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Patient ID:		**Legend: Elements in bold are required**
DEMOGRAPHICS		***Demographics Tab***
Sex	○ Male	○ Female ○ Unknown
Patient Gender Identity	○ Male ○ Female ○ Female-to-Male (FTM)/Transgender Male/Trans Man ○ Male-to-Female (MTF)/Transgender Female/Trans Woman ○ Genderqueer, neither exclusively male nor female ○ Additional gender category or other. ________________ ○ Did not disclose.	
Patient-Identified Sexual Orientation	○ Straight or heterosexual ○ Lesbian or gay ○ Bisexual ○ Queer, pansexual, and/or questioning ○ Something else; please specify: ________________ ○ Don't know ○ Declined to answer	
Date of Birth	___/___/_____ (MM/DD/YYYY)	
Patient Postal Code	__________ - _________	❑ Homeless
Payment Source	❑ Medicare ❑ Medicaid ❑ Medicare – Private/HMO/PPO/Other ❑ Medicaid – Private/HMO/PPO/Other	❑ Private/HMO/PPO/Other ❑ VA/CHAMPVA/Tricare ❑ Self-pay/No Insurance ❑ Other/Not Documented/UTD
RACE AND ETHNICITY		***Demographics Tab***
Race	❑ American Indian or Alaska Native ❑ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian	❑ Black or African American ❑ Native Hawaiian or Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ❑ White ❑ UTD
Hispanic Ethnicity	○ Yes	○ No/UTD
If yes,	❑ Mexican, Mexican American, Chicano/a ❑ Puerto Rican	❑ Cuban ❑ Another Hispanic, Latino, or Spanish Origin
ARRIVAL AND ADMISSION INFORMATION		***Admission Tab***
Arrival Date/Time	___/___/________ __:__ (MM/DD/YYYY HH:MM)	
Point of Origin for Admission	○ Home ○ Transfer from a Hospital (Different Facility) ○ Clinic ○ Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)	○ Transfer from another Health Care Facility ○ Non-Healthcare Facility Point of Origin ○ Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program ○ Information not available
Referring hospital arrival Date/Time	___/___/________ __:__ (MM/DD/YYYY HH:MM)	○ Unknown
Referring hospital discharge Date/Time	___/___/________ __:__ (MM/DD/YYYY HH:MM)	○ Unknown

Initial point of hospital arrival	○ Emergency Department ○ Direct to inpatient unit ○ Intensive Care ○ Non-ICU	○ Cath Lab/Operating Room ○ Other

MEDICAL HISTORY — *Admission Tab*

Medical History (Select all that apply):

- ❑ None
- ❑ Atherosclerotic vascular disease (choose all that apply)
  - ☐ Cerebrovascular disease (including previous TIA/CVA)
  - ☐ Coronary Artery Disease (CAD)
  - ☐ Peripheral Arterial Disease
  - ☐ Prior CABG
  - ☐ Prior MI
  - ☐ Prior PCI
- ❑ Atrial fibrillation or flutter
- ❑ Chronic Kidney Disease
  - ○ Chronic hemodialysis
- ❑ Chronic pulmonary disease
- ❑ Chronic liver disease
- ❑ Smoking/Vaping
  - ❑ Cigarette use
  - ❑ e-cigarette use
  - ❑ Vaping
- ❑ Diabetes Mellitus
- ❑ Hypertension
- ❑ Unknown
- ❑ Heart Failure (HF)
  - ○ Reduced EF
    - ❑ Ischemic Cardiomyopathy
    - ❑ Nonischemic Cardiomyopathy
    - ❑ History of heart transplantation
    - ❑ Presence of durable left ventricular assist device (LVAD)
    - ❑ Presence of Implantable cardioverter-defibrillator (ICD)
    - ❑ Presence of biventricular pacemaker (CRT)
  - ○ Preserved EF
- ❑ Cardiac amyloidosis
- ❑ Congenital Heart Disease
- ❑ Hypertrophic cardiomyopathy
- ❑ Isolated right ventricular failure
- ❑ Pulmonary hypertension
- ❑ Valvular heart disease
- ❑ Emerging Infectious Disease
  - ❑ MERS
  - ❑ SARS-COV-1
  - ❑ SARS-COV-2 (COVID-19)
  - ❑ Other infectious respiratory pathogen

