing GLP-1 Receptor Agonist:	❑ Contraindicated
	    ❑ Allergy
	    ❑ Pancreatitis
	    ❑ Medullary Thyroid Cancer
	    ❑ Multiple Endocrine Neoplasia – Type 2
	    ❑ Other Contraindications
	❑ Not Eligible
	❑ Not Tolerant
	❑ Patient Enrolled in Clinical Trial

	❑ Patient Reason ❑ System Reason ❑ Other Reason
Mineralocorticoid Receptor Antagonist (MRA) Prescribed?	⭘ Yes ⭘ No ⭘ NC (None-Contraindicated)

MRA Medication/Dosage/Frequency	Medication:	Dosage:	Frequency:

Was there a dose increase since prior to admission?	⭘ Yes ⭘ No/ND
Potassium ordered or planned after discharge?	⭘ Yes ⭘ No/ND
Renal function test scheduled	⭘ Yes ⭘ No/ND

Contraindications or Other Documented Reason(s) for Not Providing Mineralocorticoid Receptor Antagonist (MRA) at Discharge	❑ Contraindicated
	  ❑ Allergy due to MRA
	  ❑ 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 Enrolled in Clinical Trial
	❑ 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	
	Medication:	Dosage:	Frequency:

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
	❑ Patient Enrolled in Clinical Trial
	❑ Patient Reason
	❑ System Reason
	❑ Other

Hydralazine Nitrate Prescribed?	⭘ Yes ⭘ No ⭘ NC (None-Contraindicated)
Contraindications or Other Documented Reason(s) For Not Providing Hydralazine Nitrate:	❑ Contraindicated ❑ Not Eligible ❑ Not Tolerant ❑ Patient Enrolled in Clinical Trial ❑ Patient Reason ❑ System Reason ❑ Other Reasons
Other Anti-hyperglycemic Prescribed? (regardless of indication)	⭘ Yes ⭘ No ⭘ NC

	Class:	Medication:

Other Antihyperglycemic Class/Medication (regardless of indication)	Class:	Medication:	
	Class:	Medication:	
ASA Prescribed?	○ Yes ○ No ○ NC (None-Contraindicated)		
ASA Medication/Dosage/Frequency	Medication:	Dosage:	Frequency:
Other Antiplatelets Prescribed?	○ Yes ○ No ○ NC (None-Contraindicated)		
Other Antiplatelets Medication/Dosage/Frequency	Medication:	Dosage:	Frequency:
Clopidogrel Prescribed?	○ Yes ○ No ○ NC		
Clopidogrel Dosage/Frequency	Dosage:	Frequency:	
Ivabradine Prescribed?	○ Yes ○ No ○ NC		

Contraindications or Other Documented Reason(s) For Not Providing Ivabradine:	❑ Contraindicated
	  ❑ Allergy to Ivabradine
	  ❑ Patient 100% atrial or ventricular paced
	  ❑ Other Contraindications
	❑ Not Eligible
	  ❑ NYHA class I or IV
	  ❑ Not in sinus rhythm
	  ❑ New Onset of HF
	  ❑ Not treated with maximally tolerated dose beta blockers or beta blockers contraindicated
	❑ Not Tolerant
	❑ Patient Enrolled in Clinical Trial
	❑ Patient Reasons
	❑ System Reasons
	❑ Other Medical Reasons

Lipid Lowering Medication Prescribed?	○ Yes ○ No ○ NC			
Lipid Lowering Class/Medication/Dosage/Frequency	Class:	Medication:	Dosage:	Frequency:
	Class:	Medication:	Dosage:	Frequency:
	Class:	Medication:	Dosage:	Frequency:

Omega-3 Prescribed?	○ Yes ○ No ○ NC

Other Discharge Medications:

