Intermacs **1 Week Followup**

Followup Status (1 Week Followup (+/- 3 days))

Colort and of the following	○ Innationt
Select one of the following	○ Inpatient
	○ Outpatient
	○ Other Facility
	\bigcirc Unable to obtain follow-up information
	⊖ Telehealth Consultation
Follow-up date	
MM/DD/YYYY	
Facility Type	○ Nursing Home/Assisted Care
	⊖ Another hospital
	○ Rehabilitation Facility
	○ Unknown
State reason why you are unable to	◯ Patient didn't come to clinic
obtain follow-up information	\bigcirc Not able to contact patient
-	○ Not addressed by site
Patient's Home Street Address	
	ST= 〇 Unknown
Patient's Home City	
	ST= 🔿 Unknown
Patient's Home State/Territory/Province	⊖ Alabama
	⊖ Alaska
	\bigcirc American Samoa
	⊖ Arizona
	⊖ Arkansas
	⊖ California
	○ Colorado
	○ Connecticut
	○ Delaware
	◯ District of Columbia
	○ Federated States of Micronesia
	⊖ Fiolida ⊖ Georgia
	⊖ Geolgia ⊖ Guam
	\bigcirc Idaho
	⊖ Idaho ⊖ Illinois
	○ Idaho○ Illinois○ Indiana
	 ○ Idaho ○ Illinois ○ Indiana ○ Iowa
	○ Idaho○ Illinois○ Indiana

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

Patient's Home Zip Code

ST= O Unknown

Was patient intubated since implant? (This includes all time since last followup.)

◯ 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 Interlukin 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= OUnknown		
Original Console Name			

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.
Was there a hemolysis event since implant operation?	 ○ Yes ○ No ○ Unknown
Was there a right heart failure event since implant operation?	 ○ 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. 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

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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= OUnknown	
	○ Not Done	
Heart rate		beats per min
		beats per min
	ST: O Unknown	
	○ Not done	
Systolic blood pressure		mmHg
(millimeters of mercury) should be determined from	ST: OUnknown	
auscultation or arterial line if necessary.	\bigcirc Not done	
Diastolic blood pressure		mmHg
(millimeters of mercury) should be determined from	ST: O Unknown	
auscultation or arterial line if necessary	○ Not done	
Mean arterial blood pressure		mmHg
	ST: O Unknown	
	\bigcirc Not done	
	\bigcirc Not applicable	
ECG rhythm	◯ Sinus	
Cardiac rhythm	\bigcirc Atrial fibrillation	
	◯ Atrial Flutter	
	\bigcirc Atrial dysrhythmia, Other	
	⊖ Atrial paced, Ventricular sensed	
	\bigcirc Atrial sensed, Ventricular paced	
	\bigcirc Atrial paced, Ventricular paced	
	\bigcirc Junctional	
	\bigcirc Not done	
	⊖ Other, specify	

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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.

ST= 〇 Unknown

lbs

kg

 \bigcirc Not done

Echo Hemodynamics Date	
	ST= OUnknown
	○ Not Done
Mitral regurgitation	○ 0 (none)
Mitral regurgitation should be recorded on a qualitative scale	\bigcirc 1 (mild)
(if 'trivial' then assign as mild). Moderate-severe would be	○ 2 (moderate)
recorded as 'severe'.	○ 3 (severe)
	○ Not Recorded or Not Documented
Trianonial regulation	
Tricuspid regurgitation Tricuspid regurgitation should be recorded on a qualitative	
scale (if 'trivial' then assign as mild). Moderate-severe would	\bigcirc 1 (mild) \bigcirc 2 (moderate)
be recorded as 'severe'.	\bigcirc 2 (moderate)
	○ Not Recorded or Not Documented
Aortic regurgitation	○ 0 (none)
Aortic regurgitation should be recorded on a qualitative scale	\bigcirc 1 (mild)
(if 'trivial' then assign as mild). Moderate-severe would be	○ 2 (moderate)
recorded as 'severe'.	⊖ 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
LVEDD	cm
	ST: O 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: O Unknown	
	\bigcirc Not done	
Pulmonary artery diastolic pressure		mmHg
	ST: O Unknown	
	\bigcirc Not done	
Mean Pulmonary Artery Capillary Wedge		
Pressure		mmHg
	ST: O Unknown	
	◯ Not done	
Central Venous Pressure (CVP) or Right Atrial		mmHg
Pressure	ST: O Unknown	
	\bigcirc Not done	
Cardiac Index		L/min/M2 (by Swan)
	ST: O Unknown	
	\bigcirc Not done	
Was Cardiac Index Measured by Fick or	◯ Yes	
Was Cardiac Index Measured by Fick or Thermodilution?	◯ Yes ◯ No	
	\bigcirc No	
Thermodilution?	○ No ○ Unknown	
Thermodilution?	○ No ○ Unknown □ Fick	l /min
Thermodilution? Choose Method	 No Unknown Fick Thermodilution 	L/min
Thermodilution? Choose Method	 No Unknown Fick Thermodilution ST: O Unknown 	L/min
Thermodilution? Choose Method	 No Unknown Fick Thermodilution 	L/min
Thermodilution? Choose Method Cardiac output Was Cardiac Output Measured by Fick or	 No Unknown Fick Thermodilution ST: Ounknown Not done Yes 	L/min
Thermodilution? Choose Method Cardiac output	 No Unknown Fick Thermodilution ST: Ounknown Not done Yes No 	L/min
Thermodilution? Choose Method Cardiac output Was Cardiac Output Measured by Fick or	 No Unknown Fick Thermodilution ST: Ounknown Not done Yes 	L/min
Thermodilution? Choose Method Cardiac output Was Cardiac Output Measured by Fick or	 No Unknown Fick Thermodilution ST: Ounknown Not done Yes No 	L/min

