### FORM SELECTION

<table>
<thead>
<tr>
<th>Legend: Elements in bold are required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HF</strong></td>
</tr>
<tr>
<td><strong>Patient ID:</strong></td>
</tr>
</tbody>
</table>

### DEMOGRAPHICS

**Demographics Tab**

<table>
<thead>
<tr>
<th>Gender</th>
<th>☐ Male</th>
<th>☐ Female</th>
<th>☐ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td><strong><strong>/</strong></strong>/______ (MM/DD/YYYY)</td>
<td>Patient Postal Code</td>
<td>__________ - __________</td>
</tr>
</tbody>
</table>

**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

**External Tracking ID**

__________

### RACE AND ETHNICITY

**Demographics Tab**

**Race**

- American Indian or Alaska Native
- Asian
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- White
- UTD

**Hispanic Ethnicity**

- Yes
- No/UTD

**Select Hispanic Origin Group**

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino, or Spanish Origin

### ARRIVAL AND ADMISSION INFORMATION

**Admission Tab**

<table>
<thead>
<tr>
<th>Internal Tracking ID</th>
<th>_______________</th>
<th>Physician/Provider NPI</th>
<th>_______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival Date/Time</td>
<td><strong><strong>/</strong></strong>/______</td>
<td>Admission Date</td>
<td><strong><strong>/</strong></strong>/______</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Discharge Date/Time</th>
<th><strong><strong>/</strong></strong>/______</th>
<th><strong><strong><strong>:</strong></strong></strong></th>
</tr>
</thead>
</table>

### MEDICAL HISTORY

**Admission Tab**

**Medical History (Select all that apply):**

- None
- Anemia
- CAD
- Atrial Fib (Chronic or Recurrent)
- CardioMEMs (implantable hemodynamic monitor)
- CRT-D (cardiac resynchronization therapy with ICD)
- CRT-P (cardiac resynchronization therapy-pacing only)
- Depression
- Emerging Infectious Disease
- MERS
- SARS-COV-1
- SARS-COV-2 (COVID-19)
- SARS-COV-2/COVID-19
- Other infectious respiratory pathogen
- Diabetes
  - Type I
  - Type II
  - ND
  - Duration: <5 years
  - 5 - <10 years
- CVA/TIA
- Dialysis ( Chronic )
- Hyperlipidemia
- ICD only
- Peripheral Vascular Disease
- Prior MI
- Atrial Flutter ( Chronic or Recurrent )
- CRT-D (cardiac resynchronization therapy with ICD)
- CRT-P (cardiac resynchronization therapy-pacing only)
- Depression
- Emerging Infectious Disease
- MERS
- SARS-COV-1
- SARS-COV-2 (COVID-19)
- Other infectious respiratory pathogen
- Diabetes
  - Type I
  - Type II
  - ND
  - Duration: <5 years
  - 5 - <10 years
- CVA/TIA
- Dialysis ( Chronic )
- Hyperlipidemia
- ICD only
- Peripheral Vascular Disease
- Prior MI

---

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<table>
<thead>
<tr>
<th>Renal Insufficiency – Chronic (SCr&gt;2.0)</th>
<th>Sleep Disordered Breathing (Type):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Obstructive</td>
</tr>
<tr>
<td></td>
<td>Central</td>
</tr>
<tr>
<td></td>
<td>Mixed</td>
</tr>
<tr>
<td></td>
<td>Unknown/Not Documented</td>
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<table>
<thead>
<tr>
<th>Equipment Used at Home:</th>
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<tbody>
<tr>
<td>O2</td>
</tr>
<tr>
<td>CPAP</td>
</tr>
<tr>
<td>Adaptive Servo-Ventilation</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Unknown/Not Documented</td>
</tr>
</tbody>
</table>

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
  - Hypertensive
  - Alcohol/Other Drug
  - Chemotherapy
  - Viral
  - Postpartum
  - Familial
  - Other Etiology
  - Unknown/Idiopathic

