Form 136

WHI

WOMEN'S HEALTH INITIATIVE

HEART FAILURE HOSPITAL RECORD ABSTRACTION FORM

FORM NAME: | H | T | F | DATE: 10/31/2012

VERSION: | A |

MEMBER ID NUMBER: | | | | | | | | | | | |

General Instructions:

This form should be completed for all heart failure-eligible hospitalizations. Refer to this form's question by question instructions for detailed information on each data item.

ADMISSION – DISCHARGE SECTION

0a. Date of arrival: (mm/dd/yyyy)

☐☐–☐☐–☐☐☐☐

0b. Date of discharge (for nonfatal case) or death:

☐☐–☐☐–☐☐☐☐

Month Day Year

0c. What was the primary admitting diagnosis code? ☐☐☐☐☐ . ☐☐

0d. What was the primary discharge diagnosis code? ☐☐☐☐☐ . ☐☐

0e. Was the patient transferred to this hospital from another hospital?

Yes……. Y ☐
No……. N ☐ (If No, skip to 0g.)

0f. If yes. date of transfer from the other hospital: (mm/dd/yyyy)

☐☐–☐☐–☐☐☐☐

Month Day Year

0g. Was the patient transferred from this hospital to another hospital?

Yes……. Y ☐
No……. N ☐ (If No, skip to 0i.)

0h. If yes. date of transfer to the other hospital: (mm/dd/yyyy)

☐☐–☐☐–☐☐☐☐

Month Day Year

0i. What was the disposition of the patient on discharge?

Deceased …… D
Alive …… A → Go to item 1.

0j. Was an autopsy performed?

Yes……. Y ☐
No……. N ☐

SECTION I: SCREENING FOR DECOMPENSATION

1. Was there evidence of the following conditions at the time of the event?

	Yes	No/Not Recorded
a. Shortness of breath	☐	☐
b. Edema	☐	☐
c. Paroxysmal nocturnal dyspnea	☐	☐
d. Orthopnea	☐	☐
e. Hypoxia	☐	☐

2. Was there evidence in the doctor's notes that the reason for this hospitalization was heart failure? ☐ ☐

3. Did the patient have signs/symptoms of heart failure at the time of the event?

	Yes	No/Not Recorded
a. At the time of admission to the hospital?	☐	☐
b. During this hospitalization?	☐	☐

If the response to both item 3a and 3b, is 'No/Not Recorded', skip items 4 and 4a.

4. Date of signs/symptoms known (mm-dd-yyyy): If date known, go to 5. ☐☐–☐☐–☐☐☐☐

a. If exact date unknown, estimate weeks prior to this hospitalization: ☐☐

5. Did the physician's note or discharge summary indicate any of the following specific types of heart failure? (check all that apply)

	Yes	No/ Not Recorded
a. Ischemic cardiomyopathy	☐	☐
b. Idiopathic/dilated cardiomyopathy	☐	☐
c. Other specific cardiomyopathy/heart failure	☐	☐ → If No/Not Recorded, go to item 6.

d. If other cardiomyopathy, specify (choose from drop-down menu): _____

(Menu Choices will include: Diastolic HF, Systolic HF, Right-sided HF, Infiltrative HF, Hypertrophic Cardiomyopathy, Myocarditis, Other __(fill-in for 'other' in drop down menu)?____)

SECTION II: HISTORY OF HEART FAILURE

6. Prior to this hospitalization was there a history of any of the following:

	Yes	No/Not Recorded	Unsure
a. Diagnosis of heart failure	☐	☐	☐
b. Prior hospitalization for heart failure	☐	☐	☐
c. Treatment for heart failure	☐	☐	☐

7. Was cardiac imaging performed prior to this hospitalization? Yes ☐ No/Unk ☐

→ Go to item 8.

7.a. Lowest Ejection Fraction recorded: % ☐☐

← If 7.a. is recorded, skip to 7.b.