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Medications

Mark whether the medications have been used during the follow-up period (since implant).

Angiotensin receptor blocker drug	 ○ Yes ○ No ○ Unknown
Amiodarone	 ○ Vinknown ○ 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	
Select drug(s)	 Unknown Aspirin Dextran Dipyridamole Clopidogrel Ticlopidine Unknown Other, specify 	
ARNi (Entresto)	○ Yes○ No○ Unknown	
Nitric oxide Document Flolan 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:	ST= OUnknown	mg/day
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	

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	ST= 🔿 Unknown	
	○ Not Done	
Bilirubin indirect		
Biirubii munect		mg/dL
		umol/L
	ST= 〇 Unknown	
	○ Not Done	
Albumin		
		g/dL
		g/L
	ST= O Unknown	
	◯ Not done	
Pre-albumin		mg/dL
		mg/L
	ST= O Unknown	
	○ Not done	
Total Cholesterol		mg/dL
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.		mmol/L
	ST= ◯ < 50 mg/dL ◯ Unknown	
	◯ Not done	
Brain natriuretic peptide BNP		pg/ml
If value is outside given range, please see 'status (ST=)' drop down field.		ng/L
If > 7500 pg/mL, select from the 'Status (ST=)' drop down	ST= () > 7500 pg/mL	
field.	O Unknown	
	\bigcirc Not done	
NT pro brain natriuretic peptide Pro-		
NT pro brain natriuretic peptide Pro- BNP		pg/ml
		ng/L
	ST= 〇 Unknown	
	◯ Not done	
Reticulocyte count		%
	ST= 〇 Unknown	70
	\bigcirc Not Done	
White blood cell count		x10 ³ /uL
		x10 ⁹ /L
	ST= 〇 Unknown	
	\bigcirc Not done	
Hemoglobin		g/dL
		a/l
		g/L

		<u>]</u>
		mmol/L
	ST= 〇 Unknown	
	\bigcirc Not done	
Platelets		x10 ³ /uL
		x10 ⁹ /L
	ST= 〇 Unknown	
	\bigcirc Not done	
Hemoglobin A1C		
		%
		mmol/mol
	Estimated Average Glucose	(eAG):
		mg/dL
		mmol/L
	ST= 🔿 Unknown	
	◯ Not Done	
INR		L L L L L L L L L L L L L L L L L L L
INK		international units
	ST= 🔿 Unknown	
	\bigcirc Not done	
Plasma-free hemoglobin		ma/dl
C C		mg/dL
		g/L
	ST= ◯ less than 30mg	
	○ Not Done	
Positive antiheparin/platelet antibody	⊖ Yes	
(HIT)	○ No	
()	OUnknown	
If Yes, are they on direct thrombin	⊖ Yes	
inhibitors	○ No	
If Yes, Enter Drugs:	□ Plavix	
	Heparin Commandim	
	 □ Coumadin □ Direct thrombin inhibitors (6) 	ov: org lip vol)
		ex. arg, iip, val)
	Dipyridamole	
Was a TEG done?	\bigcirc Yes	
	\bigcirc No	
	\bigcirc Unknown	
ThrombElectoCrank Howcottes!-		
ThrombElastoGraph Hemostasis System (TEG) profile MA k		max amplitude in kaolin
ThrombElastoGraph Hemostasis System (TEG) profile, MA k	ST= () Unknown	max amplitude in kaolin
	ST= 〇 Unknown 〇 Not Done	max amplitude in kaolin

ThrombElastoGraph Hemostasis System (TEG) profile, R k	ST= 〇 Unknown 〇 Not Done	reaction time in kaolin
ThrombElastoGraph HemostasisSystem (TEG) profile, R h	ST= 〇 Unknown 〇 Not Done	reaction time w/heparinase
CRP or hs-CRP C Reactive Protein	ST= 〇 Unknown 〇 Not done	mg/dL
Lupus Anticoagulant	○ Positive○ Negative○ Unknown	
Uric acid	ST= O <1 mg/dL O Unknown ONot done	mg/dL umol/L