**Known history of HF prior to this admission?**

- Yes
- No

**# of hospital admissions in past 6 mo. for HF:**

- 0
- 1
- >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

**Atrial Flutter (At presentation or during hospitalization)**

- Yes
- No

**New Diagnosis of Diabetes**

- Yes
- No

**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
### MEDICATIONS AT ADMISSION

<table>
<thead>
<tr>
<th>Meds Used Prior to Admission: [Select all that apply]</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Patient on no meds prior to admission</td>
</tr>
<tr>
<td>- ACE Inhibitor</td>
</tr>
<tr>
<td>- Aldosterone Antagonist</td>
</tr>
<tr>
<td>- Angiotensin receptor blocker (ARB)</td>
</tr>
<tr>
<td>- Angiotensin Receptor Neprilysin Inhibitor (ARNI)</td>
</tr>
<tr>
<td>- Antiarrhythmic</td>
</tr>
<tr>
<td>- Aspirin</td>
</tr>
<tr>
<td>- Antiplatelet agent (excluding aspirin)</td>
</tr>
<tr>
<td>- Anticoagulation Therapy</td>
</tr>
<tr>
<td>- Warfarin</td>
</tr>
<tr>
<td>- Direct Thrombin Inhibitor</td>
</tr>
<tr>
<td>- Factor Xa Inhibitor</td>
</tr>
<tr>
<td>- Other</td>
</tr>
<tr>
<td>- Anti-hyperglycemic medications:</td>
</tr>
<tr>
<td>- DPP-4 inhibitors</td>
</tr>
<tr>
<td>- GLP-1 receptor agonist</td>
</tr>
<tr>
<td>- Insulin</td>
</tr>
<tr>
<td>- Metformin</td>
</tr>
<tr>
<td>- SLGT2 Inhibitor</td>
</tr>
<tr>
<td>- Sulfonylurea</td>
</tr>
<tr>
<td>- Thiazolidinedione</td>
</tr>
<tr>
<td>- Other Oral Agents</td>
</tr>
<tr>
<td>- Other injectable/subcutaneous agents</td>
</tr>
<tr>
<td>- Beta-Blocker</td>
</tr>
<tr>
<td>- Ca channel blocker</td>
</tr>
<tr>
<td>- Digoxin</td>
</tr>
<tr>
<td>- Diuretic</td>
</tr>
<tr>
<td>- Thiazide/Thiazide-like</td>
</tr>
<tr>
<td>- Loop</td>
</tr>
<tr>
<td>- Hydralazine</td>
</tr>
<tr>
<td>- Ivabradine</td>
</tr>
<tr>
<td>- Lipid lowering agent (Any)</td>
</tr>
<tr>
<td>- Statin</td>
</tr>
<tr>
<td>- Other Lipid lowering agent</td>
</tr>
<tr>
<td>- Nitrate</td>
</tr>
<tr>
<td>- Omega-3 fatty acid supplement</td>
</tr>
<tr>
<td>- Renin Inhibitor</td>
</tr>
<tr>
<td>- Other</td>
</tr>
</tbody>
</table>

### EXAMS/LABS AT 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

#### Vital signs (Closest to Admission)
- Height
  - inches
  - cm
- Weight
  - Lbs.
  - Kgs.
- Waist Circumference
  - inches
  - cm
- BMI
  - Automatically Calculated
- Heart Rate
  - bpm
- BP-Supine
  - systolic/diastolic
- Respiratory Rate
  - breaths per minute

#### Exam (Closest to Admission)
- JVP:
  - Yes
  - No
  - Unknown
  - If Yes, _______ cm
- Rales:
  - Yes
  - No
  - Unknown
  - If Yes, __/3
  - ≥1/3
  - N/A
- Lower Extremity Edema
  - Yes
  - No
  - Unknown
  - If Yes, Trace
  - >1
  - 2+
  - 3+
  - 4+
  - N/A

#### Lipids
- TC: _______ mg/dL
- HDL: _______ mg/dL
- LDL: _______ mg/dL
- TG: _______ mg/dL
- Lipids Not Available

#### Labs (Closest to Admission)
- Na
  - mEq/L
  - mmol/L
  - mg/dL
- BNP
  - pg/mL
  - pmol/L
  - ng/L
- K
  - mEq/L
  - mmol/L
  - mg/dL
- Hgb
  - g/dL
  - g/L
- Albumin
  - g/dL
  - g/L
- NT-proBNP
  - pg/mL
  - ng/L
- SCr
  - mg/dL
  - µmol/L
  - Unavailable
- BUN
  - mg/dL
  - µmol/L
  - Unavailable
- Troponin (Peak)
  - ng/mL
  - g/L
  - µg/L
  - T
  - I
  - Normal
  - Abnormal
  - Unavailable
- Ferritin
  - Unavailable

