

Follow Up Assessment after Shock Onset – (For serial entry, use the time period from the last assessment)

***For the measurement elements below, enter accurate parameters closest to assessment time**

Date/Time of assessment:	<u> </u> / <u> </u> / <u> </u> <u> </u> : <u> </u> (MM/DD/YYYY HH:MM)	<input type="radio"/> Unknown
SCAI Stage:	<input type="radio"/> Shock has resolved <input type="radio"/> Stage B <input type="radio"/> Stage C	<input type="radio"/> Stage D <input type="radio"/> Stage E <input type="radio"/> ND/Unable to Determine
Presence of a Pulmonary Artery Catheter (PAC)	<input type="radio"/> Yes	<input type="radio"/> No
If Yes, Date/Time of the <u>first</u> PAC:	<u> </u> / <u> </u> / <u> </u> (MM/DD/YYYY)	<input type="radio"/> Unknown
Presence of Mechanical Ventilation	<input type="radio"/> Yes	<input type="radio"/> No
Presence of renal replacement therapy	<input type="radio"/> Yes	<input type="radio"/> No
*BP (<i>Systolic/Diastolic</i>):	<u> </u> / <u> </u> mmHg	<input type="radio"/> Not Documented
*Heart Rate:	<u> </u> bpm	<input type="radio"/> Not Documented
*CVP/RA:	<u> </u> (mmHg)	<input type="radio"/> Not Documented
*PA Pressure (<i>Systolic/Diastolic</i>):	<u> </u> / <u> </u> mmHg	<input type="radio"/> Not Documented
*PCWP:	<u> </u> (mmHg)	<input type="radio"/> Not Documented
*Cardiac Output:	<u> </u> (L/min)	<input type="radio"/> Not Documented
MAP (<i>Auto-calculated</i>)	<u> </u> (mmHg)	<input type="radio"/> Not Documented
PAPi (<i>Auto-calculated</i>)	<u> </u> (W)	<input type="radio"/> Not Documented
CPO (<i>Auto-calculated</i>)	<u> </u>	<input type="radio"/> Not Documented
Peak Lactate since the last assessment	<u> </u> (mmol/L)	<input type="radio"/> Not Documented
Lowest pH since the last assessment	<u> </u>	<input type="radio"/> Not Documented
Peak ALT since the last assessment	<u> </u> (IU/L)	<input type="radio"/> Not Documented
Vasoactive Medications at time of assessment (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Dobutamine <input type="checkbox"/> Dopamine <input type="checkbox"/> Epinephrine <input type="checkbox"/> Levosimendan <input type="checkbox"/> Milrinone	<input type="checkbox"/> Nitroprusside <input type="checkbox"/> Norepinephrine <input type="checkbox"/> Phenylephrine <input type="checkbox"/> Vasopressin <input type="checkbox"/> Not Documented <input type="checkbox"/> Other (Specify): <u> </u>
Presence of MCS Device(s) at assessment (If MCS is present, select all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Impella 2.5 <input type="checkbox"/> Impella CP <input type="checkbox"/> Impella ECP <input type="checkbox"/> Impella 5.0 <input type="checkbox"/> Impella 5.5 <input type="checkbox"/> Impella RP <input type="checkbox"/> ECMO (VA) <input type="checkbox"/> IABP	<input type="checkbox"/> iVAC <input type="checkbox"/> TandemHeart <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Temporary surgical VAD (e.g. CentriMag) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Other (Specify): <u> </u>
Was there a device upgrade/escalation since the prior assessment?	<input type="radio"/> Yes	<input type="radio"/> No
If Yes, select reason(s) for device upgrade or escalation since the prior assessment	<input type="checkbox"/> None/Not Documented <input type="checkbox"/> Device-related complication or failure <input type="checkbox"/> Inadequate response to vasoactive medications <input type="checkbox"/> Need for escalation to greater hemodynamic support from MCS <input type="checkbox"/> Switch to alternative MCS access site (e.g. fem to axillary) <input type="checkbox"/> Other (Specify): <u> </u>	
Was there a device de-escalation since the prior assessment?	<input type="radio"/> Yes	<input type="radio"/> No

CSRC Cardiogenic Shock Lean CRF: V4 – Follow-up CRF Form

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If Yes, select reason(s) for device downgrade or de-escalation since the prior assessment	<input type="checkbox"/> Change in goals of care <input type="checkbox"/> Durable LVAD or heart transplant <input type="checkbox"/> MCS no longer needed <input type="checkbox"/> Transition to central cannulated device (e.g. CentriMag)	
Vascular complication requiring intervention:	<input type="radio"/> Yes <input type="radio"/> No	
If Yes, enter Date:	___/___/___ (MM/DD/YYYY)	<input type="radio"/> Not Documented
Other complications of ECMO	<input type="checkbox"/> Pulmonary hemorrhage requiring intervention <input type="checkbox"/> Refractory pulmonary edema <input type="checkbox"/> Other (Specify): _____	