7.a.1. Qualitative description:

- Normal……N ☐
- Decreased mildly…… D ☐
- Decreased moderately…… M ☐
- Decreased severely…… S ☐
- None of the above……O ☐
- Unsure-Not available…… U ☐

7. b. Year of lowest ejection fraction (yyyy) : ☐☐☐☐

7.c. Type of imaging:

1. MUGA …… ☐
2. ECHO …….. ☐
3. Cath/LV gram…… ☐
4. CT…….. ☐
5. MRI……. ☐
6. Myocardial Perfusion Imaging….. ☐
7. Other…… ☐ 7.c.1. Specify Other _____
8. Unknown …… ☐

SECTION III: MEDICAL HISTORY

8. General

	History of? Yes	No/NR
a. Excess alcohol use	☐	☐
b. Illicit drug use	☐	☐
c. Anemia	☐	☐
d. Connective tissue disease	☐	☐
e. Current smoker	☐	☐
f. Thyroid disease	☐	☐

9. Respiratory

a. Asthma [G]	☐	☐
b. Chronic bronchitis/COPD [G]	☐	☐
c. Other chronic lung disease	☐	☐
d. Pulmonary embolus	☐	☐
e. Coughing, phlegm, wheezing [G]	☐	☐
f. Sleep apnea	☐	☐

10. Cardiovascular

a. Angina [G]	☐	☐
b. Arrhythmia		
1) Atrial fibrillation/atrial flutter	☐	☐
2) Heart block or other severe bradycardia	☐	☐
3) Ventricular fibrillation or tachycardia	☐	☐

SECTION III: MEDICAL HISTORY (continued)

10. Cardiovascular (continued)

	History of? Yes	No/NR
c. Cardiac procedures		
1) CABG	☐	☐
2) PCI	☐	☐
3) Valve surgery	☐	☐
4) Pacemaker	☐	☐
5) Defibrillator	☐	☐
d. Coronary heart disease (within year) [G]	☐	☐ — If Yes, go to item 10f.
e. Coronary heart disease (ever) [G]	☐	☐
f. Hypertension	☐	☐
g. Myocardial infarction	☐	☐
h.Pulmonary hypertension	☐	☐
i. Peripheral vascular disease	☐	☐
j. Valvular heart disease	☐	☐

11. Gastrointestinal / Endocrine

a. Diabetes	☐	☐

12. Renal

a. Dialysis	☐	☐

SECTION III: MEDICAL HISTORY (continued)

13. Neurology

	History of? Yes	No/NR
a. Stroke/TIA	☐	☐
b. Depression	☐	☐

14. Was Angina or Myocardial infarction listed as a precipitating factor (i.e. precipitated the onset of this event)?

Yes	No/NR
☐	☐

SECTION IV: PHYSICAL EXAM, VITAL SIGNS AND SYMPTOMS

	At hospital admission (or at onset of event)	At hospital discharge (or last recorded)
15. Blood pressure:	a. ☐☐☐ / b. ☐☐☐ mmHg	
16. Heart rate: [B, F, N]	a. ☐☐☐ bpm	
17. Height:	a. ☐☐☐.☐☐☐ a.1 ☐ cm/ in (c=cm, i=in)	
18. Weight: [F]	a. ☐☐☐.☐☐☐ lbs/ kg ☐	b. ☐☐☐.☐☐☐
	b.1. ☐ lbs\ kg (l=lbs, k=kg)	

SECTION IV: PHYSICAL EXAM, VITAL SIGNS AND SYMPTOMS (continued)

19. Did the patient have any of the following GENERAL signs or symptoms?

	Anytime during hospitalization or at admission? Yes	No/NR
a. Lower extremity edema [G, F, N]	☐	☐
b. Jugular venous distension (JVD) [B, F, N]	☐	☐
c. Hepatojugular reflux [F]	☐	☐
d. Hepatomegaly [F, N, B]	☐	☐
e. Leg fatigue on walking [B]	☐	☐

