

1 Month Followup - Pedimacs 07/18/2022

Followup Status (1 Month Followup (+/- 7 days))

Select one of the following

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

Follow-up date

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

Patient's Home City

ST= ☐ Unknown

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?

- ☐ Yes
☐ No
☐ Unknown

Was patient on dialysis?

- ☐ 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
☐ None
☐ Other, Specify

Anti-viral therapy, specify:

Console Change

Was there a Console Change?

- ☐ Yes
☐ No
☐ Unknown

Date of console changeST= ☐ Unknown**Original Console Name****New Console Name**

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

Ross Classification of Congestive Heart Failure

- ☐ Ross Class I: No limitations or symptoms.
- ☐ Ross Class II: No growth failure.
- ☐ Ross Class III: Growth failure.
- ☐ Ross Class IV: Symptomatic at rest.
- ☐ Not applicable: ≥ 2 years of age
- ☐ Unknown

Choose all indicated symptoms that apply.

- ☐ Mild tachypnea with feeds in infant
- ☐ Mild diaphoresis with feeds in infant
- ☐ Dyspnea on exercise in older children
- ☐ Unknown

Choose all indicated symptoms that apply.

- ☐ Marked tachypnea with exertion or with feeding
- ☐ Marked diaphoresis with exertion or with feeding
- ☐ Unknown

Choose all indicated symptoms that apply.

- ☐ Tachypnea
- ☐ Retractions
- ☐ Grunting
- ☐ Diaphoresis
- ☐ Unknown

Functional Capacity**Sedated**

- ☐ Yes
- ☐ No
- ☐ Unknown

Paralyzed

- ☐ Yes
- ☐ No
- ☐ Unknown

Intubated

- ☐ Yes
- ☐ No
- ☐ Unknown

Ambulating

- ☐ Yes
- ☐ No
- ☐ Unknown

Primary Nutrition

- ☐ Orally
- ☐ Per feeding tube
- ☐ TPN
- ☐ Not Applicable

Excursions

Has the patient had any non-medically required excursions off the unit?

- ☐ Yes
☐ No
☐ Unknown
☐ Not Applicable

If yes, where (please select all that apply)

- ☐ Playroom
☐ Cafeteria
☐ Walk outside
☐ Sitting room
☐ General rehab
☐ None

ZONES

Hemolysis Zone

Please enter the peak Plasma-free hemoglobin (PFH) since the last visit:

ST= ☐ Unknown
☐ Not Done

What is your hospital's upper limit of the normal range of peak PFH?

ST= ☐ Unknown
☐ Not Done

Please enter the peak serum lactate dehydrogenase (LDH) since the last visit:

ST= ☐ Unknown
☐ Not Done

What is your hospital's upper limit of the normal range of LDH?

ST= ☐ Unknown
☐ Not Done

Enter the Maximum and Minimum HCT or HGB since the last visit.

Min. HCT:

ST= ☐ Unknown
☐ Not Done

Max. HCT:

ST= ☐ Unknown
☐ Not Done

Min. HGB:

ST= ☐ Unknown
☐ Not Done

Max. HGB:

ST= ☐ Unknown
☐ Not Done

Highest Total Bilirubin since the last visit:

ST= ☐ Unknown
☐ Not Done

Has the following been present at any time since the last visit?
Physical Findings (select all that apply):

Hemoglobinuria (Tea-Colored Urine)?

☐ Yes
☐ No
☐ Unknown

Pump malfunction and/or abnormal pump parameters?

☐ Yes
☐ No
☐ Unknown

Right Heart Failure Zone

Clinical Findings – Since the last visit.

CVP or RAP > 16 mmHg?

☐ Yes
☐ No
☐ Unknown
☐ Not Done

Dilated Vena Cava with absence of Inspiratory Variation by Echo?

☐ Yes
☐ No
☐ Unknown
☐ Not Done

Clinical findings of elevated jugular venous distension at least half way up the neck in an upright patient?

☐ Yes
☐ No
☐ Unknown

Peripheral Edema?

☐ Yes
☐ No
☐ Unknown

Ascites?

☐ Yes
☐ No
☐ Unknown

Has the patient been on Inotropes since the last visit?

☐ Yes
☐ No
☐ Unknown

If yes, select all that apply:

- ☐ Dopamine
- ☐ Dobutamine
- ☐ Milrinone
- ☐ Isoproterenol
- ☐ Epinephrine
- ☐ Norepinephrine
- ☐ Levosimendan
- ☐ Unknown
- ☐ Vasopressin
- ☐ Nitroprusside
- ☐ Fenoldopam
- ☐ Prostacyclin

Nesiritide?

- ☐ Yes
- ☐ No
- ☐ Unknown

Has the patient had a RVAD implant since the last visit?

