HCHS/SOL HEART FAILURE ABSTRACTION FORM (HTF)

PARTICIPANT ID NUMBER: ☐☐☐☐☐☐☐☐

FORM CODE: HTF
VERSION: A 5/29/12

☐☐ ☐☐

ADMINISTRATIVE INFORMATION

0A. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year)

0B. Staff ID: ☐☐☐

Event ID: ☐☐☐☐☐☐☐☐☐☐☐☐

Event date: ☐☐/☐☐/☐☐☐☐

Instructions: Answers are derived from the medical records received. Do not complete this form until all records are received (or classified as unobtainable) as indicated on the Verification of ICD Discharge Codes Form

A. GENERAL INFORMATION

1. Was the event (choose one): ..... ☐

1= In hospital only
2= Emergency Dept. visit only(ED)
3= Both ED and in hospital
4= Observation care only
5= Both ED and observation care
6= unsure/unknown

2. Date of arrival: (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

a. Time of arrival ☐☐:☐☐ *1 = A.M., 2 = P.M.* ☐

b. Date of admission ☐☐/☐☐/☐☐☐☐

3. Date of discharge: (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

a. Time of discharge ☐☐:☐☐ *1 = A.M., 2 = P.M.* ☐

4. What was the primary admitting diagnosis code? ☐☐☐☐☐.☐☐

5. What was the primary discharge diagnosis code? ☐☐☐☐☐.☐☐

	No/NR	Yes
6. Did an emergency medical service unit transport the patient to this hospital?	0☐	1☐
7. Was the patient transferred to this hospital from another hospital?	0☐	1☐
8. Was the patient's code status ever "no-code" or "DNR" (do not resuscitate)?	0☐	1☐
9. Was the patient alive at discharge?	0☐	1☐

B. SIGNS AND SYMPTOMS

I. Signs and Symptoms

10. Did the patient have any of the following signs or symptoms at the time of event?

	No	Yes	NR Not recorded
a. Paroxysmal nocturnal dyspnea (PND)	0 ☐	1 ☐	9 ☐
b. Orthopnea?	0 ☐	1 ☐	9 ☐
c. Shortness of breath?	0 ☐	1 ☐	9 ☐
d. Edema?	0 ☐	1 ☐	9 ☐
e. Hypoxia	0 ☐	1 ☐	9 ☐
f. Dyspnea (at rest) or tachypnea (RR>22)	0 ☐	1 ☐	9 ☐
g. Dyspnea (walking or on exertion)	0 ☐	1 ☐	9 ☐

II. Physicians' diagnoses

11. Was there evidence in the doctor's notes that the reason for this event was an exacerbation of heart failure?	0 ☐	1 ☐	9 ☐
12. Did the patient have new onset or progressive signs/symptoms of heart failure prior to presentation in ED or hospital?	0 ☐	1 ☐	9 ☐

13. Did the physician's note or discharge summary indicate the presence of any of the following specific types of heart failure? (check all that apply)

	No/NR	Yes
a. Diastolic heart failure	0 ☐	1 ☐
b. Systolic heart failure	0 ☐	1 ☐
c. Right-sided heart failure	0 ☐	1 ☐
d. Ischemic cardiomyopathy	0 ☐	1 ☐
e. Idiopathic/dilated cardiomyopathy	0 ☐	1 ☐
f. Myocarditis	0 ☐	1 ☐
g. Peripartum cardiomyopathy	0 ☐	1 ☐
h. Other specific cardiomyopathy/heart failure	0 ☐	1 ☐

1. If other cardiomyopathy, specify type _____

III. Prior cardiac testing

14. Was cardiac imaging performed prior to this hospitalization? No/NR 0 ☐ ***skip to 15*** Yes 1 ☐

a. ***Is quantitative EF available?*** ***NO*** 0 ☐ ***skip to 14c*** ***Yes 1*** ☐

b. Lowest LV ejection fraction recorded: ☐☐% ***skip to 14d***

c. Qualitative description of ejection fraction: ☐

Normal…… N
Mildly reduced……M
Decreased moderately……...D
Severely reduced……S
None of the above……..O
Unsure-Not available..……U

d. Time (months) from recording of above reported ejection fraction to the start of this hospitalization (or ER visit): ☐☐.☐

e. Type of Imaging from which ejection fraction was obtained: ☐

1. ECHO
2. MUGA
3. Catheterization with ventriculography
4. CT
5. MRI
6. Other
7. Unknown

C. MEDICAL HISTORY

15. Prior to this event was there a history of any of the following:	No/NR	Yes
a. Diagnosis of heart failure***, IF NO/NR then skip to 15d***	0☐	1 ☐
b. Prior hospitalization for heart failure	0☐	1 ☐
c. Treatment for heart failure	0 ☐	1 ☐
d. Valvular heart disease	0 ☐	1 ☐
e. Rheumatic heart disease (RHD)	0 ☐	1 ☐
f. Congenital heart disease	0 ☐	1 ☐
g. Coronary heart disease (ever)	0 ☐	1 ☐
h. Coronary heart disease (within year)	0 ☐	1 ☐
i. Angina	0 ☐	1 ☐

