

3 Month and 6 Month Follow-Up

Select one of the following:*

Follow-up date:*

Facility Type:*

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

General Hemodynamics during report interval

Heart rate:*		beats per min		ST=
Systolic BP:*		mm Hg		ST=
Diastolic BP:*		mm Hg		ST=
Doppler Opening Pressure:*				ST=
Peripheral edema*	YES	NO	UNK	
Ascites:*	YES	NO	UNK	
ECG rhythm (cardiac rhythm):*				
Specify:*				
Weight:*		lbs	kg	ST=

Echo Findings during report interval

Evidence of elevated CVP pressure: dilated IVC, IVS with collapse, or physical exam (signs of increased jugular venous pressure)?:*	YES	NO	UNK	
Mitral regurgitation:*				
Tricuspid regurgitation:*				
Aortic regurgitation:*				
LVEF%*				
LVEDD:*		cm		ST=
RVEF:*				

Swan Hemodynamics during report interval

Pulmonary artery systolic pressure:*		mm Hg		ST=
Pulmonary artery diastolic pressure:*		mm Hg		ST=
Mean RA Pressure:*		mm Hg		ST=
Central venous pressure (CVP):*		mm Hg		ST=
Mean Pulmonary artery wedge pressure:*		mm Hg		ST=
Cardiac Index:*		L/min/M2 (by Swan)		ST=
Cardiac output:*		liters min		ST=
Was patient intubated?:*	YES	NO	UNK	
Was patient on dialysis?:*	YES	NO	UNK	

Medications

Currently on inotrope therapy	YES	NO	UNK
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at follow-up time period?*

List drug: *
 Dopamine
 Dobutamine
 Milrinone
 Isoproterenol
 Epinephrine
 Norepinephrine
 Levosimendan
 Unknown

Hydralazine: * YES NO UNK

Calcium channel blockers: * YES NO UNK

Nesiritide: * YES NO UNK

Angiotensin receptor blocker drug: * YES NO UNK

Amiodarone: * YES NO UNK

ACE inhibitors: * YES NO UNK

Beta-blockers: * YES NO UNK

Aldosterone antagonist: * YES NO UNK

Lovenox: * YES NO UNK

Warfarin (coumadin): * YES NO UNK

Antiplatelet therapy drug: * YES NO UNK

Select drug(s) *
 Aspirin
 Dexpran
 Dipyridamole
 Clopidogrel
 Ticlopidine
 Unknown
 Other, specify

Specify: *

Nitric oxide: * YES NO UNK

Phosphodiesterase inhibitor: * YES NO UNK

Digoxin: * YES NO UNK

Loop Diuretics: * YES NO UNK

If yes, enter dosage: * ST=:

If dose is entered, then check type of loop diuretic (check all that apply): *
 Furosemide
 Torsemide
 Bumetanide
 Other

Laboratory

Sodium: * units ST=

Potassium: * units ST=

Blood urea nitrogen: * units ST=

Creatinine: * units ST=

SGPT/ALT (alanine aminotransferase/ALT): * u/L ST=

SGOT/AST (aspartate aminotransferase/AST):*				u/L		ST=0
LDH:*					units	ST=
Total bilirubin:*					units	ST=
Bilirubin direct:*			ST=			
					units	
Bilirubin indirect:*			ST=			
					units	
Albumin:*					units	ST=
Pre-albumin:*					units	ST=
Total Cholesterol:*					units	ST=
<i>If value is outside given range please see 'status' drop down field</i>						
Brain natriuretic peptide BNP:*					units	ST=
<i>If value is outside given range please see 'status' drop down field</i>						
NT pro brain natriuretic peptide Pro-BNP:*					units	ST=
White blood cell count:*				x 10 ³ /uL x 10 ⁹ /uL	units	ST=
Reticulocyte count:*				%		ST=
Hemoglobin:*					units	ST=
Platelets:*				x 10 ³ /uL x 10 ⁹ /uL	units	ST=
INR:*					international units	ST=
Plasma-free hemoglobin:*					units	ST=
Positive antiheparin/platelet antibody (HIT):*	YES	NO	UNK			
ThrombElastoGraph Hemostasis System (TEG) profile, MA k:*					max amplitude in kaolin	ST=
ThrombElastoGraph Hemostasis System (TEG) profile, R k:*					reaction time in kaolin	ST=
ThrombElastoGraph Hemostasis System (TEG) profile, R h:*					reaction time w/heparinase	ST=
Sensitivity CRP(C Reactive Protein):*					mg/L	ST=
Lupus Anticoagulant:*	Positive	Negative	Unknown			
Uric Acid:*					units	ST=
Device Function						
Pump Flow:*		LPM				ST=
Stroke Volume:*		ml				ST=
Pulsatility Index:*						ST=
Pump Power:*					Watts	ST=
Approximate pulsatility:*						ST=

Pump Rate:*		BPM	ST=
Left Flow:*		LPM	ST=
Right Flow:*		LPM	ST=
Left Fill Volume:*		ml	ST=
Right Fill Volume:*		ml	ST=