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### HbA1C

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Available</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Fasting Blood Glucose (mg/dL)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Available</strong></td>
<td></td>
</tr>
</tbody>
</table>

### EKG QRS Duration (ms)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unavailable</strong></td>
<td></td>
</tr>
</tbody>
</table>

### EKG QRS Morphology

- Normal
- LBBB
- RBBB
- NS-IVCD
- Paced
- **Unavailable**

### Clinical Codes

#### ICD-10-CM Principal Diagnosis Code

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
</tr>
</tbody>
</table>

#### ICD-10-CM Other Diagnoses Codes

1. __________ 2. __________ 3. __________

4. __________ 5. __________ 6. __________

7. __________ 8. __________ 9. __________

10. __________ 11. __________ 12. __________

#### ICD-10-PCS Principal Procedure Code

<table>
<thead>
<tr>
<th></th>
<th>Date: <strong>/</strong>/____</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>Date UTD</td>
</tr>
</tbody>
</table>

#### ICD-10-PCS Other Principal Procedure Codes

1. Date: __/__/____ 2. Date: __/__/____

3. Date: __/__/____ 4. Date: __/__/____

5. Date: __/__/____

### In-Hospital Care

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

#### EF - Quantitative

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
</tr>
</tbody>
</table>

#### EF - Qualitative

- Not Applicable
- Normal or mild dysfunction
- Qualitative moderate/severe dysfunction
- 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
- **Not done, Reason Documented**

#### LVF Assessment?

- Yes
- **Not done, Reason Documented**
### Oral Medications during hospitalization

**Select all that apply**
- None
- ARNI
- ARB
- Aldosterone Antagonist
- Hydralazine Nitrate
- ACE Inhibitor
- Beta Blocker
- Dobutamine
- Loop Diuretics
- Intermittent Bolus
- Continuous Infusion

### Parenteral Therapies during hospitalization

**Select all that apply**
- None
- Dopamine
- Iron
- Milrinone
- Nesiritide
- Nitroglycerine
- Vasopressin antagonist
- Other IV Vasodilator
- Factor Xa Inhibitor
- Direct thrombin inhibitor
- Venous foot pumps (VFP)
- Intermittent pneumatic compression devices (IPC)

### 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
- Contraindicated

**If yes,**
- 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/UTD
- COVID-19 vaccine was given during this hospitalization during the current flu season
- COVID-19 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/ND
- COVID-19 vaccine was given during this hospitalization during the current flu season
- COVID-19 vaccine was received prior to admission during the current flu season, 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
- YYYY/MM/DD
- Unknown

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

### Pneumococcal Vaccination
- Yes
- No
- Not Documented/UTD
- 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 to pneumococcal vaccine
- None of the above/Not Documented/UTD

