

Date of Birth:
Institution:
Device Brand:

Gender:
Device Type:
Implant Date:

1 Year Follow-Up

Patient Overview

Patient Search

Save

Submit

Select one of the following:*

Follow-up date:*

mm/dd/yyyy

Evidence For Right Heart Failure during report interval

Peripheral edema* YES NO UNK

Ascites* YES NO UNK

Echo Findings during report interval

Evidence of elevated CVP pressure: dilated IVC, IVS with collapse, or physical exam (signs of increased jugular venous pressure)?* YES NO UNK

Mitral regurgitation:*

Tricuspid regurgitation:*

Aortic regurgitation:*

LVEF%*

LVEDD:* cm

ST=

RV Function:*

Swan Henodynamics during report interval

Pulmonary artery systolic pressure:* mm Hg

ST=

Pulmonary artery diastolic pressure:* mm Hg

ST=

Mean RA Pressure:* mm Hg

ST=

Central venous pressure (CVP)* mm Hg

ST=

Mean Pulmonary artery wedge pressure:* mm Hg

ST=

Cardiac output:* liters min

ST=

Was patient intubated?*: YES NO UNK

Was patient on dialysis?*: YES NO UNK

Medications

Currently on inotrope therapy at follow-up time period?*: YES NO UNK

List drug:*

- Dopamine
- Dobutamine
- Milrinone

	<input type="checkbox"/> Isoproterenol
	<input type="checkbox"/> Epinephrine
	<input type="checkbox"/> Norepinephrine
	<input type="checkbox"/> Levosimendan
	<input type="checkbox"/> Unknown
Hydralazine:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Calcium channel blockers:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Nesiritide:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Angiotensin receptor blocker drug:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Amiodarone:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
ACE inhibitors:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Beta-blockers:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Aldosterone antagonist:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Lovenox:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Warfarin (coumadin):*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Antiplatelet therapy drug:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Select drug(s)*	<input type="checkbox"/> Aspirin
	<input type="checkbox"/> Dexpan
	<input type="checkbox"/> Dipyridamole
	<input type="checkbox"/> Clopidogrel
	<input type="checkbox"/> Ticlopidine
	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other, specify
Nitric oxide:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Phosphodiesterase inhibitor:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Digoxin:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Loop Diuretics:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Antibiotics/Antifungals:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
List:*	<input type="checkbox"/> Amikacin
	<input type="checkbox"/> Amphotericin
	<input type="checkbox"/> Anidulafungin
	<input type="checkbox"/> Aztreonam
	<input type="checkbox"/> Caspafungin
	<input type="checkbox"/> Cefazolin
	<input type="checkbox"/> Cefuroxime
	<input type="checkbox"/> Ceftazidime
	<input type="checkbox"/> Ceftriaxone
	<input type="checkbox"/> Cefepime
	<input type="checkbox"/> Ceftaroline
	<input type="checkbox"/> Ciprofloxacin

- Co-amox/Clavulanate
- Daptomycin
- Ertapenem
- Flucloxacillin
- Fluconazole
- Gentamicin
- Levofloxacin
- Linezolid
- Meropenem
- Micafungin
- Pip/Tazobactam
- Rifampicin
- Teicoplanin
- Ticarcillin/Clavulanate
- Tigecycline
- TMP/SMX
- Vancomycin
- Voriconazole
- Other

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

Has patient been rehospitalized since implant hospitalization?*

- YES NO UNK

If yes:*

Intervention

Intervention since implant:*

Registry Status

Transferred care to another hospital (patient followed exclusively at another hospital).*

- YES NO

Date transferred care:*

 mm/dd/yyyy

ST=

Patient withdraws consent and therefore no more clinical data is to be collected.*

- YES NO

Date withdrawn:*

 mm/dd/yyyy

ST=

Adverse Events

Did the patient have one or more of the following adverse events occur during this follow-up time period? Please make sure you have entered all events that occurred during this follow-up time period.

- Major Bleeding
- Major Infection
- Neurological Dysfunction
- Device Malfunction (if suspected device thrombosis, then enter as Device Malfunction)
- Death
- Transplant
- Explant due to Transplant
- Explant due to Recovery
- Explant due to Exchange
- Respiratory Failure
- Arterial Non-CNS Thromboembolism

Note: Go to section 2.10 for the definition of each Adverse Event.

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