



A. DEMOGRAPHICS

Last Name ²⁰⁰⁰ : ADAMS	First Name ²⁰¹⁰ : ARTHUR	Middle Name ²⁰²⁰ : A
SSN ²⁰³⁰ : 222 - 22 - 2222 <input type="checkbox"/> SSN N/A ²⁰³¹	Patient ID ²⁰⁴⁰ : 9000 (auto)	Other ID ²⁰⁴⁵ : 923A
Birth Date ²⁰⁵⁰ : 01 / 01 / 1980	Sex ²⁰⁶⁰ : <input checked="" type="radio"/> Male <input type="radio"/> Female	Patient Zip Code ²⁰⁶⁵ : <input checked="" type="checkbox"/> Zip Code N/A ²⁰⁶⁶
Race: <input type="checkbox"/> White ²⁰⁷⁰ <input type="checkbox"/> Black/African American ²⁰⁷¹ <input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³ (check all that apply) <input type="checkbox"/> Asian ²⁰⁷² → If Yes, <input type="checkbox"/> Asian Indian ²⁰⁸⁰ <input type="checkbox"/> Chinese ²⁰⁸¹ <input type="checkbox"/> Filipino ²⁰⁸² <input type="checkbox"/> Japanese ²⁰⁸³ <input type="checkbox"/> Korean ²⁰⁸⁴ <input type="checkbox"/> Vietnamese ²⁰⁸⁵ <input type="checkbox"/> Other ²⁰⁸⁶ <input checked="" type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴ → If Yes, <input checked="" type="checkbox"/> Native Hawaiian ²⁰⁹⁰ <input type="checkbox"/> Guamanian or Chamorro ²⁰⁹¹ <input type="checkbox"/> Samoan ²⁰⁹² <input type="checkbox"/> Other Island ²⁰⁹³		
Hispanic or Latino Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input checked="" type="radio"/> Yes → If Yes, Ethnicity Type: (check all that apply) <input type="checkbox"/> Mexican, Mexican-American, Chicano ²¹⁰⁰ <input checked="" type="checkbox"/> Puerto Rican ²¹⁰¹ <input type="checkbox"/> Cuban ²¹⁰² <input type="checkbox"/> Other Hispanic, Latino or Spanish Origin ²¹⁰³		

B. EPISODE OF CARE (ADMISSION)

Arrival Date ³⁰⁰⁰ : 03 / 31 / 2016	Reason for Admission ³⁰⁴⁰ : <input checked="" type="radio"/> Admitted for this procedure <input type="radio"/> Cardiac - Heart Failure <input type="radio"/> Other
Health Insurance ³⁰⁰⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes → If Yes, Payment Source ³⁰¹⁰ : <input type="checkbox"/> Private Health Insurance <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Military Health Care (Select all that apply) <input type="checkbox"/> State-Specific Plan (non-Medicaid) <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Non-US Insurance	
HIC # ³⁰¹⁵ : 1234567890-001	
Research Study ³⁰²⁰ : <input checked="" type="radio"/> No <input type="radio"/> Yes → If Yes, Study Name ³⁰²⁵ , Patient ID ³⁰³⁰ : _____, _____	<input type="checkbox"/> Patient Restriction ³⁰³⁵

