Intermacs

Adverse Event

Adverse Event Status

Please enter the date of the event you are reporting:

Please enter a label describing this event:

Intermacs

Adverse Event

Rehospitalization

Was there an occurrence of rehospitalization?
- Yes
- No

Is this rehospitalization at your hospital?
- Yes
- No

Date of admission
MM/DD/YYYY

ST= Unknown

Discharge Date
MM/DD/YYYY
Date of transplant, death or explant for recovery will be considered the date of discharge.

ST= Unknown

Primary reason for rehospitalization
- Anticoagulation adjustment
- Arterial Non-CNS Thrombo-embolism
- Cardiac Arrhythmia
- Cardiac Tamponade
- Catastrophe (i.e. weather)
- Device Malfunction
- Diagnostic Procedure
- Explant
- Fever without known cause
- Fluid Overload
- Gastroenteritis
- GI Disorder
- Hematological
- Hematoma
- Hemolysis
- Hepatic Dysfunction
- Hypertension
- Limb vascular complication
- Major Bleeding
- Major Infection
- Metabolic/Electrolyte Disturbance
- Myocardial Infarction
- Neurological Dysfunction
- Pericardial Fluid Collection
- Planned medical management
- Planned Procedure
- Pneumonia
- Psychiatric Episode
- Pulmonary Embolism/Hemorrhage
- Pulmonary, Other
- Renal Dysfunction
- Respiratory Failure
- Right Heart Failure
- Syncope without known cause
- Transplant

- Trauma/Accident
- Venous Thromboembolic Event
- Wound Complication
- Wound Dehiscence
- Unknown
- Other, specify

Rehospitalization intervention

- Surgical Procedure
- Heart Cath
- Invasive Cardiac Procedures (Other than Heart Cath)
- Transplantation
- None
- Unknown
- Other

Type of surgical procedure

- Device related operation
- Other Cardiac Surgical Procedure
- Non Cardiac Surgical Procedure
- Other procedure
- Unknown

Type of other cardiac procedure

- Reoperation for Bleeding within 48 hours of implant
- Reoperation for Bleeding and/or tamponade > 48 hours
- Surgical Drainage of pericardial effusion
- Aortic Valve Surgery - Repair (no valve closure)
- Aortic Valve Surgery - Repair with valve closure
- Aortic Valve Surgery - Replacement - Biological
- Aortic Valve Surgery - Replacement - Mechanical
- Mitral Valve Surgery - Repair
- Mitral Valve Surgery - Replacement - Biological
- Mitral Valve Surgery - Replacement - Mechanical
- Tricuspid Valve Surgery - Repair - DeVega
- Tricuspid Valve Surgery - Repair - Ring
- Tricuspid Valve Surgery - Repair - Other
- Tricuspid Valve Surgery – Replacement - Biological
- Tricuspid Valve Surgery – Replacement - Mechanical
- Pulmonary Valve Surgery - Repair
- Pulmonary Valve Surgery – Replacement - Biological
- Pulmonary Valve Surgery – Replacement - Mechanical
- Unknown
- Other, specify

Type of procedure (non cardiac surgical procedure)

Other procedure

- Intubation and Vent support
- Dialysis
- Bronchoscopy
- Other, specify

Type of Invasive Cardiac Procedure (Other than Heart Cath)

Enter PA systolic pressure

mmHg

ST= Unknown
Not Done

Enter PA diastolic pressure

mmHg

ST= Unknown
Not Done

Enter PCW pressure

mmHg

ST= Unknown
Not Done

Enter Cardiac output

L/min

ST= Unknown
Not Done

Clinical Observations

Systolic blood pressure
(millimeters of mercury)

mmHg

ST= Unknown
Not done

Diastolic blood pressure
(millimeters of mercury)

mmHg

ST= Unknown
Not done

Doppler Opening Pressure
Record the pressure on the BP cuff at the time of sound on the Doppler as the cuff is released and this is the Doppler opening pressure which may correspond to the MAP.

ST= Unknown
Not done
Not applicable

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

If yes, you may enter either the Modified Rankin Scale and/or the NIH Stroke Scale.

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

ST= ◯ Not Documented
◯ Not Done

NIH Stroke Scale

Please click here for further instruction on administering the NIHSS in Appendix I.