	No/NR	Yes
j. Myocardial infarction	0 ☐	1 ☐
k. Atrial fibrillation/atrial flutter	0 ☐	1 ☐
l. Heart block or other bradycardia	0 ☐	1 ☐
m. Ventricular fibrillation or tachycardia	0 ☐	1 ☐
n. Hypertension	0 ☐	1 ☐
o. Diabetes	0 ☐	1 ☐
p. Chronic Obstructive Pulmonary Disease (COPD)	0 ☐	1 ☐
q. Cor pulmonale	0 ☐	1 ☐
r. Pulmonary hypertension	0 ☐	1 ☐
s. End Stage Renal Disease (ESRD)	0 ☐	1 ☐

D. SURGICAL HISTORY

16. Past cardiac procedures	No/NR	Yes
a. CABG	0 ☐	1 ☐
b. Percutaneous coronary intervention (PCI)	0 ☐	1 ☐
c. Valve surgery	0 ☐	1 ☐
d. Pacemaker	0 ☐	1 ☐
e. Automatic Internal Cardiac Defibrillator (AICD)	0 ☐	1 ☐
f. Ablation for arrhythmia	0 ☐	1 ☐
g. Cardiac transplant	0 ☐	1 ☐
h. Ventricular Assist Device (VAD)	0 ☐	1 ☐

E. HOSPITAL COURSE

17. Current or Active Problems	No/NR	Yes
a. Myocardial Infarction	0☐	1 ☐
b. Shock or Cardiogenic Shock	0☐	1 ☐
c. Ventricular Fibrillation, Cardiac Arrest or Asystole	0 ☐	1 ☐
d. Ventricular Tachycardia	0 ☐	1 ☐

No/NR Yes

e. Atrial Fibrillation/Atrial Flutter 0 ☐ 1 ☐

f. COPD exacerbation 0 ☐ 1 ☐

g. Cardiac Surgery – CABG or valvular surgery 0 ☐ 1 ☐

h. Non-cardiac surgery 0 ☐ 1 ☐

i. Pulmonary Embolus 0 ☐ 1 ☐

j. Pneumonia 0 ☐ 1 ☐

k. Renal failure or renal insufficiency 0 ☐ 1 ☐

F. PHYSICAL EXAM (at admission or at onset of event, depending on presentation of event)

18. First available weight or BMI ☐☐☐ 18a. ☐ 1= Weight in lbs
2= Weight in Kg
3= BMI

19. Did the patient have any of the following signs?

	No	Yes	NR Not recorded
a. Jugular venous distension (JVD)	0 ☐	1 ☐	9 ☐
b. Crackles or rales	0 ☐	1 ☐	9 ☐
c. Wheezing	0 ☐	1 ☐	9 ☐
d. Rhonchi	0 ☐	1 ☐	9 ☐
e. S3 gallop	0 ☐	1 ☐	9 ☐
f. Lower extremity edema-unilateral	0 ☐	1 ☐	9 ☐
g. Lower extremity edema-bilateral	0 ☐	1 ☐	9 ☐

G. DIAGNOSTIC TESTS (obtained during this visit/admission or within 24 hours of the visit)

20. Was a chest X-ray performed during this event? No/NR 0 ☐ Yes 1 ☐
skip to 21

If yes, did the patient have any of the following signs on chest x-ray at any time during this event?

	No/NR	Yes
a. Pulmonary edema or CHF	0 ☐	1 ☐
b. Cardiomegaly or Cardiothoracic ratio ≥ 0.5	0 ☐	1 ☐

	No/NR	Yes
c. Pulmonary vascular congestion or Interstitial edema	0 ☐	1 ☐
d. Bilateral or unilateral pleural effusion	0 ☐	1 ☐

21. Was a chest/lung CT scan or CT angiogram (CTA) performed during this hospitalization? 0 ☐ 1 ☐
Skip to 22

If Yes, did the patient have any of the following signs on CT scan at any time during this hospitalization?

a. Pulmonary edema or pulmonary vascular congestion	0 ☐	1 ☐
b. Cardiomegaly	0 ☐	1 ☐
c. Bilateral or unilateral pleural effusion	0 ☐	1 ☐
d. Enlarged superior or inferior vena cava	0 ☐	1 ☐
e. Enlarged Pulmonary arteries	0 ☐	1 ☐

22. Was a transthoracic echocardiogram (TTE) performed? 0 ☐ 1 ☐
Skip to 23

a. Date (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

b. Left Ventricular Ejection Fraction: ☐☐%

Record the following if present on echocardiogram:	None	Present	Mild	Mod	Severe	NR
c. Left ventricular hypertrophy (LVH).....	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐
d. Impaired LV systolic function	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐
e. Impaired RV systolic function.....	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐
f. Pulmonary hypertension	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐
g. Diastolic dysfunction	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐

23. Was a transesophageal echocardiogram (TEE) performed? 0 ☐ 1 ☐
skip to 24

First transesophageal echocardiogram (TEE) performed after onset of event:

a. Date (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

b. Ejection fraction: b.1. LV ☐☐% b.2. RV ☐☐%

	No/NR	Yes
24. Was coronary angiography performed?	0 ☐ ***skip to 25***	1 ☐

a. Date: (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐ b. LV Ejection fraction: ☐☐%

	No/NR	Yes
c. 70% or greater obstruction of any coronary artery	0 ☐	1 ☐

	No/NR	Yes
25. Was a cardiac multiple-gated acquisition scan (MUGA) or RVG performed?	0 ☐ ***skip to 26***	1 ☐

a. Ejection fraction: LV: ☐☐% b. RV: ☐☐%

	No/NR	Yes
26. Was a cardiac Magnetic Resonance Imaging (MRI) performed?	0 ☐ ***skip to 27***	1 ☐

a. Ejection fraction: LV: ☐☐% b. RV: ☐☐%

27. Did any imaging/diagnostic test performed during this visit or within 24 hours of the visit show:

a. Ejection fraction: LV: ☐☐%

	No/NR	Yes
b. Stress test positive for ischemia?	0 ☐	1 ☐
c. Regional wall motion abnormalities	0 ☐	1 ☐
d. Dilated left ventricle	0 ☐	1 ☐
e. Dilated right ventricle	0 ☐	1 ☐
f. Impaired left ventricular systolic function	0 ☐	1 ☐
g. Left ventricular diastolic dysfunction	0 ☐	1 ☐
h. Ventricular Septal Defect (VSD)	0 ☐	1 ☐
i. Atrial Septal Defect (ASD)	0 ☐	1 ☐
j. Patent Ductus Arteriosus (PDA)	0 ☐	1 ☐
k. Artificial heart valve	0 ☐	1 ☐
l. Hypertrophic Obstructive Cardiomyopathy (HOCM)	0 ☐	1 ☐
m. Valvular Heart Disease	0 ☐	1 ☐

H. LABORATORY TESTS

	a.Worst*	b.Last	c. Upper Limit Normal
28. BNP (pg/mL)	☐☐☐☐☐.☐	☐☐☐☐☐.☐	☐☐☐☐☐.☐
29. ProBNP (pg/mL)	☐☐☐☐☐.☐	☐☐☐☐☐.☐	☐☐☐☐☐.☐

30. Troponin

Is there a troponin value available? No 0 ☐ Yes 1 ☐

a. Enter "<", if appropriate ☐ ☐☐☐☐.☐☐ b. ☐☐☐☐.☐☐

Skip 30c if no troponin available

c. If troponin value available, then what type of Troponin was this? ☐

1. Troponin, type not specified
2. Troponin I
3. Troponin T
4. High Sensitivity Troponin (HS)
5. Unsure

a.Worst* = *highest value except for hemoglobin, hematocrit and sodium*

31. Sodium (mEq/L) ☐☐☐

32. Serum creatinine (mg/dL) ☐☐.☐☐

33. BUN (mg/dL) ☐☐☐

34. Hemoglobin (g/dL) ☐☐.☐

35. Hematocrit (%) ☐☐.☐

I. TREATMENTS

36. Were any of the following treatments given during this visit?	No/NR	Yes
a. Cardioversion or Defibrillation	0 ☐	1 ☐
b. Aortic balloon pump	0 ☐	1 ☐
c. Percutaneous coronary intervention (PCI)	0 ☐	1 ☐
d. CPAP or BIPAP	0 ☐	1 ☐
e. Mechanical Ventilation	0 ☐	1 ☐
f. Thoracentesis (therapeutic or diagnostic)	0 ☐	1 ☐

	No/NR	Yes
g. Ventricular Assist Device (VAD)	0 ☐	1 ☐
h. Heart transplant	0 ☐	1 ☐
I. Hemodialysis or hemofiltration	0 ☐	1 ☐

J. MEDICATIONS

	A. **Admission Medications**		B. **At Discharge**	
	No/NR	Yes	No/NR	Yes
37. Medication list available?	0 ☐	1 ☐	0 ☐	1 ☐
	Skip 38a-46a		***Skip 38b-46b***	
38. ACE inhibitors	0 ☐	1 ☐	0 ☐	1 ☐
39. Angiotensin II receptor Blockers	0 ☐	1 ☐	0 ☐	1 ☐
40. Beta blockers	0 ☐	1 ☐	0 ☐	1 ☐
41. Digitalis	0 ☐	1 ☐	0 ☐	1 ☐
42. Diuretics	0 ☐	1 ☐	0 ☐	1 ☐
43. Aldosterone blocker	0 ☐	1 ☐	0 ☐	1 ☐
44. Lipid lowering agents	0 ☐	1 ☐	0 ☐	1 ☐
45. Nitrates	0 ☐	1 ☐	0 ☐	1 ☐
46. Hydralazine	0 ☐	1 ☐	0 ☐	1 ☐

47. Were any of the following medications given during this hospitalization?

	No/NR	Yes
a. IV inotropes	0 ☐	1 ☐
b. IV diuretics	0 ☐	1 ☐
c. Oral diuretics	0 ☐	1 ☐