

Intermacs

# 1 Week Followup

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

**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 Address**ST= ☐ 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

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**Patient's Home Zip Code**

ST= ☐ Unknown

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**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.

☐ 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 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, 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
-

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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= ☐ 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** mmHgST: ☐ Unknown☐ Not done**Pulmonary artery diastolic pressure** mmHgST: ☐ Unknown☐ Not done**Mean Pulmonary Artery Capillary Wedge Pressure** mmHgST: ☐ Unknown☐ Not done**Central Venous Pressure (CVP) or Right Atrial Pressure** mmHgST: ☐ 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/minST: ☐ Unknown☐ Not done**Was Cardiac Output Measured by Fick or Thermodilution?**☐ Yes☐ No☐ Unknown**Choose Method**☐ Fick☐ Thermodilution



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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**

- ☐ 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

**Bivalrudin**

- ☐ 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 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:** mg/dayST= ☐ Unknown**Type of Loop Diuretic:**

- ☐ Furosemide  
☐ Torsemide  
☐ Bumetanide  
☐ Other

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## Laboratory

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**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/LST= ☐ Unknown☐ Not Done**Albumin** g/dL g/LST= ☐ Unknown☐ Not done**Pre-albumin** mg/dL mg/LST= ☐ 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/LST= ☐ < 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/LST= ☐ > 7500 pg/mL☐ Unknown☐ Not done**NT pro brain natriuretic peptide Pro-BNP** pg/ml ng/LST= ☐ Unknown☐ Not done**Reticulocyte count** %ST= ☐ Unknown☐ Not Done**White blood cell count** x10<sup>3</sup>/uL x10<sup>9</sup>/LST= ☐ Unknown☐ Not done**Hemoglobin** g/dL g/L

mmol/LST= ☐ Unknown☐ Not done**Platelets** x10<sup>3</sup>/uL x10<sup>9</sup>/LST= ☐ Unknown☐ Not done**Hemoglobin A1C** % mmol/mol**Estimated Average Glucose (eAG):** mg/dL mmol/LST= ☐ Unknown☐ Not Done**INR** international unitsST= ☐ Unknown☐ Not done**Plasma-free hemoglobin** mg/dL g/LST= ☐ 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 kaolinST= ☐ Unknown☐ Not Done

**ThrombElastoGraph Hemostasis  
System (TEG) profile, R k** reaction time in kaolinST= ☐ Unknown☐ Not Done**ThrombElastoGraph  
HemostasisSystem (TEG) profile, R h** reaction time w/heparinaseST= ☐ Unknown☐ Not Done**CRP or hs-CRP**

C Reactive Protein

 mg/dLST= ☐ Unknown☐ Not done**Lupus Anticoagulant**☐ Positive☐ Negative☐ Unknown**Uric acid** mg/dL umol/LST= ☐ <1 mg/dL☐ Unknown☐ Not done