◯ 0: No Stroke
◯ 1-4: Minor Stroke
◯ 5-15: Moderate Stroke
◯ 16-20: Moderate to Severe Stroke
◯ 21-42: Severe Stroke
ST= ◯ Not Documented
◯ Not Done

Intermacs

Adverse Event

Infection

Was there a major infection?
- Yes
- No
- Unknown

Date of onset
MM/DD/YYYY

ST= Unknown

Did this infection contribute to death?
- Yes
- No
- Unknown

Location of patient
- In hospital
- Out of hospital
- Unknown

Location of infection
Check all that apply
- Pump / related - Drive Line
- Pump / related - Exit Cannula
- Pump / related - Pump Pocket
- Pump / related - Pump Interior
- Positive Blood cultures
- Line Sepsis
- Pulmonary
- Urinary Tract
- Mediastinum
- Peripheral Wound
- GI
- Unknown
- Other, specify

Type of infection
- Bacterial
- Fungal
- Viral
- Protozoan
- Unknown

Was drug therapy an intervention for this AE?
- Yes
- No
- Unknown

If yes, what was the route?
- IV
- Oral
- Topical
- Unknown

Was surgery an intervention for this AE?
- Yes
- No
- Unknown

Is this a Device Related Event?
If this event was caused by the device then please check yes, only complete a device malfunction form if it meets the device malfunction definition.

- ○ Yes
- ○ No

Did the patient test 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
- ☐ None
- ☐ Other, Specify

Anti-viral therapy, specify:

If yes, did the patient have an associated bacterial lung infection?

- ○ Yes
- ○ No
- ○ Unknown

Intermacs

Adverse Event

Bleeding

Transfusions for anemia and hemolysis are not considered bleeding events

Was there a major bleeding event?
- ○ Yes
- ○ No
- ○ Unknown

Date of bleeding episode onset
MM/DD/YYYY

ST= ○ Unknown

Location of patient
- ○ In hospital
- ○ Out of hospital
- ○ Unknown

Did the major bleeding episode result in one or more of the following?
Check all that apply
- ☐ Episode resulted in Death
- ☐ Episode resulted in re-operation
- ☐ Episode resulted in rehospitalization
- ☐ Episode resulted in transfusion

Total units PRBC

ST= ○ Unknown

Date of first transfusion for this episode
MM/DD/YYYY

ST= ○ Unknown

Source/cause/location of bleeding
Check all that apply
- ☐ Mediastinal: chest wall
- ☐ Mediastinal: outflow-aorta anastomosis
- ☐ Mediastinal: outflow conduit
- ☐ Mediastinal: inflow conduit
- ☐ Mediastinal: aortic-venous cannulation site
- ☐ Mediastinal: coagulopathy with no surgical site
- ☐ Mediastinal: other surgical site
- ☐ Pump pocket
- ☐ Mediastinal: Unspecified
- ☐ Pleural space
- ☐ Intra-abdominal
- ☐ Retroperitoneal
- ☐ Pulmonary
- ☐ Device anastamosis
- ☐ Urinary tract
- ☐ GI: Upper gastrointestinal (esophagus, stomach, duodenum, small bowel)
- ☐ GI: Lower gastrointestinal (colon, rectum, and anus)
- ☐ GI: unknown, but guaiac positive stools
- ☐ ENT/Dental
- ☐ Other, specify

INR

ST= ○ Unknown
○ Not Done

Anticoagulant therapy at time of event
Check all that apply

- ☐ Warfarin
- ☐ Heparin
- ☐ Lovenox
- ☐ Aspirin
- ☐ Dipyridamole
- ☐ Clopidogrel (plavix)
- ☐ Argatroban
- ☐ Bivalirudin
- ☐ Fondaparinux
- ☐ Dextran
- ☐ Ticlopidine
- ☐ Hirudin
- ☐ Lepirudin
- ☐ Ximelagatran
- ☐ None
- ☐ Other, specify

Is this a Device Related Event?
If this event was caused by the device then please check yes, only complete a device malfunction form if it meets the device malfunction definition.

