

Intermacs

1 Month Followup

Followup Status

Select one of the following

- ☐ Inpatient
☐ Outpatient
☐ Other Facility
☐ Unable to obtain follow-up information
☐ Telehealth Consultation

Follow-up date

MM/DD/YYYY

Facility Type

- ☐ Nursing Home/Assisted Care
☐ Hospice
☐ Another hospital
☐ Rehabilitation Facility
☐ Unknown

**State reason why you are unable to
obtain follow-up information**

- ☐ Patient didn't come to clinic
☐ Not able to contact patient
☐ Not addressed by site

Patient's Home Street AddressST= ☐ Unknown☐ Undisclosed**Patient's Home City**ST= ☐ Unknown☐ Undisclosed**Patient's Home State/Territory/Province**

- ☐ Alabama
☐ Alaska
☐ American Samoa
☐ Arizona
☐ Arkansas
☐ California
☐ Colorado
☐ Connecticut
☐ Delaware
☐ District of Columbia
☐ Federated States of Micronesia
☐ Florida
☐ Georgia
☐ Guam
☐ Hawaii
☐ Idaho
☐ Illinois
☐ Indiana
☐ Iowa
☐ Kansas
☐ Kentucky

- ☐ Louisiana
- ☐ Maine
- ☐ Marshall Islands
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Northern Mariana Islands
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Palau
- ☐ Pennsylvania
- ☐ Puerto Rico
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virgin Islands
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming
- ☐ Alberta
- ☐ Ontario
- ☐ Nova Scotia
- ☐ British Columbia
- ☐ Manitoba
- ☐ Quebec
- ☐ New Brunswick
- ☐ Prince Edward Island
- ☐ Saskatchewan
- ☐ Newfoundland and Labrador
- ☐ Unknown

Patient's Home Zip Code

ST= ☐ Unknown

Was patient intubated since implant?
(This includes all time since last follow-up.)

- ☐ Yes
- ☐ No
- ☐ Unknown

Please check on-going intubation: chronic trach for patients that have a tracheostomy and are discharged on a ventilator. This excludes intubation for reoperation or temporary intubation for diagnostic or therapeutic procedures.

☐ On-going Intubation: Chronic Trach

**Was patient on dialysis since implant?
(This includes all time since last follow-up.)**

☐ Yes
☐ No
☐ Unknown

Since the last follow-up has the patient tested positive for COVID-19?

☐ Yes
☐ No
☐ Unknown

If yes, select all symptoms that apply:

☐ Cough
☐ Diarrhea
☐ Fever
☐ Anosmia (loss of sense of smell)
☐ Sore Throat
☐ Difficulty Breathing
☐ None
☐ Other, Specify

If yes, select all interventions that apply:

☐ Intubation
☐ New Inotropes
☐ ECMO
☐ Dialysis
☐ RVAD
☐ None
☐ Other, Specify

If yes, select all therapies the patient received (select all that apply):

☐ Hydroxychloroquine
☐ Azithromycin
☐ Immunoglobulin
☐ Anti-viral therapy
☐ Steroids
☐ Convalescent Plasma
☐ Interleukin 6 inhibitor
☐ None
☐ Other, Specify

Anti-viral therapy, specify:

Console Change

Was there a Console Change? (For TAH or Berlin Heart Consoles)

☐ Yes
☐ No
☐ Unknown

Date of console change
MM/DD/YYYY

ST= ☐ Unknown

Original Console Name

New Console Name

Medical Condition

NYHA Class

New York Heart Association Class for heart failure

- ☐ Class I: No limitation of physical activity; physical activity does not cause fatigue, palpitation or shortness of breath.
- ☐ Class II: Slight limitation of physical activity; comfortable at rest, but ordinary physical activity results in fatigue, palpitations or shortness of breath.
- ☐ Class III: Marked limitation of physical activity; comfortable at rest, but less than ordinary activity causes fatigue, palpitation or shortness of breath.
- ☐ Class IV: Unable to carry on minimal physical activity without discomfort; symptoms may be present at rest.
- ☐ Unknown

Was there a hemolysis event since the last followup?