Peak Fill:*

ml/sec

ST=

Peak Eject:*

ml/sec

ST=

Device Parameters

Control Mode:*

Pump Rate:*

BPM

ST=

Ejection Duration:*

ms

ST=

Pump Speed:*

RPM

ST=

Low Speed:*

RPM

ST=

Drive Pressure:*

mm Hg

ST=

Left Drive Pressure:*

mm Hg

ST=

Right Drive Pressure:*

mm Hg

ST=

Vacuum Pressure:*

mm Hg

ST=

End of Fill
Threshold:*

%

ST=

End of Eject
Threshold:*

ms

ST=

Pump Speed Setting:*

ST=

Device Inspection

Auscultation:*

Describe:*

Driveline:*

Describe:*

Vent Inspection:*

YES NO Not Applicable

Depositions:*

YES NO Not Applicable

Depositions:*

Describe:*

Full Ejection:*

YES NO Not Applicable

Device Function - RVAD BOTH

Pump Flow:*	LPM	ST=
Stroke Volume:*	ml	ST=
Pulsatility Index:*		ST=
Pump Power:*	Watts	ST=
Approximate pulsatility:*		ST=
Pump Rate:*	BPM	ST=
Left Flow:*	LPM	ST=
Right Flow:*	LPM	ST=
Left Fill Volume:*	ml	ST=
Right Fill Volume:*	ml	ST=
Peak Fill:*	ml/sec	ST=
Peak Eject:*	ml/sec	ST=

Device Parameters - RVAD BOTH

Control Mode:*		
Pump Rate:*	BPM	ST=
Ejection Duration:*	ms	ST=
Pump Speed:*	RPM	ST=
Low Speed:*	RPM	ST=
Viscosity Setting:*	cP	ST=
Drive Pressure:*	mm Hg	ST=
Left Drive Pressure:*	mm Hg	ST=
Right Drive Pressure:*	mm Hg	ST=
Vacuum Pressure:*	mm Hg	ST=
End of Fiill Threshold:*	%	ST=
End of Eject Threshold:*	ms	ST=
Pump Speed Setting:*		ST=

Device Inspection - RVAD BOTH

Auscultation:*			
Describe:*			
Driveline:*			
Describe:*			
Vent Inspection:*	YES	NO	Not Applicable
Depositions:*	YES	NO	Not Applicable
Depositions:*			
Describe:*			
Full Ejection:*	YES	NO	Not Applicable
Full Fill:*	YES	NO	Not Applicable

Exercise Function

6 minute walk:*	feet	ST=
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Gait Speed (1st 15 foot walk):*	seconds	ST=	v3.0
Peak VO2 Max: Maximum volume of oxygen the body can consume during exercise:*	ml/kg/min	ST=	
R Value at peak:*	%	ST=	

Medical Condition

NYHA class:*

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

Patient Status

Current device strategy:*

Other, specify:*

Transplant Eligibility issues or Contraindications to Transplant:

Concerns / Contraindications	Is condition present?	
Overall Status:		
Advanced age *	YES	NO
Frailty*	YES	NO
Patient does not want transplant*	YES	NO
Musculoskeletal limitation to ambulation*	YES	NO
Contraindication to immunosuppression*	YES	NO
Allosensitization *	YES	NO
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Chronic renal disease*	YES	NO
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Cardiothoracic issues:		
Frequent ICD shocks*	YES	NO
Pulmonary disease*	YES	NO
Pulmonary hypertension*	YES	NO
Recent pulmonary embolus*	YES	NO
History of atrial arrhythmia *	YES	NO
Unfavorable mediastinal anatomy (This includes sternotomies, sternal resection, radiation, flail chest, etc)*	YES	NO
Thoracic aortic disease*	YES	NO
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Nutritional/GI:		
Large BMI *	YES	NO
Severe Diabetes*	YES	NO
Malnutrition/cachexia*	YES	NO
History of GI ulcers*	YES	NO
History of hepatitis*	YES	NO
Liver dysfunction*		

Vascular issues:

Heparin-induced thrombocytopenia*	YES	NO
Chronic coagulopathy*	YES	NO
Major stroke*	YES	NO
Other cerebrovascular disease*	YES	NO
Peripheral vascular disease*	YES	NO

Oncology/infection issues:

History of solid organ cancer*	YES	NO
History of lymphoma leukemia*	YES	NO
History of bone marrow transplant (BMT)*	YES	NO
History HIV*	YES	NO
Chronic infectious concerns*	YES	NO

Psychosocial issues:

Limited cognition/understanding*	YES	NO
Limited social support*	YES	NO
Repeated non-compliance*	YES	NO
History of illicit drug use*	YES	NO
History of alcohol abuse*	YES	NO
Narcotic dependence*	YES	NO
History of smoking*	YES	NO
Currently smoking *	YES	NO
Severe depression*	YES	NO
Other major psychiatric diagnosis*	YES	NO
Other co-morbidity*	YES	NO