- ○ Yes
- ○ No

Intermacs

Adverse Event

Neurological Dysfunction

Was there a neurological dysfunction?
- Yes
- No
- Unknown

Date of onset
MM/DD/YYYY

ST= Unknown

Location of patient
- In hospital
- Out of hospital
- Unknown

Neurological dysfunction categories
- TIA
- Confusion
- CVA
- Seizure
- Encephalopathy

Type of CVA
- Ischemic / Embolism
- Hemorrhagic
- Other

Stroke severity
- Left sided weakness
- Right sided weakness
- Left sided paralysis
- Right sided paralysis
- Speech deficit
- Altered mental status
- Coma
- Other, specify

Is this a device related event?
If this event was caused by the device then please check yes, only complete a device malfunction form if it meets the device malfunction definition.
- Yes
- No

Seizure Type
- Generalized
- Focal

Encephalopathy type
- Metabolic
- Anoxic
- Traumatic
- Other

Did this neurological dysfunction adverse event contribute to the patient's death?
- Yes
- No
- Unknown

Location of CNS event
Check all that apply

- ☐ Right hemisphere: frontal
- ☐ Right hemisphere: temporal
- ☐ Right hemisphere: occipital
- ☐ Right hemisphere: parietal
- ☐ Right hemisphere: unspecified
- ☐ Left hemisphere: frontal
- ☐ Left hemisphere: temporal
- ☐ Left hemisphere: occipital
- ☐ Left hemisphere: parietal
- ☐ Left hemisphere: unspecified
- ☐ Bilateral: frontal
- ☐ Bilateral: temporal
- ☐ Bilateral: occipital
- ☐ Bilateral: parietal
- ☐ Occipital
- ☐ Brain stem
- ☐ Cerebellar
- ☐ Thalamic
- ☐ Unknown
- ☐ Other, specify

Method of diagnosis of CNS event

- ○ CT
- ○ MRI
- ○ Angiogram
- ○ Clinical
- ○ Unknown
- ○ Other, specify

Anticoagulant therapy at time of event
Check all that apply

- ☐ Warfarin
- ☐ Heparin
- ☐ Lovenox
- ☐ Aspirin
- ☐ Dipyridamole
- ☐ Clopidogrel (plavix)
- ☐ Argatroban
- ☐ Bivalirudin
- ☐ Fondaparinux
- ☐ Dextran
- ☐ Ticlopidine
- ☐ Hirudin
- ☐ Lepirudin
- ☐ Ximelagatran
- ☐ None
- ☐ Other, specify

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

If yes, you may enter either the Modified Rankin Scale and/or the NIH Stroke Scale.

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

ST= Not Documented

Not Done

NIH Stroke Scale

Please click here for further instruction on administering the NIHSS in Appendix I.

- 0: No Stroke
- 1-4: Minor Stroke
- 5-15: Moderate Stroke
- 16-20: Moderate to Severe Stroke
- 21-42: Severe Stroke

ST= Not Documented

Not Done

Intermacs

Adverse Event

Device Malf/Failure and/or Pump Thrombus

Was there a device malfunction / failure and / or a pump thrombus?
- Yes
- No
- Unknown

Date of onset
MM/DD/YYYY

Device Type

Location of patient
- In hospital
- Out of hospital
- Unknown

Description of Malfunction
Please briefly describe this device malfunction including what happened, what component was involved, method of diagnosis, intervention(s) if any, and the result.

Thrombus Event

Did the patient experience a thrombus event (suspected or confirmed)?
- Yes
- No
- Unknown

Was the suspected or confirmed thrombus associated with one or more of the following signs or symptoms?
Check all that apply
- Hemolysis
- Heart Failure
- Abnormal Pump Parameters
- Stroke
- TIA
- Arterial Non-CNS Thromboembolism
- None
- Other, Specify

Did the patient have one or more of the following?
Check all that apply
- Treatment with intravenous anticoagulation (e.g. heparin)
- Intravenous thrombolytic (e.g. TPA)
- Intravenous antiplatelet therapy (e.g. eptifibatide)
- Other, Specify

Was the thrombus event confirmed?
- Yes
- No
- Unknown

Please select method of confirmation:
Check all that apply
- Imaging Study
- Visual Inspection
- Manufacturer's Report

Was there a device Malfunction?
Did the patient experience a device malfunction (failure of one or more of the components of the MCSD system which either directly causes or could potentially induce a state of inadequate circulatory support or death)?