- ☐ Yes
- ☐ No
- ☐ Unknown

Was there a right heart failure event since the last followup?

- ☐ Yes
- ☐ No
- ☐ Unknown

Has the patient experienced a Neurological Event since time of implant?

Note: This applies only to patients who have had a CVA, TIA or Anoxic Brain Injury.

- ☐ Yes
- ☐ No
- ☐ Unknown

Modified Rankin Scale

Please [click here](#) for further instruction on administering the Modified Rankin Scale in Appendix I.

- ☐ 0 – No symptoms at all
- ☐ 1 - No Significant disability: despite symptoms: able to carry out all usual duties and activities
- ☐ 2 - Slight disability: unable to carry out all previous activities but able to look after own affairs without assistance
- ☐ 3 - Moderate disability: requiring some help, but able to walk without assistance.
- ☐ 4 - Moderately severe disability: unable to walk without assistance, and unable to attend to own bodily needs without assistance.
- ☐ 5 - Severe disability: bedridden, incontinent and requiring constant nursing care and attention.
- ☐ 6 - Dead
- ☐ Not Documented
- ☐ Not Done

Note: Please check that you have entered all Major Outcomes and Adverse Events since the last follow-up. To enter an adverse event click on the button located at the top of the patient overview screen.

- Rehospitalization
- Major Infection
- Major Bleeding
- Neurological Dysfunction
- Device Malfunction (if suspected device thrombosis, then enter as Device Malfunction)
- Extracorporeal/Paracorporeal Pump Change
- Hemolysis
- Right Heart Failure
- Renal Dysfunction
- Cardiac Arrhythmia
- Respiratory Failure
- Venous Thromboembolic Event

- Wound Dehiscence
 - Arterial Non-CNS Thromboembolism
 - Hypertension
 - Hepatic Dysfunction
 - Psychiatric Episode
 - Pericardial Fluid Collection
 - Myocardial Infarction
 - Other SAE
 - Death
 - Explant due to Exchange
 - Explant due to Recovery
 - Explant due to Transplant
-

Intermacs

1 Month Followup

Hemodynamics

All data collected on this form should be collected at the same time.

Data may be entered that was collected/performed from the last time the patient was seen for follow-up to the current visit date.

General Hemodynamics

General Hemodynamics Date

ST= ☐ Unknown

☐ Not Done

Heart rate

beats per min

ST: ☐ Unknown

☐ Not done

Systolic blood pressure

(millimeters of mercury) should be determined from auscultation or arterial line if necessary.

mmHg

ST: ☐ Unknown

☐ Not done

Diastolic blood pressure

(millimeters of mercury) should be determined from auscultation or arterial line if necessary

mmHg

ST: ☐ Unknown

☐ Not done

Mean arterial blood pressure

mmHg

ST: ☐ Unknown

☐ Not done

☐ Not applicable

ECG rhythm

Cardiac rhythm

☐ Sinus

☐ Atrial fibrillation

☐ Atrial Flutter

☐ Atrial dysrhythmia, Other

☐ Atrial paced, Ventricular sensed

☐ Atrial sensed, Ventricular paced

☐ Atrial paced, Ventricular paced

☐ Junctional

☐ Not done

☐ Unknown

☐ Other, specify

Weight

Enter the weight of the patient at the time of follow-up in the appropriate space, in pounds or kilograms. The weight must fall between 5 and 600 pounds or 2 and 273 kilograms.

 lbs

 kg
ST= ☐ Unknown☐ Not done**Echo Findings****Echo Hemodynamics Date**

ST= ☐ Unknown☐ Not Done**Mitral regurgitation**

Mitral regurgitation should be recorded on a qualitative scale (if 'trivial' then assign as mild). Moderate-severe would be recorded as 'severe'.

☐ 0 (none)☐ 1 (mild)☐ 2 (moderate)☐ 3 (severe)☐ Not Recorded or Not Documented**Tricuspid regurgitation**

Tricuspid regurgitation should be recorded on a qualitative scale (if 'trivial' then assign as mild). Moderate-severe would be recorded as 'severe'.