C. HISTORY AND RISK FACTORS

Heart Failure ⁴⁰⁰⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes → If Yes, NYHA Functional Classification ⁴⁰¹⁰ : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input checked="" type="radio"/> Class IV	LVEF Assessed ⁴¹⁵⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes → If Yes, Most Recent LVEF Date ⁴¹⁵⁵ : 12 / 01 / 2015 → If Yes, Most Recent LVEF ⁴¹⁶⁰ : 19 %
Syndromes w/Risk of Sudden Death ⁴¹⁶⁵ : <input checked="" type="radio"/> No <input type="radio"/> Yes → If Yes, Syndrome Type ⁴¹⁷⁰ : <input type="radio"/> Long QT syndrome <input type="radio"/> Short QT syndrome <input type="radio"/> Brugada syndrome <input type="radio"/> Catecholaminergic polymorphic VT <input type="radio"/> Idiopathic/Primary VT/VF	
Familial Syndrome with Risk of Sudden Death ⁴¹⁷⁵ : <input type="radio"/> No <input type="radio"/> Yes Familial Hx of Non-Ischemic Cardiomyopathy ⁴¹⁸⁰ : <input type="radio"/> No <input type="radio"/> Yes	
Ischemic Cardiomyopathy ⁴¹⁸⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Timeframe ⁴¹⁹⁰ : <input type="radio"/> <3 months <input type="radio"/> ≥ 3 months → If Yes, Guideline Directed Medical Therapy Maximum Dose ⁴¹⁹⁵ : <input type="radio"/> Yes (for 3 mos) <input type="radio"/> Not Documented <input type="radio"/> Not Attempted <input type="radio"/> Inability to Complete	
Non-Ischemic Cardiomyopathy ⁴²⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Timeframe ⁴²⁰⁵ : <input type="radio"/> <3 months <input type="radio"/> ≥ 3 months → If Yes, Guideline Directed Medical Therapy Maximum Dose ⁴²¹⁰ : <input type="radio"/> Yes (for 3 mos) <input type="radio"/> Not Documented <input type="radio"/> Not Attempted <input type="radio"/> Inability to Complete	
On Inotropic Support ⁴²¹⁵ : <input type="radio"/> No <input type="radio"/> Yes	
Cardiac Arrest ⁴²²⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes → If Yes, Most Recent Arrest Date ⁴²²⁵ : 06 / 11 / 2014 → If Yes, VFib Arrest ⁴²³⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, VTach Arrest ⁴²³⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Bradycardia Arrest ⁴²⁴⁰ : <input type="radio"/> No <input type="radio"/> Yes	
Ventricular Tachycardia ⁴²⁴⁵ : <input type="radio"/> No <input checked="" type="radio"/> Yes → If Yes, Most Recent VT Date ⁴²⁵⁰ : 06 / 11 / 2014 → If Yes, Reversible Cause ⁴²⁶⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Occurred Post Cardiac Surgery ⁴²⁵⁵ : (w/in 48 hrs) <input type="radio"/> No <input type="radio"/> Yes → If Yes, Hemodynamic Instability ⁴²⁷⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Bradycardia Dependent ⁴²⁶⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, VT Type ⁴²⁷⁵ : <input type="radio"/> Non-sustained VT <input type="radio"/> Monomorphic VT <input type="radio"/> Polymorphic VT <input type="radio"/> Monomorphic and polymorphic VT	
Syncope ⁴²⁸⁰ : <input type="radio"/> No <input type="radio"/> Yes	Prior MI ⁴²⁹⁰ : <input type="radio"/> No <input checked="" type="radio"/> Yes
Coronary Artery Disease ⁴²⁸⁵ : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Most Recent MI Date ⁴²⁹⁵ : 06 / 11 / 2014