MEDICATIONS AT HOSPITAL ADMISSION — *Admission Tab*

Medications Used Prior to Admission: *[Select all that apply]*

- ❑ No meds prior to admission
- ❑ ACE Inhibitor
- ❑ Angiotensin receptor blocker (ARB)
- ❑ Angiotensin Receptor Neprilysin Inhibitor (ARNI)
- ❑ Anticoagulation Therapy
  - ○ Direct oral anticoagulant
  - ○ Warfarin
  - ○ Other
- ❑ Anti-hyperglycemic medications:
  - ☐ Insulin
  - ☐ Oral
- ❑ Antiplatelet Medication:
  - ☐ Aspirin
  - ☐ P2Y12 Inhibitors
  - ☐ Other Antiplatelet
- ❑ Beta-Blocker
- ❑ Home IV Inotropes
- ❑ Loop Diuretic
- ❑ Mineralocorticoid Receptor Antagonist (MRA)
- ❑ SGLT2 Inhibitor
- ❑ GLP-1 agonist
- ❑ Unknown/Unable to Determine

EXAMS/LABS AT ADMISSION — *Admission Tab*

Date/Time of vital signs		___/___/_________ ___:___	❑ Not Documented
Initial Vital signs	Height	__________ ❍ inches ❍ cm	❑ Not Documented
	Weight	__________ ❍Lbs. ❍Kgs.	❑ Not Documented
	BMI	__________ (Automatically Calculated)	
	BSA	__________ (Automatically Calculated)	
	Heart Rate	__________ bpm	❑ Not Documented
	BP	___ / ___ mmHg (systolic/diastolic)	❑ Not Documented
	Temperature	__________ ❍ C ❍ F	❑ Not Documented

Admission Labs	Lactate	_______ (mmol/L)			❑ Unavailable
	Hgb	_______	❍ g/dL	❍ g/L	❑ Unavailable
	NT-proBNP	_______	❍ pg/mL	❍ ng/L	❑ Unavailable
	BNP	_______	❍ pg/mL	❍ pmol/L ❍ ng/L	❑ Unavailable
	SCr	_______	❍ mg/dL	❍ µmol/L	❑ Unavailable
	ALT	_______	❍ IU/L	❑ Unavailable	
	Platelet Count	_______ (mm³)		❑ Unavailable	
	Troponin	_______ ❍ng/L ❍ng/mL ❍ug/L	❍ T ❍ I	❍ Normal ❍ Abnormal	
		❑ Troponin Unavailable	❑ Troponin below limit of detection		
	Random Blood Glucose	___________ (mg/dL)	❑ Unavailable		
Most favorable neurological status at admission		○ Conscious without severe disability ○ Conscious with severe disability ○ Comatose ○ Unable to assess due to sedation ○ Unknown/Not Documented			

SHOCK ONSET			***Shock Onset Tab***
Cardiogenic shock present on hospital arrival?	○ Shock present on participating hospital arrival ○ Shock onset while in-hospital ○ Shock onset at referring hospital		
Certainty of shock etiology	○ Cardiogenic shock was a clear contributor to the shock state ○ Cardiogenic shock was suspected but with some uncertainty		
Cardiac arrest prior to shock onset?	○ Yes	○ No	○ Unknown/Not Documented
Most favorable neurological status after the arrest and <u>prior to hospital discharge</u>	○ Conscious without severe disability ○ Conscious with severe disability ○ Comatose ○ Unable to assess due to sedation ○ Unknown/Not Documented		
Onset of shock (Date/Time):	__/__/_______ __:__		○ Unknown
Was a multidisciplinary shock team involved in patient management?	○ Yes	○ No	○ Not documented
If multidisciplinary shock team was involved, select the timeframe	○ Within 3hrs of shock onset ○ Within 6hrs of shock onset ○ Within 24hrs of shock onset		○ >24hrs of shock onset ○ Unknown/not documented

SCAI Shock Stage at Onset (first 6hrs)	○ Stage B ○ Stage C ○ Stage D	○ Stage E ○ ND/Unable to Determine
SCAI Shock Stage Serial assessment (Assessed at 6h-12h)	○ Stage B ○ Stage C ○ Stage D	○ Stage E ○ ND/Unable to Determine
Presenting Physiology	○ Biventricular Failure ○ Left Ventricular Failure ○ Right Ventricular Failure	○ Primary Other Cardiac (Arrhythmia, Valvular Stenosis, etc.) ○ Not Documented
Cardiogenic shock category	○ Acute, de novo HF ○ Acute-on-chronic HF	○ Unable to determine
Etiologies and Contributors to Cardiogenic Shock:	❑ None of the causes below ❑ Acute Transplant Rejection ❑ ACS/AMI ○ STEMI ○ NSTEMI ❑ Arrhythmia	❑ LVAD complication ❑ Mechanical complication of MI ❑ Myocarditis ❑ Peripartum ❑ Post-cardiac arrest ❑ Post-cardiopulmonary bypass