☐ 0 (none)☐ 1 (mild)☐ 2 (moderate)☐ 3 (severe)☐ Not Recorded or Not Documented**Aortic regurgitation**

Aortic regurgitation should be recorded on a qualitative scale (if 'trivial' then assign as mild). Moderate-severe would be recorded as 'severe'.

☐ 0 (none)☐ 1 (mild)☐ 2 (moderate)☐ 3 (severe)☐ Not Recorded or Not Documented**LVEF**☐ > 50 (normal)☐ 40-49 (mild)☐ 30-39 (moderate)☐ 20-29 (moderate/severe)☐ < 20 (severe)☐ Not Recorded or Not Documented☐ Unknown**LVEDD**
 cm
ST: ☐ Not Recorded or Not Documented**RVEF**☐ Normal☐ Mild☐ Moderate☐ Severe☐ Not Done☐ Not Applicable☐ Unknown

Swan Hemodynamics

Swan Hemodynamics Date

ST= ☐ Unknown

☐ Not Done

Pulmonary artery systolic pressure

mmHg

ST: ☐ Unknown

☐ Not done

Pulmonary artery diastolic pressure

mmHg

ST: ☐ Unknown

☐ Not done

Mean Pulmonary Artery Capillary Wedge Pressure

mmHg

ST: ☐ Unknown

☐ Not done

Central Venous Pressure (CVP) or Right Atrial Pressure

mmHg

ST: ☐ Unknown

☐ Not done

Cardiac Index

L/min/M2 (by Swan)

ST: ☐ Unknown

☐ Not done

Was Cardiac Index Measured by Fick or Thermodilution?

☐ Yes

☐ No

☐ Unknown

Choose Method

☐ Fick

☐ Thermodilution

Cardiac output

L/min

ST: ☐ Unknown

☐ Not done

Was Cardiac Output Measured by Fick or Thermodilution?

☐ Yes

☐ No

☐ Unknown

Choose Method

☐ Fick

☐ Thermodilution

Intermacs

1 Month Followup

Medications

Hydralazine

- ☐ Yes
☐ No
☐ Unknown

Calcium channel blockers

- ☐ Yes
☐ No
☐ Unknown

Angiotensin receptor blocker drug

- ☐ Yes
☐ No
☐ Unknown

Amiodarone

- ☐ Yes
☐ No
☐ Unknown

ACE inhibitors

- ☐ Yes
☐ No
☐ Unknown

Thrombolytic

- ☐ Yes
☐ No
☐ Unknown

Beta-blockers

- ☐ Yes
☐ No
☐ Unknown

Aldosterone antagonist

- ☐ Yes
☐ No
☐ Unknown

**Low molecular weight heparin
(Lovenox, Fragmin, Innohep)**

- ☐ Yes
☐ No
☐ Unknown

UFH: Unfractionated Heparin

- ☐ Yes
☐ No
☐ Unknown

Warfarin (coumadin)

- ☐ Yes
☐ No
☐ Unknown

Arixtra (fondaparinux)

- ☐ Yes
☐ No
☐ Unknown

Argatroban

- ☐ Yes
☐ No

☐ Unknown

Bivalirudin

☐ Yes
☐ No
☐ Unknown

Antiplatelet therapy drug

☐ Yes
☐ No
☐ Unknown

Select drug(s)

☐ Aspirin
☐ Dextran
☐ Dipyridamole
☐ Clopidogrel
☐ Ticlopidine
☐ Unknown
☐ Other, specify

ARNi (Entresto)

☐ Yes
☐ No
☐ Unknown

Nitric oxide

Document Fiolan here

☐ Yes
☐ No
☐ Unknown

Phosphodiesterase inhibitor

Please enter only for the indication of Pulmonary Hypertension or Right Heart Failure

☐ Yes
☐ No
☐ Unknown

Digoxin

☐ Yes
☐ No
☐ Unknown

Loop diuretics

☐ Yes
☐ No
☐ Unknown

If yes, enter dosage:

mg/day

ST= ☐ Unknown

Type of Loop Diuretic:

☐ Furosemide
☐ Torsemide
☐ Bumetanide
☐ Other

Is patient on direct oral anticoagulants (DOACs) or novel oral anticoagulants (NOACs)?