### DISCHARGE INFORMATION

**Discharge Tab**

**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
- Not Documented

**Skilled Nursing Facility**
- Not Documented

**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

<table>
<thead>
<tr>
<th>Symptoms (closest to discharge)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Worse</td>
</tr>
<tr>
<td>☐ Unchanged</td>
</tr>
<tr>
<td>☐ Better, Symptomatic</td>
</tr>
<tr>
<td>☐ Better, Asymptomatic</td>
</tr>
<tr>
<td>☐ Unable to determine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vital Signs (closest to Discharge)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
</tr>
<tr>
<td>Lbs.</td>
</tr>
<tr>
<td>Kgs.</td>
</tr>
<tr>
<td>☐ Not Documented</td>
</tr>
<tr>
<td>Heart Rate</td>
</tr>
<tr>
<td>bpm</td>
</tr>
<tr>
<td>☐ Not Documented</td>
</tr>
<tr>
<td>BP-Supine</td>
</tr>
<tr>
<td><em><strong><strong><strong>/</strong></strong></strong></em> mmHg (systolic/diastolic)</td>
</tr>
<tr>
<td>☐ Not Documented</td>
</tr>
<tr>
<td>Respiratory Rate</td>
</tr>
<tr>
<td>_______ breaths per minute</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exam (Closest to Discharge)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JVP:</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Unknown</td>
</tr>
<tr>
<td>If Yes, _______ cm</td>
</tr>
<tr>
<td>Rales:</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Unknown</td>
</tr>
<tr>
<td>If Yes, &lt;1/3</td>
</tr>
<tr>
<td>≥1/3</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>Lower Extremity Edema</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Unknown</td>
</tr>
<tr>
<td>If Yes, Trace</td>
</tr>
<tr>
<td>1+</td>
</tr>
<tr>
<td>2+</td>
</tr>
<tr>
<td>3+</td>
</tr>
<tr>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>Labs (Closest to Discharge)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Na</td>
</tr>
<tr>
<td>mEq/L</td>
</tr>
<tr>
<td>mmol/L</td>
</tr>
<tr>
<td>mg/dL</td>
</tr>
<tr>
<td>☐ Unavailable</td>
</tr>
<tr>
<td>BNP</td>
</tr>
<tr>
<td>pg/mL</td>
</tr>
<tr>
<td>pmol/L</td>
</tr>
<tr>
<td>ng/L</td>
</tr>
<tr>
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</tr>
<tr>
<td>Scr</td>
</tr>
<tr>
<td>________________________________</td>
</tr>
<tr>
<td>mg/dL</td>
</tr>
<tr>
<td>µmol/L</td>
</tr>
<tr>
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<tr>
<td>BUN</td>
</tr>
<tr>
<td>________________________________</td>
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<tr>
<td>mg/dL</td>
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<tr>
<td>µmol/L</td>
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<td>eGFR (mL/min)</td>
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<td>NT-proBNP (pg/mL)</td>
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<tr>
<td>________________________________</td>
</tr>
<tr>
<td>☐ Not Documented</td>
</tr>
<tr>
<td>K</td>
</tr>
<tr>
<td>mEq/L</td>
</tr>
<tr>
<td>mmol/L</td>
</tr>
<tr>
<td>mg/dL</td>
</tr>
<tr>
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<tr>
<td>Urinary Albumin (mg/dL)</td>
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<tr>
<td>________________________________</td>
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<td>Urinary Creatinine (mg/dL)</td>
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<tr>
<td>Urinary Albumin-to-Creatinine Ratio (UACR) (mg/g)</td>
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### DISCHARGE MEDICATIONS

<table>
<thead>
<tr>
<th>Discharge Tab</th>
</tr>
</thead>
</table>

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

#### ACE Medication/Dosage/Frequency
- Medication:
- Dosage:
- Frequency:

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

#### 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:
- ACE inhibitor use within the prior 36 hours
- Renal dysfunction defined as creatinine > 2.5 mg/dL in men or > 2.0 mg/dL in women
- Allergy
- Hyperkalemia
- Hypotension
- Other medical reasons
- Patient Reason
- System Reason

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

If Yes, document:
- New Onset Heart Failure
- Not previously tolerating ACEI/ARB

## Beta Blocker Prescribed?
- Yes
- No
- NC

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

## Beta Blocker Medication/Dosage/Frequency

## Contraindications or Other Documented Reason(s) For Not Providing Beta Blockers:
- Low Blood Pressure
- Fluid Overload
- Patient Reason
- System Reason

## Aldosterone Antagonist Prescribed?
- Yes
- No
- NC

## Aldosterone Antagonist Medication/Dosage/Frequency

## Contraindications or Other Documented Reason(s) for Not Providing Aldosterone Antagonist at Discharge:
- Allergy due to aldosterone receptor antagonist
- Hyperkalemia
- Other Medical Reasons
- Other Contraindications

## Anticoagulation Therapy Prescribed?
- Yes
- No
- NC (None-Contraindicated)

## Anticoagulation Therapy Class
- Warfarin
- Direct Thrombin Inhibitor

## Anticoagulation Contraindication(s):
- Allergy to or complication r/t anticoagulation therapy (hx or current)
- Patient/Family Refused
- Risk for bleeding or discontinued due to bleeding
- Serious side effect to medication
- Terminal illness/Comfort Measures Only