- ○ Yes
- ○ No
- ○ Unknown

Please select all of the components that apply

Pump
- ○ Yes
- ○ No

Pump Component(s)
- ☐ Pump Body (including bearings and rotor)
- ☐ Driveline
- ☐ Inflow Cannula
- ☐ Outflow Graft (including bend relief)

Controller
- ○ Yes
- ○ No

Controller
- ☐ Primary System Failure (running in backup mode)
- ☐ Complete System Failure (primary and backup failure)
- ☐ Power Cable (attached to controller)
- ☐ Power Connectors (attached to controller)
- ☐ Other, Specify

Peripherals
- ○ Yes
- ○ No

Peripheral Component(s)
- ☐ External Battery
- ☐ Cell Battery (in controller)
- ☐ Power Module
- ☐ Patient Cable
- ☐ System Monitor / Display
- ☐ Battery Charger
- ☐ Battery Clip

Pump (RVAD)
- ○ Yes
- ○ No

Pump Component(s) (RVAD)
- ☐ Pump Body (including bearings and rotor)
- ☐ Driveline
- ☐ Inflow Cannula
- ☐ Outflow Graft (including bend relief)

Controller (RVAD)
- ○ Yes
- ○ No

Controller Component(s) (RVAD)
- ☐ Primary System Failure (running in backup mode)
- ☐ Complete System Failure (primary and backup failure)
- ☐ Power Cable (attached to controller)
- ☐ Power Connectors (attached to controller)
- ☐ Other, Specify

Peripherals (RVAD)
- ○ Yes
- ○ No

Peripheral Component(s) (RVAD)
- ☐ External Battery
- ☐ Cell Battery (in controller)
- ☐ Power Module

- [ ] Patient Cable
- [ ] System Monitor / Display
- [ ] Battery Charger
- [ ] Battery Clip

Outcomes of Device Adverse Event

Malfunction / Failure and/or Pump Thrombus

Patient Outcome
Check all that apply

- [ ] Death
- [ ] Serious Injury
- [ ] Urgent Transplantation
- [ ] Explant Without Replacement
- [ ] Exchange
- [ ] Breach of Integrity of Drive Line that Required Repair
- [ ] Other Surgical Procedure
- [ ] None of the Above

Causative or contributing factors to the Device Malfunction
Check all that apply

- [ ] Patient Accident
- [ ] Patient Non-Compliance
- [ ] Sub Therapeutic Anticoagulation
- [ ] Prothrombotic States
- [ ] End of Component Expected Life
- [ ] Technical and/or Procedural Issues (e.g. cannula or graft malposition or kinking)
- [ ] No Cause Identified

Intermacs

Adverse Event

Additional Adverse Events

Were there any additional adverse events?
- Yes
- No

Cardiac Arrhythmia
Did a documented arrhythmia result in clinical compromise?
- Yes
- No
- Unknown

Event Date
ST= Unknown

Type of cardiac arrhythmia
- Sustained ventricular arrhythmia requiring defibrillation or cardioversion
- Sustained supraventricular arrhythmia requiring drug treatment or cardioversion
- Unknown

Pericardial Effusion
Did a pericardial effusion that required drainage occur?
- Yes
- No
- Unknown

Event Date
MM/DD/YYYY
ST= Unknown

Signs of tamponade
- Yes
- No
- Unknown

Method of drainage
- Surgical intervention
- Cath
- Unknown

Hepatic Dysfunction
Did Clinical evidence of liver dysfunction occur beyond 14 days post-implant?
- Yes
- No
- Unknown

Total bilirubin measurement
mg/dL
ST= Unknown
Not Done

SGOT // AST measurement
u/L
ST= Unknown
Not Done

SGPT // ALT measurement
u/L
ST= Unknown
Not Done

Event Date
MM/DD/YYYY

ST= Unknown

Myocardial Infarction
Did a myocardial infarction occur?

Yes
No
Unknown

Event Date
MM/DD/YYYY

ST= Unknown

Psychiatric Episode
Did a disturbance in thinking, emotion or behaviour that required intervention occur in patient?