Such as: dabigatran (Pradaxa), rivaroxaban (Xarelto), apixaban (Eliquis), edoxaban (Savaysa), and betrixaban (Bevyxxa)

☐ Yes
☐ No
☐ Unknown

Intermacs

1 Month Followup

Laboratory

Sodium mEq/L mmol/LST= ☐ Unknown☐ Not done**Potassium** mEq/L mmol/LST= ☐ Unknown☐ Not done**Blood urea nitrogen** mg/dL mmol/LST= ☐ Unknown☐ Not done**Creatinine** mg/dL umol/LST= ☐ Unknown☐ Not done**SGPT/ALT**
(alanine aminotransferase/ALT) u/LST= ☐ Unknown☐ Not done**SGOT/AST**
(aspartate aminotransferase/AST) u/LST= ☐ Unknown☐ Not done**LDH** units/L, U/L, ukat/LST= ☐ Unknown☐ Not done**Total bilirubin** mg/dL umol/LST= ☐ Unknown☐ Not done**Bilirubin direct** mg/dL umol/L

ST= ☐ Unknown
☐ Not Done

Bilirubin indirect

mg/dL

umol/L

ST= ☐ Unknown
☐ Not Done

Albumin

g/dL

g/L

ST= ☐ Unknown
☐ Not done

Pre-albumin

mg/dL

mg/L

ST= ☐ Unknown
☐ Not done

Total Cholesterol

If value is outside given range, please see 'Status (ST=)'
drop down field.
If < 50 mg/dl, select from the 'Status (ST=)' drop down field.

mg/dL

mmol/L

ST= ☐ < 50 mg/dL
☐ Unknown
☐ Not done

Brain natriuretic peptide BNP

If value is outside given range, please see 'status (ST=)'
drop down field.
If > 7500 pg/mL, select from the 'Status (ST=)' drop down
field.

pg/ml

ng/L

ST= ☐ > 7500 pg/mL
☐ Unknown
☐ Not done

NT pro brain natriuretic peptide Pro-BNP

pg/ml

ng/L

ST= ☐ Unknown
☐ Not done

Reticulocyte count

%

ST= ☐ Unknown
☐ Not Done

White blood cell count

x10³/uL

x10⁹/L

ST= ☐ Unknown
☐ Not done

Hemoglobin

g/dL

g/L

mmol/L
ST= ☐ Unknown☐ Not done**Platelets**
 x10³/uL

 x10⁹/L
ST= ☐ Unknown☐ Not done**Hemoglobin A1C**
 %

 mmol/mol
Estimated Average Glucose (eAG):
 mg/dL

 mmol/L
ST= ☐ Unknown☐ Not Done**INR**
 international units
ST= ☐ Unknown☐ Not done**Plasma-free hemoglobin**
 mg/dL

 g/L
ST= ☐ less than 30mg☐ Unknown☐ Not Done**Positive antiheparin/platelet antibody (HIT)**☐ Yes☐ No☐ Unknown**If Yes, are they on direct thrombin inhibitors**☐ Yes☐ No☐ Unknown**If Yes, Enter Drugs:**☐ Plavix☐ Heparin☐ Coumadin☐ Direct thrombin inhibitors (ex: arg, lip, val...)☐ Aspirin☐ Dipyridamole**Was a TEG done?**☐ Yes☐ No☐ Unknown**ThrombElastoGraph Hemostasis System (TEG) profile, MA k**
 max amplitude in kaolin
ST= ☐ Unknown☐ Not Done

**ThrombElastoGraph Hemostasis
System (TEG) profile, R k**

reaction time in kaolin

ST= ☐ Unknown

☐ Not Done

**ThrombElastoGraph
HemostasisSystem (TEG) profile, R h**

reaction time w/heparinase

ST= ☐ Unknown

☐ Not Done

CRP or hs-CRP

C Reactive Protein

mg/dL

ST= ☐ Unknown

☐ Not done

Lupus Anticoagulant

☐ Positive

☐ Negative

☐ Unknown

Uric acid

mg/dL

umol/L

ST= ☐ <1 mg/dL

☐ Unknown

☐ Not done