C. HISTORY AND RISK FACTORS (CONT.)

Coronary Angiography⁴³⁰⁰:		<input type="radio"/> No <input checked="" type="radio"/> Yes	
→ If Yes, Performed after Most Recent Cardiac Arrest⁴³⁰⁵:		<input checked="" type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Results of Angiography⁴³¹⁰:		<input type="radio"/> No significant disease <input type="radio"/> Non-revascularizable significant disease	
→ If Significant Disease, Revascularization Performed⁴³¹⁵:		<input type="radio"/> No <input checked="" type="radio"/> Yes	
→ If Yes, Revascularization Outcome⁴³²⁰:		<input type="radio"/> Complete revascularization <input checked="" type="radio"/> Incomplete revascularization	
Prior Cardiovascular Implantable Electronic Device⁴³²⁵:		<input checked="" type="radio"/> No <input type="radio"/> Yes (Includes previously placed)	
Indications for Permanent Pacemaker⁴³³⁰:		<input type="radio"/> No <input checked="" type="radio"/> Yes	
→ If Yes, Class I or Class II Guideline Bradycardiac Pacemaker Indication Present⁴³³⁵:		<input checked="" type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Pacing Type⁴³⁴⁰:		<input type="radio"/> Atrial <input type="radio"/> Ventricular <input type="radio"/> Both	
→ If Yes, Reason Pacing Indicated⁴³⁴⁵:		<input type="radio"/> Sick sinus syndrome <input type="radio"/> Complete heart block <input type="radio"/> Chronotropic Incompetence	
		<input type="radio"/> Mobitz Type II <input type="radio"/> 2:1 AV Block <input type="radio"/> Atrial lead implant for SVT discrimination	
→ If Yes, Anticipated Requirement of >40% RV pacing⁴³⁵⁰:		<input type="radio"/> No <input type="radio"/> Yes	
On Heart Transplant Waiting List⁴³⁵⁵:	<input type="radio"/> No <input type="radio"/> Yes	Candidate for LVAD⁴³⁶⁵:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Candidate for Transplant⁴³⁶⁰:	<input type="radio"/> No <input type="radio"/> Yes	Currently on LVAD⁴³⁷⁰:	<input type="radio"/> No <input type="radio"/> Yes
Atrial Fibrillation⁴³⁹⁹:		<input type="radio"/> No <input checked="" type="radio"/> Yes	
→ If Yes, AFib Classification⁴⁴⁰⁰:		<input type="radio"/> Paroxysmal (>= 2 episodes, terminating spontaneously w/in 7 days) <input checked="" type="radio"/> Persistent (>7 days or with electrical or pharmacological termination)	
		<input type="radio"/> Long standing persistent (>1 year) <input type="radio"/> Permanent	
→ If Yes, Plans for Cardioversion of AFib⁴⁴⁰⁵:		<input type="radio"/> No <input checked="" type="radio"/> Yes	
Paroxysmal SVT History⁴⁴⁹⁰:		<input type="radio"/> No <input type="radio"/> Yes	
OTHER HISTORY			
Prior PCI⁴⁴⁹⁵:		<input type="radio"/> No <input checked="" type="radio"/> Yes	
→ If Yes, Most Recent PCI Date⁴⁵⁰⁰:		12 / 01 / 2015	
→ If Yes, Pre-existing Cardiomyopathy⁴⁵¹⁰:		<input type="radio"/> No <input type="radio"/> Yes	
Prior CABG⁴⁵¹⁵:		<input type="radio"/> No <input checked="" type="radio"/> Yes	
→ If Yes, Most Recent CABG Date⁴⁵²⁰:		12 / 15 / 2015	
→ If Yes, Pre-existing Cardiomyopathy⁴⁵³⁰:		<input type="radio"/> No <input type="radio"/> Yes	
Primary Valvular Heart Disease⁴⁵³⁵:		<input type="radio"/> No <input type="radio"/> Yes (Moderate to Severe)	
Other Structural Abnormalities⁴⁵⁴⁰:		<input type="radio"/> No <input checked="" type="radio"/> Yes	
→ If Yes, Structural Abnormality Type⁴⁵⁴⁵: (Select all that apply)			
<input type="checkbox"/> LV structural abnormality associated with risk for sudden cardiac arrest <input type="checkbox"/> Hypertrophic cardiomyopathy (HCM) with high risk features <input type="checkbox"/> Infiltrative <input checked="" type="checkbox"/> Arrhythmogenic right ventricular cardiomyopathy (ARVC) <input type="checkbox"/> Congenital heart disease associated with sudden cardiac arrest			
Cerebrovascular Disease⁴⁵⁵⁰:	<input type="radio"/> No <input checked="" type="radio"/> Yes	Currently on Dialysis⁴⁵⁶⁰:	<input type="radio"/> No <input checked="" type="radio"/> Yes
Diabetes Mellitus⁴⁵⁵⁵:	<input type="radio"/> No <input checked="" type="radio"/> Yes	Chronic Lung Disease⁴⁵⁷⁵:	<input type="radio"/> No <input checked="" type="radio"/> Yes



D. DIAGNOSTIC STUDIES

Electrophysiology Study⁵⁰⁰⁰:O No ☒ Yes→ If Yes, Most Recent Electrophysiology Study Date⁵⁰⁰⁵:

mm / dd / yyyy

☒ Date Unknown⁵⁰¹⁰→ If Yes, Clinically Relevant Ventricular Arrhythmias Induced⁵⁰¹⁵:O No ☐ YesECG Performed⁵⁰³⁰:O No ☒ Yes→ If Yes, ECG Date⁵⁰³⁵:

12 / 01 / 2015

→ If Yes, Was ECG Normal⁵⁰⁴⁰:O No ☒ YesOnly Ventricular Paced QRS Complexes Present⁵⁰⁴⁵:O No ☒ Yes→ If Yes, Ventricular Paced QRS Duration⁵⁰⁵⁰:

55 msec

→ If No, QRS Duration (Non-Ventricular Paced Complex)⁵⁰⁵⁵:

_____ msec

Abnormal Intraventricular Conduction⁵⁰⁶⁰:O No ☒ Yes→ If Yes, Intraventricular Conduction Types⁵⁰⁶⁵: (Select all that apply)☐ Left Bundle Branch Block (LBBB)☐ Delay, Nonspecific☐ Right Bundle Branch Block (RBBB)☒ Alternating RBBB and LBBBAtrial Rhythm⁵¹⁰⁰:(Select all that apply) ☐ Sinus ☐ Afib ☐ Atrial tach ☒ Aflutter ☐ Sinus arrest ☐ Atrial paced ☐ Not DocumentedVentricular Paced⁵¹⁰⁵:☒ No ☐ Yes

E. LABS

BUN⁶⁰²⁵: 10 mg/dL☐ Not Drawn⁶⁰²⁶Sodium⁶⁰³⁵: 300 mEq/L☐ Not Drawn⁶⁰³⁶Hemoglobin⁶⁰³⁰: 50.0 g/dL☐ Not Drawn⁶⁰³¹

F. PROCEDURE INFORMATION (COMPLETE FOR EACH LAB VISIT)

Procedure Start Date/Time⁷⁰⁰⁰: 04 / 01 / 2016 / 13:00Procedure End Date/Time⁷⁰⁰⁵: 04 / 01 / 2016 / 22:00Procedure Type⁷⁰¹⁰:☒ Initial generator implant☐ Generator change☐ Generator explant☐ Lead onlyICD Indication⁷⁰¹⁵:☒ Primary prevention☐ Secondary preventionPremarket Clinical Trial⁷⁰²⁰:☐ No ☒ Yes

G. ICD IMPLANT / EXPLANT (COMPLETE FOR EACH LAB VISIT IN WHICH AN INITIAL GENERATOR IMPLANT OR GENERATOR CHANGE WAS PERFORMED)

Operator Name^{7600,7605,7610}: ABRAHAM, LEWIS, BOperator NPI⁷⁶¹⁵: 1122334455Device Implanted⁷⁶²⁰:O No ☒ Yes→ If Yes, Final Device Type⁷⁶²⁵:☐ Single chamber☒ Dual chamber☐ CRT-D☐ S-ICD (Sub Q)→ If Yes, CS/LV Lead⁷⁶³⁰:☐ No, attempt unsuccessful☐ No, not attempted☐ Yes☐ Previously implanted

DEVICE INFORMATION FOR IMPLANTED DEVICES

→ If Yes, Device ID⁷⁶³⁵: 99 – Contak Renewal → If Yes, Serial Number⁷⁶⁴⁰: 1AS234G561 → If Yes, UDI⁷⁶⁴⁵: (future)→ If PROCEDURE TYPE⁶⁰¹⁰ = 'GENERATOR CHANGE' OR 'GENERATOR EXPLANT'Reason(s) for Re-Implantation⁷⁶⁵⁰: (Select all that apply)☐ End of expected battery life☐ Replaced at time of lead revision☐ Upgrade☐ Infection☐ Under manufacturer advisory/recalled☐ Faulty Connector/Header☐ Device relocation☐ Malfunction→ If Upgrade, Reason for Upgrade⁷⁶⁵⁵:☐ Single ICD to Dual ICD☐ ICD to CRT-DDevice Explanted⁷⁶⁶⁰:

O No

☐ Yes☐ Previously explanted→ If Previously Explanted, Explant Date⁷⁶⁶⁵:

mm / dd / yyyy

Explant Treatment Recommendation⁷⁶⁷⁰:☐ No Re-implant☐ Downgrade

DEVICE INFORMATION FOR CHANGED OR EXPLANTED DEVICES

Device ID⁷⁶⁷⁵:Serial Number⁷⁶⁸⁰:UDI⁷⁶⁸⁵: (future)

H. LEAD ASSESSMENT (COMPLETE FOR ALL LEADS, INCLUDING NEW LEADS IMPLANTED, EXISTING LEADS EXTRACTED, ABANDONED, OR REUSED)

Operator Name ^{7690,7695,7700} : JOHNSON, MARK, L.				Operator NPI ⁷⁷⁰⁵ : 0123456789			
Lead Counter ⁷⁷¹⁰ :	1		2		3		
Identification ⁷⁷¹⁵ :	<input checked="" type="radio"/> New Lead <input type="radio"/> Existing Lead		<input checked="" type="radio"/> New Lead <input type="radio"/> Existing Lead		<input type="radio"/> New Lead <input type="radio"/> Existing Lead		
Device ID ⁷⁷²⁰ :	17 – ENDOTAK C		18 – Subcutaneous Patch				
Serial Number ⁷⁷²⁵ :	12345AB		123456AB				
UDI ⁷⁷³⁰ :	1234567890-001-123		1234567890-002-123		(future)		
Lead Location ⁷⁷³⁵ :	<input checked="" type="radio"/> RA endocardial <input type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous (S-ICD) <input type="radio"/> Subcutaneous array <input type="radio"/> Other		<input type="radio"/> RA endocardial <input checked="" type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous (S-ICD) <input type="radio"/> Subcutaneous array <input type="radio"/> Other		<input type="radio"/> RA endocardial <input type="radio"/> LV epicardial <input type="radio"/> RV endocardial <input type="radio"/> SVC/subclavian <input type="radio"/> LV via CVS <input type="radio"/> Subcutaneous (S-ICD) <input type="radio"/> Subcutaneous array <input type="radio"/> Other		
COMPLETE FOR EXISTING LEADS ONLY							
Existing Lead Implant Date ⁷⁷⁴⁰ :	mm / dd / yyyy		mm / dd / yyyy		mm / dd / yyyy		
Existing Lead Status ⁷⁷⁴⁵ :	<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused		<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused		<input type="radio"/> Extracted <input type="radio"/> Abandoned <input type="radio"/> Reused		

I. INTRA OR POST-PROCEDURE EVENTS (COMPLETE FOR EACH LAB VISIT)

Cardiac Arrest ⁹⁰⁰⁰ :	<input type="radio"/> No	<input checked="" type="radio"/> Yes	TIA ⁹¹⁴⁰ :	<input type="radio"/> No	<input type="radio"/> Yes									
Myocardial Infarction ⁹⁰⁰⁵ :	<input checked="" type="radio"/> No	<input type="radio"/> Yes	Hematoma (Req re-op, evacuation or transfusion) ⁹¹⁸⁰ :	<input type="radio"/> No	<input type="radio"/> Yes									
Cardiac Perforation ⁹⁰¹⁰ :	<input type="radio"/> No	<input type="radio"/> Yes	Infection Requiring Antibiotics ⁹¹⁹⁵ :	<input type="radio"/> No	<input type="radio"/> Yes									
Coronary Venous Dissection ⁹⁰¹⁵ :	<input type="radio"/> No	<input type="radio"/> Yes	Hemothorax ⁹²⁰⁵ :	<input type="radio"/> No	<input type="radio"/> Yes									
Pericardial Tamponade ⁹⁰⁵⁵ :	<input type="radio"/> No	<input type="radio"/> Yes	Pneumothorax ⁹²¹⁵ :	<input type="radio"/> No	<input type="radio"/> Yes									
Stroke (CVA) ⁹¹³⁵ :	<input type="radio"/> No	<input type="radio"/> Yes	Urgent Cardiac Surgery ⁹²⁵⁰ :	<input type="radio"/> No	<input type="radio"/> Yes									
POST PROCEDURE EVENT(S)														
Set Screw Problem ⁹²⁵⁵ :	<input type="radio"/> No	<input type="radio"/> Yes												
Lead Dislodgement ⁹²⁶⁰ :	<input type="radio"/> No	<input checked="" type="radio"/> Yes												
→ If Yes, Lead Location ⁹²⁶⁵ : <table border="0" style="width: 100%;"> <tr> <td><input type="radio"/> RA endocardial</td> <td><input type="radio"/> SVC/subclavian</td> <td><input type="radio"/> Subcutaneous array</td> </tr> <tr> <td><input type="radio"/> LV epicardial</td> <td><input type="radio"/> LV via CVS</td> <td><input checked="" type="radio"/> Other</td> </tr> <tr> <td><input type="radio"/> RV endocardial</td> <td><input type="radio"/> Subcutaneous (S-ICD)</td> <td></td> </tr> </table>						<input type="radio"/> RA endocardial	<input type="radio"/> SVC/subclavian	<input type="radio"/> Subcutaneous array	<input type="radio"/> LV epicardial	<input type="radio"/> LV via CVS	<input checked="" type="radio"/> Other	<input type="radio"/> RV endocardial	<input type="radio"/> Subcutaneous (S-ICD)	
<input type="radio"/> RA endocardial	<input type="radio"/> SVC/subclavian	<input type="radio"/> Subcutaneous array												
<input type="radio"/> LV epicardial	<input type="radio"/> LV via CVS	<input checked="" type="radio"/> Other												
<input type="radio"/> RV endocardial	<input type="radio"/> Subcutaneous (S-ICD)													