Yes
No
Unknown

Event Date
MM/DD/YYYY

ST= Unknown

Renal Dysfunction
Did renal dysfunction (by definition) occur?

Yes
No
Unknown

Event Date
MM/DD/YYYY

ST= Unknown

Dialysis duration

days

ST= Unknown
Not Done
Ongoing

Peak creatinine measurement

mg/dL

ST= Unknown
Not Done

Respiratory Failure
Did an impairment of respiratory function requiring re-intubation, tracheostomy, or the inability to discontinue ventilator support within six days (144 hours) post-VAD implant occur? (Intubation for re-operation or temporary intubation for procedures is excluded).

Yes
No
Unknown

Event Date
MM/DD/YYYY

ST= Unknown
Ongoing

Intubation duration

days

ST= Unknown
Ongoing

Was a trachoetomy performed?

Yes
No
Unknown

Arterial Non-CNS Thromboembolism
Did an acute perfusion deficit in any non-cerebrovascular organ system occur?

- Yes
- No
- Unknown

Date
MM/DD/YYYY

ST= Unknown

Location

- Pulmonary
- Renal
- Hepatic
- Splenic
- Limb
- Other
- Unknown

Confirmation source

- Standard clinical and laboratory testing
- Operative findings
- Autopsy finding
- Other
- Unknown

Anticoagulant therapy at time of event
Check all that apply

- Warfarin
- Heparin
- Lovenox
- Aspirin
- Dipyridamole
- Clopidogrel (plavix)
- Argatroban
- Bivalirudin
- Fondaparinux
- Dextran
- Ticlopidine
- Hirudin
- Lepirudin
- Ximelagatran
- None
- Other, specify

Venous Thromboembolism Event
Evidence of Venous Thromboemoblic event
Check all that apply

- Deep Vein thrombosis
- Pulmonary Embolis
- Other, specify
- Unknown
- None

Enter deep vein thrombosis date
MM/DD/YYYY

ST= Unknown

Enter pulmonary embolus date
MM/DD/YYYY

ST= Unknown

Enter other date

MM/DD/YYYY

ST= ◯ Unknown

Anticoagulant therapy at time of event
Check all that apply

- ☐ Warfarin
- ☐ Heparin
- ☐ Lovenox
- ☐ Aspirin
- ☐ Dipyridamole
- ☐ Clopidogrel (plavix)
- ☐ Argatroban
- ☐ Bivalirudin
- ☐ Fondaparinux
- ☐ Dextran
- ☐ Ticlopidine
- ☐ Hirudin
- ☐ Lepirudin
- ☐ Ximelagatran
- ☐ None
- ☐ Other, specify

Wound Dehiscence
Did a disruption of the apposed surfaces of surgical incision require surgical repair?

- ◯ Yes
- ◯ No
- ◯ Unknown

Date
MM/DD/YYYY

ST= ◯ Unknown

Enter location:

- ◯ Sternum
- ◯ Driveline Sites
- ◯ Site of thoracotomy
- ◯ Other, specify

Other Events
Did any other major serious adverse event occur?

- ◯ Yes
- ◯ No
- ◯ Unknown

Description
Other Major Serious Adverse Event. An event that causes clinically relevant changes in the patient's health (e.g. cancer).

Event Date
MM/DD/YYYY

ST= ◯ Unknown

Intermacs

Adverse Event

Explant

Was device explanted for any reason (includes exchanges or "turned off")?
- Yes
- No

Explant date

ST= Unknown

Device explanted

LVAD

Explant reason
- Explant - Death
- Explant - Transplanted
- Explant - Exchange
- Explant - No new device
- Turned off (decommissioned)

Explant reasons
Check all that apply

- Device Malfunction: Elective (Please fill out Device Malfunction/Thrombus form)
- Device Malfunction: Emergent (Please fill out Device Malfunction/Thrombus form)
- Device Thrombosis: Elective (Please fill out Device Malfunction/Thrombus form)
- Device Thrombosis: Emergent (Please fill out Device Malfunction/Thrombus form)
- Infection: Elective (Please fill out Infection form)
- Infection: Emergent (Please fill out Infection form)
- Other