	❑ Bradyarrhythmia ❑ Tachyarrhythmia ❑ COVID-19 related complication ❑ Isolated Right Heart Failure ☐ Acute PE ☐ Pulmonary HTN	❑ Takotsubo cardiomyopathy ❑ Tamponade ❑ Valvular dysfunction ❑ Other (Specify): ________ ❑ Unknown

MEDICATIONS AT SHOCK ONSET — *Shock Onset Tab*

Medications administered at Onset of Shock *(Select all that apply)*	❑ None ❑ Anticoagulation Therapy ○ Direct oral anticoagulant ○ Warfarin ○ IV heparin ○ Other ❑ Antiplatelet Medication: ☐ Aspirin ☐ P2Y12 Inhibitors ☐ Other Antiplatelet	❑ Vasoactive Medications (IV Continuous, during first 6hrs after shock onset) ☐ Dobutamine ☐ Dopamine ☐ Epinephrine ☐ Levosimendan ☐ Milrinone ☐ Nitroprusside ☐ Norepinephrine ☐ Phenylephrine ☐ Vasopressin ❑ Not Documented

EXAMS/LABS AT SHOCK ONSET — *Shock Onset Tab*

Enter parameters closest to shock onset. ***(To be entered only if shock onset was after arrival)***

Date/Time of vital signs (closest to shock onset)		___/___/_________ ___:___			❑ Not Documented
Vital signs (closest to shock onset)	Weight	__________ ❍Lbs. ❍Kgs.			❑ Not Documented
	BMI	__________ (Automatically Calculated)			
	BSA	__________ (Automatically Calculated)			
	Heart Rate	__________ bpm			❑ Not Documented
	BP	___ / ___ mmHg (systolic/diastolic)			❑ Not Documented
Labs (Closest to shock onset)	Lactate	______ (mmol/L)			❑ Unavailable
	Hgb	______	❍ g/dL	❍ g/L	❑ Unavailable
	NT-proBNP	______	❍ pg/mL	❍ ng/L	❑ Unavailable
	BNP	_____	❍ pg/mL ❍ pmol/L	❍ ng/L	❑ Unavailable
	SCr	______	❍ mg/dL	❍ µmol/L	❑ Unavailable
	ALT	______	❍ IU/L	❑ Unavailable	
	Platelet Count	______ (mm^3)		❑ Unavailable	
	Troponin (Peak related to shock onset)	______ ❍ng/mL❍ug/L ❍ng/L	❍ T ❍ I	❍ Normal ❍ Abnormal	❑ Unavailable
	Random Blood Glucose	______________ (mg/dL)		❑ Unavailable	

IN-HOSPITAL CARE — *In-Hospital Tab*

Cardiovascular Procedures during this hospitalization

❑ No Procedures ❑ Cardiac Cath/Coronary Angiography ❑ Cardiac Transplantation *Date/Time of transplantation:* __/__/_____ ___:___ ❑ Coronary Artery Bypass Graft (CABG) *Date/Time of CABG:* __/__/______ ___:___ ❑ Electrophysiology (EP) procedure *Date/Time of EP:* __/__/______ ___:___	❑ Mechanical Circulatory Support Device/VAD Percutaneous Assist Devices ❑ IABP ❑ Impella ❑ TandemHeart ❑ VA ECMO ❑ iVAC ❑ Other VAD

❑ Percutaneous Cardiac Intervention (PCI) *Date/Time of PCI: __/__/_____ __:__* ❑ Pulmonary embolectomy (surgical or transcatheter) ❑ Targeted temperature management ❑ Other Procedures/Advanced therapies (Specify): _______________	Surgical Assist Devices ❑ Temporary external device (e.g. CentriMag) ❑ Implanted surgical assist device *Date/Time of implantation*: __/__/_____ __:__ ○ Pulsatile-Flow Devices ○ Continuous-Flow Devices