J. DISCHARGE (COMPLETE FOR EACH EPISODE OF CARE/ADMISSION)

CABG¹⁰⁰⁰⁵: (During this admission) ☐ No ☒ Yes → If Yes, **CABG Date**¹⁰⁰¹⁰: mm/04 / 02 / 2016

PCI¹⁰⁰¹⁵: (During this admission) ☐ No ☒ Yes → If Yes, **PCI Date**¹⁰⁰²⁰: mm/04 / 03 / 2016

Discharge Date¹⁰¹⁰⁰: 04 / 10 / 2016

Discharge Status¹⁰¹⁰⁵: ☒ Alive ☐ Deceased

→ If Alive, **Discharge Location**¹⁰¹¹⁰: ☐ Home ☐ Skilled Nursing facility
☒ Extended care/TCU/rehab ☐ Other
☐ Other acute care hospital ☐ Left against medical advice (AMA)

→ If Deceased, **Death During the Procedure**¹⁰¹²⁰: ☐ No ☐ Yes

→ If Deceased, **Cause of Death**¹⁰¹²⁵:

- | | | |
|---|--|---|
| <input type="radio"/> Acute myocardial infarction | <input type="radio"/> Pulmonary | <input type="radio"/> Hemorrhage |
| <input type="radio"/> Sudden cardiac death | <input type="radio"/> Renal | <input type="radio"/> Non-cardiovascular procedure or surgery |
| <input type="radio"/> Heart failure | <input type="radio"/> Gastrointestinal | <input type="radio"/> Trauma |
| <input type="radio"/> Stroke | <input type="radio"/> Hepatobiliary | <input type="radio"/> Suicide |
| <input type="radio"/> Cardiovascular procedure | <input type="radio"/> Pancreatic | <input type="radio"/> Neurological |
| <input type="radio"/> Cardiovascular hemorrhage | <input type="radio"/> Infection | <input type="radio"/> Malignancy |
| <input type="radio"/> Other cardiovascular reason | <input type="radio"/> Inflammatory/Immunologic | <input type="radio"/> Other non-cardiovascular reason |

DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE)

Medications prescribed at discharge are not required for patients who expired or discharged to "Other acute care Hospital," or "AMA".

MEDICATION ¹⁰²⁰⁰	PRESCRIBED ¹⁰²⁰⁵			
	YES	NO - NO REASON	NO - MEDICAL REASON	NO - PT. REASON
ACE-Inhibitor	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiarrhythmic Agents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ARB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta Blocker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mineralocorticoid Receptor Antagonist	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aldosterone Antagonist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ASA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lipid Lowering Statin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warfarin	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Antiplatelet Agents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apixaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dabigatran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rivaroxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Edoxaban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>