Exchanged Device FDA IDE Trial
If device was exchanged, was the new device part of an FDA IDE trial?
- Yes
- No
- Unknown

Name of FDA IDE Trial

Explant reasons
Check all that apply

- Recovery
- Withdrawal of Support
- Device Malfunction: Elective (Please fill out Device Malfunction/Thrombus form)
- Device Malfunction: Emergent (Please fill out Device Malfunction/Thrombus form)
- Device Thrombosis: Elective (Please fill out Device Malfunction/Thrombus form)
- Device Thrombosis: Emergent (Please fill out Device Malfunction/Thrombus form)
- Infection: Elective (Please fill out Infection form)
- Infection: Emergent (Please fill out Infection form)
- Other

Reasons
Check all that apply

- ☐ Recovery
- ☐ Withdrawal of Support
- ☐ Device Malfunction: Elective (Please fill out Device Malfunction/Thrombus form)
- ☐ Device Malfunction: Emergent (Please fill out Device Malfunction/Thrombus form)
- ☐ Device Thrombosis: Elective (Please fill out Device Malfunction/Thrombus form)
- ☐ Device Thrombosis: Emergent (Please fill out Device Malfunction/Thrombus form)
- ☐ Infection: Elective (Please fill out Infection form)
- ☐ Infection: Emergent (Please fill out Infection form)
- ☐ Other

Evidence of Pump Thrombosis?
If yes, please fill out the Device Malfunction/Thrombosis form

- ○ Yes
- ○ No
- ○ Unknown

Evidence of Pump Thrombosis?
If yes, please fill out the Device Malfunction/Thrombosis form

- ○ Yes
- ○ No
- ○ Unknown

Transplant date

ST= ○ Unknown

Waitlist ID
May enter '99999', when the waitlist ID number is not known.

Intermacs

Adverse Event

Death

Did the patient die?
- Yes
- No

Death date
MM/DD/YYYY

ST= Unknown

Was device functioning normally?
- Yes
- No
- Unknown

Associated Operation
Was there an operation associated with the device malfunction?
- Yes
- No
- Unknown

Post mortem device explant?
- Yes
- No
- Unknown

Did the device go to the manufacturer?
- Yes
- No
- Unknown

Location of death
- In hospital
- Out of hospital
- Unknown

Timing of death
- Expected
- Unexpected
- Unknown

Did COVID-19 contribute to death?
- Yes
- No
- Unknown

Primary cause of death
- Respiratory: Venous Thromboembolism Event
- Respiratory: Respiratory Failure
- Respiratory: COVID-19
- Respiratory: Pulmonary: Other, specify
- Circulatory: Arterial Non-CNS Thromboembolism
- Circulatory: Myocardial Infarction
- Circulatory: Myocardial Rupture
- Circulatory: Ruptured Aortic aneurysm
- Circulatory: Right Heart Failure
- Circulatory: Major Bleeding
- Circulatory: Cardiac Arrhythmia
- Circulatory: Hemolysis
- Circulatory: Hypertension
- Circulatory: Other, Specify
- Circulatory: Sudden unexplained death
- Circulatory: CHF
- Circulatory: Heart Disease

- Circulatory: End Stage Cardiomyopathy
- Circulatory: End Stage Ischemic Cardiomyopathy
- Circulatory: Pericardial Fluid Collection (effusion)
- Digestive (Intestinal or GI/GU): Hepatic Dysfunction
- Digestive (Intestinal or GI/GU): Renal Dysfunction
- Digestive (Intestinal or GI/GU): GI Disorder
- Digestive (Intestinal or GI/GU): Fluid/Electrolyte Disorder
- Digestive (Intestinal or GI/GU): Pancreatitis
- Nervous System: Neurological Dysfunction
- Psychiatric Episode/Suicide
- Major Infection
- Device Malfunction
- Multiple System Organ Failure (MSOF)
- Withdrawal of Support, specify
- Cancer
- Wound Dehiscence
- Trauma/accident, specify
- Endocrine
- Hematological
- Other, specify

Select type of cancer

- CNS
- GI
- Lymph
- ENT
- Pulmonary
- Renal
- Breast
- Reproductive
- Skin
- Other
- Unknown

Specify support withdrawn

Specify