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% Other injectable/subcutaneous agents

EXAMS/LABS AT ADMISSION

Height					
Weight					
Labs (Closest to Admission)	+Serum Creatinine (Admission)	_____	• mg/dL	• μmol/L	%Not Available
	+Potassium (K+) (Admission)	_____	• mEq/L	• mmol/L	%Not Available
	+ EKG QRS Duration (ms)	_____			%Not Available
	+ EKG QRS Morphology	• Normal • LBBB	• RBBB • NS-IVCD	• Paced • Not available	

Clinical Codes

ICD- 10- CM Principal Diagnosis Code _____

IN-HOSPITAL CARE

Procedures

%No Procedures
 %Cardiac Cath/Coronary Angiography
 %CardioMEMs (implantable hemodynamic monitor)
 %

DISCHARGE INFORMATION

*+^ What was the patient's discharge disposition on the day of discharge?

1 – Home

	<input type="checkbox"/> Patient Reason <input type="checkbox"/> System Reason <input type="checkbox"/> Other Reason	
ARB Prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC (None - Contraindicated)	
ARB Medication/ Dosage/Frequency	Medication:	Dosage:
Contraindications or Other Documented Reason(s) For Not Providing ARB:	<input type="checkbox"/> Contraindicated <input type="checkbox"/> Hypotensive patient who was at immediate risk of cardiogenic shock <input type="checkbox"/> Hospitalized patient who experienced marked azotemia <input type="checkbox"/> Other Contraindication <input type="checkbox"/> Not Eligible <input type="checkbox"/> Not Tolerant <input type="checkbox"/> Patient Enrolled in Clinical Trial <input type="checkbox"/> Patient Reason <input type="checkbox"/> System Reason <input type="checkbox"/> Other Reason	
ARNI Prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
ARNI Medication/Dosage/Frequency	Medication:	Frequency:
Contraindications or Other Documented Reason(s) for Not Providing ARNI at Discharge:	<input type="checkbox"/> Contraindicated <input type="checkbox"/> ACE inhibitor-13.9 (en)4.C 0 520.08 0.239 0.48 re f 354.48 520.32 0.239 05oc w	

Beta Blocker Medication/Dosage/Frequency	Medication:	Dosage:	Frequency:
SGLT2 Inhibitor Prescribed?	<ul style="list-style-type: none"> • Yes • No • NC 		
	Medication:	Dosage:	Frequency:
Contraindications or Other Documented Reason(s) For Not Providing SGLT2 Inhibitor:	<ul style="list-style-type: none"> ‰ Contraindicated <ul style="list-style-type: none"> ‰ Patient currently on dialysis ‰ Ketoacidosis ‰ Known hypersensitivity to the medication ‰ Type I diabetes (not approved for use in patients with Type I diabetes due to increased risk of ketoacidosis) ‰ Other Contraindications ‰ Not Eligible ‰ Not Tolerant ‰ Patient Enrolled in Clinical Trial ‰ Patient Reason ‰ System Reason ‰ Other Reason 		
Mineralocorticoid Receptor Antagonist (MRA) Prescribed?	<ul style="list-style-type: none"> • Yes • No • NC (None - Contraindicated) 		
MRA Medication/Dosage/Frequency	Medication:	Dosage:	Frequency:
Was there a dose increase since prior to admission?	<ul style="list-style-type: none"> • Yes • No/ND 		
Potassium ordered or planned after discharge?	<ul style="list-style-type: none"> • Yes • No/ND 		
Renal function test scheduled			

Other Therapies

CRT Therapy

+CRT-D Placed or Prescribed?

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^ Provision of at least 60 minutes of Heart