❑ Antiarrhythmic (Discharge)
  ❑ Amiodarone
  ❑ Dofetilide
  ❑ Sotalol
  ❑ Other antiarrhythmics
	❑ Ca Channel Blocker (Discharge)
	❑ Digoxin (Discharge)
	❑ Diuretic (Discharge)
	  ❑ Loop Diuretic
	  ❑ Thiazide Diuretic
	❑ Mavacamten
		❑ Nitrate (Discharge)
		❑ Omecamtiv
		❑ Ranolazine
		❑ Renin Inhibitor (Discharge)
		❑ Vericiguat
		❑ Other Anti-Hypertensive
		❑ Other medications at discharge

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 of 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	C	○ No	Weight Monitoring	○ Yes	○ No
Follow-up Visit Scheduled	○ Yes	○ No	Date/Time of first follow-up visit:	__/__/____ __:___	
Location of first follow-up visit:			○ Office Visit ○ Home Health Visit	○ Telehealth ○ Not Documented	
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/ND ○ NC		Date of diabetes management follow-up visit:	__/__/____	

OTHER RISK INTERVENTIONS — *Discharge Tab*

TLC (Therapeutic Lifestyle Change) Diet	○ Yes	○ No	○ Not Documented	○ Not Applicable
Weight Management	○ Yes	○ No	○ Not Documented	○ Not Applicable
Activity Level/Recommendation	○ Yes	○ No	○ Not Documented	○ Not Applicable
Referred to Outpatient Cardiac Rehab Program	○ Yes	○ No	○ Not Documented	○ Not Applicable
Anticoagulation Therapy Education	○ Yes	○ No	○ Not Documented	○ Not Applicable
Was Diabetes Teaching provided?	○ Yes	○ No	○ Not Documented	○ Not Applicable
PT/INR Planned Follow-Up	○ Yes	○ No	○ Not Documented	○ Not Applicable
Referral to Sleep Study	○ Yes	○ No	○ Not Documented	○ Not Applicable
Referral to Outpatient HF Management Program	○ Yes	○ No	○ Not Documented	○ Not Applicable
Outpatient HF Management Program Type(s):	❑ Telemanagement	❑ Home Visit	❑ Clinic-based	

Referral to AHA My HF Guide/Heart Failure Interactive Workbook	❍ Yes ❍ No ❍ Not Documented ❍ Not Applicable
Provision of at least 60 minutes of Heart Failure Education by a qualified educator	❍ Yes ❍ No ❍ Not Documented ❍ Not Applicable
Is there documentation that a Palliative Care Consultation took place during this episode of care?	❍ Yes ❍No/ND
Advanced Care Plan Documented Or Discussed?	❍ Yes ❍No/ND
Surrogate Decision Maker Documented Or Discussed?	❍ Yes ❍No/ND
Advance Directive Executed	❍ Yes ❍ No

Post Discharge Transition				
Care Transition Record Transmitted	❍ By the seventh post-discharge day ❍ Exists, but not transmitted by the seventh post-discharge day ❍ No Care Transition Record/UTD			
Care Transition Record Transmitted Includes	❑ All were included *(Check all yes)*			
	Discharge Medications		❍ Yes	❍ No
	Follow-up Treatment(s) and Service(s) Needed		❍ Yes	❍ No
	Procedures Performed During Hospitalization		❍ Yes	❍ No
	Reason for Hospitalization		❍ Yes	❍ No
	Treatment(s)/Service(s) Provided		❍ Yes	❍ No
During this admission, was a standardized health related social needs form or assessment completed?	❍ Yes ❍ No/ND			
If yes, identify the areas of unmet social need. (select all that apply):	❑ None of the areas of unmet social need listed ❑ Education ❑ Employment ❑ Financial Strain ❑ Food ❑ Living Situation/Housing	❑ Mental Health ❑ Personal Safety ❑ Substance Use Disorder ❑ Transportation Barriers ❑ Utilities		

NOT FOR USE WITHOUT PERMISSION. ©2025 American Heart Association. All Rights Reserved.   Page 14