20. Did the patient have any of the following RESPIRATORY signs or symptoms?

	Anytime during hospitalization or at admission? Yes	No/NR
a. Cough [F]	☐	☐
b. Dyspnea (Rest) — If Yes, enter yes for 20c, 20d, 20e and 20f	☐	☐
c. Dyspnea (Walking) [B, F, N]	☐	☐
d. Dyspnea (Climbing or exertion) [B, F, N]	☐	☐
e. Stops for breath when walking [N]	☐	☐
f. Stops for breath after 100 yards [N]	☐	☐
g. Rhonchi [G]	☐	☐
h. Paroxysmal nocturnal dyspnea [B,F,G]	☐	☐
i. Orthopnea [B]	☐	☐
j. Pulmonary basilar rales [B, G, F, N]	☐	☐
k. Rales (more than basilar) [B, G, F, N]	☐	☐

SECTION IV: PHYSICAL EXAM, VITAL SIGNS AND SYMPTOMS (continued)

	Anytime during hospitalization or at admission? Yes	No/NR
l. Wheezing [B]	☐	☐
m. Hypoxia	☐	☐

21. Did the patient have any of the following CARDIOVASCULAR signs or symptoms?

	Anytime during hospitalization or at admission? Yes	No/NR
a. S3 gallop [B, F]	☐	☐
b. S4 gallop	☐	☐
c. Murmur	☐	☐
d. Chest Pain [G]	☐	☐

SECTION V: DIAGNOSTIC TESTS

22. Was a chest X-ray performed during this hospitalization?: Yes ☐ No/NR ☐ → Go to item 24.

23. Did the patient have any of the following signs on chest X-ray at any time during this hospitalization?

	Yes	No/Unknown
a. Alveolar/pulmonary edema [B, F, N]	☐	☐
b. Interstitial pulmonary edema [B, F, N]	☐	☐
c. Cardiomegaly [B, F]	☐	☐
d. Cephalization/upper zone redistribution [B, N]	☐	☐
e. Bilateral pleural effusion [B,F, N]	☐	☐
f. Unilateral pleural effusion [F, N]	☐	☐
g. Cardiothoracic ratio ≥ 0.5 [B]	☐	☐
h. Congestive heart failure/ Pulmonary vascular congestion	☐	☐

SECTION V: DIAGNOSTIC TESTS (continued)

24. Was a transthoracic echocardiogram (TTE) performed? ☐ Yes ☐ No/NR → Go to item 25

First transthoracic echocardiogram performed after onset or progression of heart failure.

a. Date (mm-dd-yyyy): ☐☐–☐☐–☐☐☐☐

b. Ejection fraction: ☐☐ %

c. LV wall thickness: septal: ☐☐.☐☐☐ ☐ c.1. units (1=cm, 2=mm)

c.2. posterior: ☐☐.☐☐☐ ☐ c.3. units (1=cm, 2=mm)

d. Record the following if present on transthoracic echocardiogram:

	Mild	Moderate	Severe	None	Present	NR
1. Left ventricular hypertrophy (LVH)	☐	☐	☐	☐	☐	☐
2. Impaired LV systolic function	☐	☐	☐	☐	☐	☐
3. Impaired LV diastolic function	☐	☐	☐	☐	☐	☐
4. Impaired RV systolic function	☐	☐	☐	☐	☐	☐
5. Aortic regurgitation	☐	☐	☐	☐	☐	☐
6. Aortic stenosis	☐	☐	☐	☐	☐	☐
7. Tricuspid regurgitation	☐	☐	☐	☐	☐	☐
8. Mitral regurgitation	☐	☐	☐	☐	☐	☐
9. Mitral stenosis	☐	☐	☐	☐	☐	☐

10. Estimated RVSP ☐☐.☐ mmHg

a. TR jet velocity: ☐.☐☐ m/sec ☐☐☐.☐ cm/sec

11. Pulmonary hypertension ☐ ☐ ☐ ☐ ☐ ☐

SECTION V: DIAGNOSTIC TESTS (continued)

	Yes	No	Unknown/NR
12. Regional wall motion abnormality	☐	☐	☐
13. Dilated left ventricle	☐	☐	☐
14. Dilated right ventricle	☐	☐	☐

25. Was a transesophageal echocardiogram (TEE) performed? ☐ Yes No/NR ☐ → Go to item 26.

First transesophageal echocardiogram performed after onset or progression of event.

a. Date (mm-dd-yyyy): ☐☐–☐☐–☐☐☐☐

b. Ejection fraction: ☐☐ %

c. Record the following if present on transesophageal echocardiogram:

	Mild	Moderate	Severe	None	Present	NR
1. Impaired LV systolic function	☐	☐	☐	☐	☐	☐
2. Impaired RV systolic function	☐	☐	☐	☐	☐	☐

	Yes	No	Unknown/NR
3. Left Atrial Appendage (LAA) Thrombus	☐	☐	☐
4. Regional wall motion abnormality	☐	☐	☐
5. Dilated left ventricle	☐	☐	☐
6. Dilated right ventricle	☐	☐	☐

SECTION V: DIAGNOSTIC TESTS (continued)

26.Was a right cardiac catheterization performed? Yes ☐ No/NR ☐ → Go to item 27.

a. Date (mm-dd-yyyy): ☐☐–☐☐–☐☐☐☐

b. Right Atrial Mean Pressure ☐☐

c. Right Ventricular Systolic Pressure ☐☐ d. Right Ventricular Diastolic Pressure ☐☐

e. Pulmonary Artery Systolic Pressure ☐☐ f. Pulmonary Artery Diastolic Pressure ☐☐

g. Pulmonary Capillary Wedge Pressure Mean ☐☐

27. Was coronary angiography performed? Yes ☐ No/NR ☐ → Go to item 28.

a. Date (mm-dd-yyyy): ☐☐–☐☐–☐☐☐☐

b. Record the following:

1. Ejection fraction: ☐☐ %
2. Left Ventricular Systolic Pressure ☐☐☐
3. Left Ventricular End Diastolic Pressure ☐☐
4. Coronary stenosis:

	0 %	1-24 %	25-49 %	50-74 %	75-94 %	95-99 %	100 %	NR
a. Left main:	☐	☐	☐	☐	☐	☐	☐	☐
b. Left anterior descending artery and branches:	☐	☐	☐	☐	☐	☐	☐	☐
c. Left circumflex/marginal artery:	☐	☐	☐	☐	☐	☐	☐	☐
d. Right coronary artery and branches:	☐	☐	☐	☐	☐	☐	☐	☐
e. Intermediate ramus:	☐	☐	☐	☐	☐	☐	☐	☐

5. Were coronary bypass grafts present? Yes ☐ No/NR ☐ → Go to Item 28.

a. Number of occluded grafts: ☐☐

SECTION V: DIAGNOSTIC TESTS (continued)

28. Was a cardiac radionuclide ventriculogram performed? Yes ☐ No/NR ☐ → Go to item 29.

a. Date: ☐☐–☐☐–☐☐☐☐ (mm-dd-yyyy) b. Ejection fraction: LV: ☐☐ % c. RV: ☐☐%

29. Was a cardiac Magnetic Resonance Imaging (MRI) performed? Yes ☐ No/NR ☐ → Go to item 30.

a. Date: ☐☐–☐☐–☐☐☐☐ (mm-dd-yyyy) b. Ejection fraction: LV:☐☐ % c. RV: ☐☐ %

30. Was a cardiac CT scan performed? Yes ☐ No/NR ☐ → Go to item 31.

a. Date: ☐☐–☐☐–☐☐☐☐ (mm-dd-yyyy) b. Ejection fraction: LV:☐☐ % c. RV:☐☐ %

31. Was a stress test performed? Yes ☐ No/NR ☐ → Go to item 32

a. Date: ☐☐–☐☐–☐☐☐☐ (mm-dd-yyyy) b. Ejection fraction: LV:☐☐ % c. RV:☐☐ %

32. Any other cardiac imaging? Yes ☐ No/NR ☐ → Go to item 33

(specify) _____

a. Date: ☐☐–☐☐–☐☐☐☐ (mm-dd-yyyy) b. Ejection fraction: LV:☐☐ % c. RV: ☐☐ %

SECTION VI: BIOCHEMICAL ANALYSES

	a.Worst*	b.Last	c. Upper Limit Normal
33. BNP (pg/mL)	☐☐☐☐☐☐.☐	☐☐☐☐☐☐.☐	☐☐☐☐.☐
34. ProBNP(pg/mL)	☐☐☐☐☐☐.☐	☐☐☐☐☐☐.☐	☐☐☐☐.☐

