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Heart Failure

GWTG-HF Case Record Full Form (CRF) **October 2026**

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

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	❑ 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

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	❑ 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

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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-2 (COVID-19) ❑ Other infectious respiratory pathogen ❍ Influenza ❍ Seasonal Cold ❍ Other Viral Infection	
New Diagnosis of ATTR-CM	❍ Yes ❍ Hereditary ❍ Wild-Type ❍ Unknown/Not Documented ❍ No	

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 ▪ Beta Blocker Medication Frequency	❑ Hydralazine ❑ Ivabradine ❑ Lipid lowering agent (Any) ❍ Statin ❍ Other Lipid lowering agent ❑ Mavacamten at Admission ❑ 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 ❑ Other Medications Prior to Admission

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

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	_____ inches cm						❍ Height ND
Weight	_____ Lb. Kg						❍ Weight ND
Waist Circumference	_____ inches cm						❍ Waist Circumference ND
BMI	_____ (Automatically Calculated)						
Systolic BP	_____						
Diastolic BP	_____						
❍ 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	_____	○ mg/dL	○ µmol/L		○ Not Available

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Troponin (Peak)	_____ mng/mL mug/L	○ T ○ I ○ hs-I ○ hs-T	○ Normal ○ Abnormal	○ Not Available
Potassium (K+)	_____	○ mEq/L	○ mmol/L	○ Not Available
Ferritin (ng/mL)	_____			
HbA1C	_____ %		○ Not Available	
Fasting Blood Glucose (mg/dL)	_____		○ Not Available	
EKG QRS Duration (ms)	_____		○ Not Available	
EKG QRS Morphology	○ Normal ○ LBBB	○ RBBB ○ NS-IVCD	○ Paced ○ 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: __/__/____	❍ Date UTD
ICD-10-PCS Other Principal Procedure Codes	1.	Date: __/__/____	❍ Date UTD
	2.	Date: __/__/____	❍ Date UTD
	3.	Date: __/__/____	❍ Date UTD
	4.	Date: __/__/____	❍ Date UTD
	5.	Date: __/__/____	❍ 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:	❍ This Admission ❍ Within the last year ❍ > 1 year ago
EF - Qualitative	❍ Not Applicable ❍ Normal or mild dysfunction ❍ Qualitative moderate/severe dysfunction	Obtained:	❍ This Admission ❍ Within the last year ❍ > 1 year ago

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	❍ Performed/results not available ❍ Planned after discharge ❍ Not performed		
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 this patient was	○ Yes ○ No/ND		

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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

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	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 ❑ Angioedema ❑ Hypotensive patient who was at immediate risk of cardiogenic shock ❑ Pregnancy ❑ Renal Artery Stenosis ❑ 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 ❑ Pregnancy ❑ Renal Artery Stenosis ❑ 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 ❑ Allergy ❑ Angioedema ❑ Hyperkalemia ❑ Hypotension ❑ Pregnancy		

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	❑ Renal Artery Stenosis ❑ 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

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	❑ 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 ❑ Factor Xia 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		

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	❑ Other Reasons		
Other Anti-hyperglycemic Prescribed? (regardless of indication)	❍ Yes ❍ No ❍ NC		
Other Antihyperglycemic Class/Medication (regardless of indication)	Class:	Medication:	
	Class:	Medication:	
	Class:	Medication:	
Diuretics Prescribed?	❍ Yes ❍ No ❍ NC		
Diuretic Medication Class 1:	❍ Loop Diuretics ❍ Thiazide Diuretics ❍ Potassium-Sparing Diuretics ❍ Carbonic Anhydrase Inhibitors		
Diuretic Medication 1:	Medication:	Dosage:	Frequency:
Diuretic Medication Class 2:	❍ Loop Diuretics ❍ Thiazide Diuretics ❍ Potassium-Sparing Diuretics ❍ Carbonic Anhydrase Inhibitors		
Diuretic Medication 2:	Medication:	Dosage:	Frequency:
Diuretic Medication Class 3:	❍ Loop Diuretics ❍ Thiazide Diuretics ❍ Potassium-Sparing Diuretics ❍ Carbonic Anhydrase Inhibitors		
Diuretic Medication 3:	Medication:	Dosage:	Frequency:
Diuretic Medication Class 4:	❍ Loop Diuretics ❍ Thiazide Diuretics ❍ Potassium-Sparing Diuretics ❍ Carbonic Anhydrase Inhibitors		
Diuretic Medication 4:	Medication:	Dosage:	Frequency:
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		

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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)
- ❑ Aficamten
- ❑ Mavacamten at Discharge
- ❑ 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:	___/___/____ __:___

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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	

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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

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