## Hydralazine Nitrate Prescribed?
- Yes
- No
- NC

## Hydralazine Nitrate Contraindication(s):
- Medical Reason
- Patient Reason
- System Reason

## Anti-hyperglycemic Prescribed?
- Yes
- No
- NC

## Anti-hyperglycemic Class/Medication

## Antihyperglycemic Class/Medication
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No/Not Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there a documented reason for not prescribing a medication with</td>
<td></td>
<td></td>
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<tr>
<td>proven CVD benefit?</td>
<td>o</td>
<td></td>
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<tr>
<td>ASA Prescribed?</td>
<td>o</td>
<td>o NC (None-Contraindicated)</td>
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<tr>
<td>ASA Medication/Dosage/Frequency</td>
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<tr>
<td>Other Antiplatelets Prescribed?</td>
<td>o</td>
<td>o NC (None-Contraindicated)</td>
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<tr>
<td>Other Antiplatelets Medication/Dosage/Frequency</td>
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<td></td>
</tr>
<tr>
<td>Clopidogrel Prescribed?</td>
<td>o</td>
<td>o NC</td>
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<tr>
<td>Clopidogrel Dosage/Frequency</td>
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<td></td>
</tr>
<tr>
<td>Ivabradine Prescribed?</td>
<td>o</td>
<td></td>
</tr>
<tr>
<td>Contraindications or Other Documented Reason(s) For Not Providing</td>
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<td></td>
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<tr>
<td>Ivabradine:</td>
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<tr>
<td>Lipid Lowering Medication Prescribed?</td>
<td>o</td>
<td>o No NC</td>
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<tr>
<td>Lipid Lowering Class/Medication/Dosage/Frequency</td>
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</tr>
<tr>
<td>Omega-3 Prescribed?</td>
<td>o</td>
<td>o NC</td>
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<tr>
<td>Antiarrhythmic (Discharge)</td>
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<tr>
<td>Ca Channel Blocker (Discharge)</td>
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<td></td>
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<tr>
<td>Nitrate (Discharge)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Tab</td>
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<td></td>
</tr>
<tr>
<td>ICD Counseling?</td>
<td>o</td>
<td>o No</td>
</tr>
<tr>
<td>Documented Medical Reason(s) for No ICD Counseling?</td>
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<td></td>
</tr>
<tr>
<td>ICD Placed or Prescribed?</td>
<td>o</td>
<td>o No</td>
</tr>
<tr>
<td>Documented Reason(s) for Not Placing or Prescribing ICD?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRT-D Placed or Prescribed?</td>
<td>o</td>
<td>o No</td>
</tr>
</tbody>
</table>
### CRT-P Placed or Prescribed?

- **Yes**
- **No**

### Reason for Not Placing or Prescribing CRT?

- □ 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

### 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**

#### Follow-up

- **Yes**
- **No**

#### Symptoms Worsening

- **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**

- **Date of diabetes management follow-up visit:** __/__/______

### OTHER RISK INTERVENTIONS

#### TLC (Therapeutic Lifestyle Change) Diet

- **Yes**
- **No**
- **Not Documented**
- **Not Applicable**

#### Obesity 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**

#### Advanced Care Plan/Surrogate Decision Maker Documented Or Discussed?

- **Yes**
- **No**
- **Not Documented**
- **Not Applicable**

#### Advance Directive Executed

- **Yes**
- **No**

### POST DISCHARGE TRANSITION

#### Care Transition Record Transmitted

- **Yes**
- **No**
- **By the seventh post-discharge day**
- **Exists, but not transmitted by the seventh post-discharge day**
- **No Care Transition Record/UTD**

---

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### Care Transition Record Transmitted

<table>
<thead>
<tr>
<th>Includes</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>All were included <em>(Check all yes)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up Treatment(s) and Service(s) Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures Performed During Hospitalization</td>
<td></td>
<td></td>
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<tr>
<td>Reason for Hospitalization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment(s)/Service(s) Provided</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Health Related Social Needs Assessment

<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. <em>(select all that apply)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
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<tr>
<td>Education</td>
<td></td>
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<tr>
<td>Employment</td>
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<tr>
<td>Financial Strain</td>
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<tr>
<td>Food</td>
<td></td>
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<tr>
<td>Living Situation/Housing</td>
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<tr>
<td>Mental Health</td>
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<td>Personal Safety</td>
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<tr>
<td>Substance Abuse</td>
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<tr>
<td>Transportation Barriers</td>
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<tr>
<td>Utilities</td>
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</tr>
</tbody>
</table>

### ADMIN/ACHF

<table>
<thead>
<tr>
<th>Admin/ACHF Tab</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the patient's source of payment?</td>
<td></td>
<td></td>
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<tr>
<td>Medicare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Medicare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied <em>(i.e. AMI, CAC, HF, PN, PR, SCIP)</em>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registry used concurrently, retrospectively, or combination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standardized order sets used?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient adherence contract/compact used?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge checklist used?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a follow-up appointment for an office or home health visit for management of heart failure scheduled within 7 days post-discharge and documented including location, date, and time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there documentation by a physician/APN/PA in the medical record of a reason for not scheduling a post discharge appointment within 7 days?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**END OF FORM**