- ☐ Yes
- ☐ No
- ☐ Unknown

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

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, please enter the Modified Rankin Scale.

Modified Rankin Scale

- ☐ 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

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Hemodynamics

For all sections, 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

Systolic blood pressure

mmHg

ST= ☐ Unknown

☐ Not done

Diastolic blood pressure

mmHg

ST= ☐ Unknown

☐ Not done

Mean Arterial Blood Pressure (MAP)

mmHg

ST= ☐ Unknown

☐ Not done

ECG rhythm

☐ Sinus

☐ Atrial fibrillation

☐ Atrial Flutter

☐ Paced: Atrial pacing

☐ Paced: Ventricular pacing

☐ Paced: Atrial and ventricular pacing

☐ Unknown

☐ Not done

☐ Other, specify

Height

in

cm

ST= ☐ Unknown

☐ Not done

Weight

lbs

kg

ST= ☐ Unknown

☐ Not done

Invasive Hemodynamics

Date of Measurement

ST= ☐ Unknown

☐ Not Done

Pulmonary artery
systolic pressure

mmHg

ST= ☐ Unknown



☐ Not Done

**Pulmonary artery
diastolic pressure**

 mmHgST= ☐ Unknown☐ Not Done

Mean RA Pressure

 mmHgST= ☐ Unknown☐ Not Done

PVR

 wood unitsST= ☐ Unknown☐ Not Done

**Mean Pulmonary artery wedge
pressure**

 mmHgST= ☐ Unknown☐ Not Done

Central venous pressure (CVP)

 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

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Medications

Was the patient sent home with an IV?

- ☐ Yes
☐ No
☐ Unknown

ACE inhibitors

- ☐ Yes
☐ No
☐ Unknown

Aldosterone antagonist

- ☐ Yes
☐ No
☐ Unknown

Amiodarone

- ☐ Yes
☐ No
☐ Unknown

Angiotensin receptor blocker drug

- ☐ Yes
☐ No
☐ Unknown

Antiplatelet therapy drug

- ☐ Yes
☐ No
☐ Unknown

Select drug(s)

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

Thrombolytic

- ☐ Yes
☐ No
☐ Unknown

Beta-blockers

- ☐ Yes
☐ No
☐ Unknown

Calcium channel blockers

- ☐ Yes
☐ No
☐ Unknown

Digoxin

- ☐ Yes
☐ No
☐ Unknown



Hydralazine

- ☐ Yes
☐ No
☐ Unknown

Loop diuretics

- ☐ Yes
☐ No
☐ Unknown

If yes, enter dosage: mg/dayST= ☐ Unknown**Type of Loop Diuretic:**

- ☐ Furosemide
☐ Torsemide
☐ Bumetanide
☐ Other

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

- ☐ Yes
☐ No
☐ Unknown

Nitric oxide

- ☐ Yes
☐ No
☐ Unknown

Sildenafil/ Bosentan

- ☐ Yes
☐ No
☐ Unknown

UFH: Unfractionated Heparin

- ☐ Yes
☐ No
☐ Unknown

Warfarin (coumadin)

- ☐ Yes
☐ No
☐ Unknown

Arixtra (fondaparinux)

- ☐ Yes
☐ No
☐ Unknown

Bivalirudin

- ☐ Yes
☐ No
☐ Unknown

Argatroban

- ☐ Yes
☐ No
☐ Unknown

**Did patient receive new IV or oral
medication to treat hypertension?**

- ☐ Yes
☐ No
☐ Unknown

Transfusion

Was there a Tranfusion?

- ☐ Yes
- ☐ No
- ☐ Unknown

**If yes, enter number of PRBC (Total
number of cc's received)**

ST= ☐ Unknown

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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/LST= ☐ 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** mg/dL
 mmol/LST= ☐ < 50 mg/dL☐ Unknown☐ Not done**Brain natriuretic peptide BNP** pg/ml
 ng/LST= ☐ > 7500 pg/mL☐ Unknown☐ Not done**NT pro brain natriuretic peptide Pro-BNP** pg/ml
 ng/LST= ☐ Unknown☐ Not done**White blood cell count** x10³/uL
 x10⁹/uLST= ☐ Unknown☐ Not done**Reticulocyte count** %ST= ☐ Unknown☐ Not Done**Hemoglobin** g/dL
 g/L
 mmol/LST= ☐ Unknown☐ Not done

Platelets x10³/uL x10⁹/uLST= ☐ 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:**☐ Aspirin☐ Dipyridamole☐ Plavix☐ Heparin☐ Coumadin☐ Direct thrombin inhibitors (ex: arg, lip, val...)**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** mg/LST= ☐ Unknown☐ Not done**Lupus Anticoagulant**☐ Positive☐ Negative☐ Unknown