Was a right heart catheterization or pulmonary artery catheterization performed?	○ Yes	○ No	○ Unknown/Not Documented
Date/time of first RHC/PAC	__/__/_____ __:__		○ Unknown
Was the PA catheter used for a period of hemodynamic monitoring outside the Cath Lab/OR?	○ Yes ○ No ○ Unknown/Not Documented		
Was the patient managed with invasive mechanical ventilation at any time during the hospitalization?	○ Yes ○ No ○ Unknown/Not Documented		
Primary indication for advanced respiratory therapy	○ Airway protection only (other than cardiac arrest) ○ Cardiac arrest without respiratory failure ○ Chronic dependence on mechanical ventilation ○ Procedural sedation / anesthesia and recovery ○ Respiratory insufficiency ○ Other		
Date/Time of first intubation related to this hospitalization	__/__/_____ __:__		○ Unknown
Was patient managed with renal replacement therapy at any time during the hospitalization?	○ Yes ○ No ○ Unknown/Not Documented		
If Yes, Select type of renal replacement therapy used	○ Accelerated venovenous hemofiltration (AVVH) ○ Continuous venovenous hemofiltration (CVVH) ○ Emergent or urgent hemodialysis ○ Routine hemodialysis for patient with end-stage renal dialysis (ESRD) ○ Unknown/Not Documented		
Primary Indications for advanced renal therapy (Select all that apply)	❑ Acidemia ❑ Hyperkalemia ❑ Severe uremia ❑ Volume overload causing hemodynamic or respiratory compromise ❑ Volume overload in the absence of any of the above ❑ Other (specify) ____________________________ ❑ Unknown/Not Documented		

Data for Patient transferred to ICU from any other floor in the hospital		
Was the patient admitted to ICU at any point during this hospitalization?	○ Yes	○ No
ICU Admission Date/Time	__/__/_____ __:__	○ Unknown
ICU discharge (transfer out) Date/Time	__/__/_____ __:__	○ Unknown
Number of days patient was in ICU (*auto-calc.*)	__________	

Clinical Outcomes		***In-Hospital Tab***
*Record the Time/Date of the **FIRST** event of each type*		
Severe/Moderate GUSTO bleeding event:	○ Yes	○ No
If Yes, Date/Time detected:	___/___/_________ ___:__	○ Not Documented
Intracranial Hemorrhage	○ Yes	○ No

If Yes, Date/Time detected	___/___/_________ __:__	○ Not Documented
Cardiac Arrest	○ Yes	○ No
If Yes, Date/Time detected	___/___/_________ __:__	○ Not Documented
Stroke	○ Yes	○ No
If Yes, Date/Time detected	___/___/_________ __:__	○ Not Documented
Complications from procedures during this admission:	❑ No complications from procedures ❑ Acute Limb ischemia ○ Amputation ○ Fasciotomy ❑ Arterial non-CNS thrombosis ❑ Bleeding – Vascular access site – MCS-Related ❑ Bleeding – Vascular access site – Other access site ❑ Bleeding – Other site	❑ Cardiac tamponade ❑ Vascular injury (any) ❑ Venous thromboembolism ❑ Other (Specify): ________

DISCHARGE INFORMATION		*Discharge Tab*
Date/Time of Discharge from hospital:	___/___/______ ____:_____ (MM/DD/YYYY HH:MM)	❑ Not Documented
Most favorable neurological status at discharge	○ Conscious without severe disability ○ Conscious with severe disability ○ Comatose ○ Unable to assess due to sedation ○ Unknown/Not Documented	
Discharge disposition	○ Home ○ Hospice – Home ○ Hospice – Health Care Facility ○ Acute Care Facility ○ Other Health Care Facility	○ Expired ○ Left Against Medical Advise/AMA ○ Not documented or Unable to Determine (UTD)
If patient died, Date/Time of death	___/___/_________ __:__ (MM/DD/YYYY HH:MM)	○ Not Documented
Primary cause of death	○ Cardiovascular | ○ Non-Cardiovascular	○ Unknown
If Cardiovascular:	○ Acute Coronary Syndrome ○ Cardiogenic Shock/HF ○ Stroke	○ Sudden Cardiac Death ○ Unknown ○ Other Cardiovascular
If Non-Cardiovascular	○ Anoxic brain injury	○ Other non-cardiovascular
If Other Health Care Facility:	○ Skilled Nursing Facility (SNF) ○ Inpatient Rehabilitation Facility (IRF)	○ Long Term Care Hospital (LTCH) ○ Intermediate Care Facility (ICF) ○ Other

SOCIAL DETERMINANTS OF HEALTH		*Discharge Tab*
During this admission, was a standardized health related social needs form or assessment completed?	○ Yes	○ No/Not Documented
If yes, identify the areas of unmet social need. (select all that apply):	❑ None ❑ Education ❑ Employment ❑ Financial Strain ❑ Food	❑ Living Situation/Housing ❑ Mental Health ❑ Substance Abuse ❑ Transportation Barriers

END OF FORM