35. Troponin/Cardiac Enzymes (Note: IF worst and upper limit nml. values are expressed in "<",check first box for a. and b. when value is recorded)

a.Worst*	b. Upper Limit Normal
a. ☐< ☐☐☐.☐☐☐	b. ☐< ☐☐☐.☐☐☐

c. If troponin value available, then what type of Troponin was this? (check appropriate box)

1. Troponin, type not specified ☐
2. Troponin I ☐
3. Troponin T ☐
4. High Sensitivity Troponin (HS) ☐
5. Not recorded ☐

d. Other cardiac biomarkers measured ☐

	Worst*
36. Sodium (mEq/L)	☐☐☐
37. Serum creatinine (mg/dL)	☐☐.☐☐
38. BUN (mg/dL)	☐☐☐
39. Hemoglobin (g/dL)	☐☐.☐
40. Hematocrit (%)	☐☐.☐

Worst = highest value with exception of hemoglobin, hematocrit and sodium. For these the worst is the lowest value

SECTION VII: TREATMENTS

41. Were any of the following treatments given during this visit?	Yes	No/NR No/Not recorded
a. Cardioversion or Defibrillation	☐	☐
b. Ablation for Atrial Fibrillation	☐	☐
c. Aortic balloon pump	☐	☐
d. Percutaneous coronary intervention (PCI)	☐	☐
e. CPAP or BIPAP	☐	☐
f. Mechanical Ventilation	☐	☐
g. Thoracentesis (therapeutic or diagnostic)	☐	☐
h. Ventricular Assist Device (VAD)	☐	☐
i. Heart transplant	☐	☐
j. Cardiac ICU/CCU admission at any point during this hospital stay	☐	☐

SECTION VIII: MEDICATIONS

	Prior to hospitalization or Prior to progression in hospital			At hospital discharge		
	Yes	No/NR		Yes	No/NR	
42. ACE inhibitors	☐	☐	a.	☐	☐	
43. Angiotensin II receptor blockers	☐	☐	a.	☐	☐	
44. Beta blockers	☐	☐	a.	☐	☐	
45. Digitalis [G]	☐	☐	a.	☐	☐	
46. Diuretics [G]	☐	☐	a.	☐	☐	
47. Aldosterone Blocker	☐	☐	a.	☐	☐	
48. Lipid lowering agents						
a. Statins	☐	☐	a.1.	☐	☐	
b. Other	☐	☐	b.1.	☐	☐	
49. Nitrates	☐	☐	a.	☐	☐	
50. Hydralazine	☐	☐	a.	☐	☐	

51. IV drugs during this hospitalization?

a.IV inotropes: Yes ☐ No/NR ☐

b. IV diuretics: Yes ☐ No/NR ☐

SECTION IX: SCREENING FOR WHI OUTCOMES

Concurrent diagnoses and/or procedures occurring during this hospitalization. These can be newly present or previously present/diagnosed but being actively treated (new, acute, or worsening) during this hospitalization or listed as an ICD-CM code on the discharge summary.

	Yes	No/NR No/Not recorded
52. Atrial fibrillation (A-Fib)	☐	☐
53. Thoracic aortic aneurysm/dissection	☐	☐
54. Abdominal aortic aneurysm	☐	☐
55. Carotid artery disease	☐	☐
56. Coronary artery bypass graft (CABG)	☐	☐
57. Percutaneous transluminal coronary angioplasty (PTCA), PCI, stent	☐	☐
58. Deep vein thrombosis (DVT)	☐	☐
59. Myocardial infarction (MI)	☐	☐
60. Pulmonary embolism (PE)	☐	☐
61. Peripheral arterial disease (PAD)	☐	☐
62. Stroke/TIA	☐	☐
63. Heart valve disease	☐	☐
64. Cancer, any site	☐	☐
65. Hip/Upper leg (femur) fracture	☐	☐

SECTION X - ADMINISTRATIVE

66. Time taken to abstract (mins): ☐☐☐

67. Abstractor number: ☐☐☐

68. Date abstract completed (mm-dd-yyyy): ☐☐–☐☐–☐☐☐☐