Quality of Life

Did the patient complete a EuroQol form:*

YES NO UNK

How was the test administered?:*

Mobility:*

Self care:*

Usual Activities (e.g. work, study, housework, family or leisure activities)*

Pain/discomfort:*

Anxiety/depression:*

Visual Analog Status (VAS): Your own health state today (0-100). 0=worst, 100=best:*

ST=

1) Which of the following best describes your "one" main activity?:*

Other, specify:*

- 2) How many of your close friends or relatives do you see in person, speak to on the telephone or contact via the internet at least once a month? (please count each person 1 time):* ST=
- 3) Have you unintentionally lost more than 10 pounds in the last year?:* YES NO UNK
- 4) Do you currently smoke cigarettes?:* YES NO UNK

If YES, how many cigarettes are you currently smoking, on average?:*

Please enter a number from 1 to 10 for the questions #5 - #8:

- 5) How much stress related to your health issues do you feel you've been under during the past month? (1-10). 1=No Stress, 10=Very Much Stress:* ST=
- 6) How well do you feel you've been coping with or handling your stress related to your health issues during the past month? (1-10). 1=Coping very poorly, 10=Coping very well:* ST=
- 7) How confident are you that you can do the tasks and activities needed to manage your ventricular assist device so as to reduce how much having heart failure affects your everyday life? (1-10). 1=Not at all confident, 10=Totally confident:* ST=
- 8) How satisfied are you with the outcome of your ventricular assist device during the past 3 months? (1-10). 1=Not satisfied, 10=Very satisfied:* ST=
- 9) If you had to do it all over again, would you decide to have a ventricular assist device knowing what you know now?:*

Reason (as stated by patient) why the EUROqoL was not completed.*

Reason: *

Other reason (describe):*

The Kansas City Cardiomyopathy Questionnaire

Did the patient complete a KCCQ form? YES NO

*

How was the test administered?:*

1. Heart Failure affects different people in different ways. Some feel shortness of breath while others feel fatigue. Please indicate how much you are limited by heart failure (shortness of breath or fatigue) in your ability to do the following activities over the past 2 weeks.

Dressing yourself:*

Showering/Bathing:*

Walking 1 block on level ground*

Doing yardwork, housework or carrying groceries:*

Climbing a flight of stairs without stopping:*

Hurrying or jogging (as if to catch a bus):*

2. Compared with 2 weeks ago, have your symptoms of heart failure (shortness of breath, fatigue or ankle swelling) change? My symptoms of heart failure have become...:*

3. Over the past 2 weeks, how many times did you have swelling in your feet, ankles or legs when you woke up in the morning? :*

4. Over the past 2 weeks, how much has swelling in your feet, ankles or legs bothered you? It has been...:*

5. Over the past 2 weeks, on average, how many times has fatigue limited your ability to do what you want? :*

6. Over the past 2 weeks, how much has your fatigue bothered you? It has been? :*

7. Over the past 2 weeks, on average, how many times has shortness of breath limited your ability to do what you wanted? :*

8. Over the past 2 weeks, how much has your shortness of breath bothered you? :*

9. Over the past 2 weeks, on average, how many times have you been forced to sleep sitting up in a chair or with at least 3 pillows to prop you up because of shortness of breath? :*

10. Heart Failure symptoms can worsen for a number of reasons. How sure are you that you know what to do, or whom to call, if your heart failure gets worse? :*

11. How well do you understand what things you are able to do to keep your heart failure symptoms from getting worse? (for example, weighing yourself, eating a low salt diet, etc.) :*

12. Over the past 2 weeks, how much has your heart failure limited your enjoyment of life? :*

13. If you had to spend the rest of your life with your heart failure the way it is right now, how would you feel about this? :*

14. Over the past 2 weeks, how often have you felt discouraged or down in the dumps because of your heart failure? :*

15. How much does your heart failure affect your lifestyle? Please indicate how your heart failure may have limited your participation in the following activities over the past 2 weeks?

Hobbies, recreational activities:*

Working or doing household chores:*

Visiting family or friends out of your home:*

Intimate relationships with loved ones:*

Reason why the KCCQ was not completed:*

Reason:*

Other Reason:*

Trailmaking Data

Status:*

Time: * sec

Adverse Events

Note: Please check that you have entered all Adverse Events since the last follow-up. These events are usually entered during a rehospitalization (or during the index hospitalization). To enter an adverse event click on the button located at the top of the patient overview screen.

- Rehospitalization
- Explant due to Transplant
- Explant due to Recovery
- Explant due to Exchange
- Death
- Device Malfunction (if suspected device thrombosis, then enter here)
- Major Infection
- Neurological Dysfunction
- Major Bleeding
- Cardiac Arrhythmia
- Pericardial Fluid Collection
- Myocardial Infarction
- Psychiatric Episode
- Respiratory Failure
- Venous Thromboembolic Event
- Wound Dehiscence
- Arterial Non-CNS Thromboembolism
- Other SAE
- Hemolysis
- Hepatic Dysfunction
- Hypertension
- Renal Dysfunction
- Right Heart Failure

Note: Go to section 2.13 for the definition of each Adverse Event.