## Followup Status (1 Month Followup (+/- 7 days))

**Select one of the following**

- Inpatient
- Outpatient
- Other Facility
- Unable to obtain follow-up information
- Telehealth Consultation

**Follow-up date**

**Facility Type**

- Nursing Home/Assisted Care
- Hospice
- Another hospital
- Rehabilitation Facility
- Unknown

**State reason why you are unable to obtain follow-up information**

- Patient didn't come to clinic
- Not able to contact patient
- Not addressed by site

**Patient's Home Street Address**

ST= Unknown

**Patient's Home City**

ST= Unknown

### Patient's Home State/Territory/Province

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Was patient intubated?</strong></td>
<td></td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td><strong>Was patient on dialysis?</strong></td>
<td></td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td><strong>Since the last follow-up has the patient tested positive for COVID-19?</strong></td>
<td></td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td><strong>If yes, select all symptoms that apply:</strong></td>
<td></td>
<td>Cough, Diarrhea, Fever, Anosmia (loss of sense of smell)</td>
</tr>
<tr>
<td><strong>If yes, select all interventions that apply:</strong></td>
<td></td>
<td>Intubation, New Inotropes, ECMO, Dialysis, RVAD, None</td>
</tr>
<tr>
<td><strong>If yes, select all therapies the patient received (select all that apply):</strong></td>
<td></td>
<td>Hydroxychloroquine, Azithromycin, Immunoglobulin, Anti-viral therapy, None</td>
</tr>
<tr>
<td><strong>Anti-viral therapy, specify:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Console Change</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Was there a Console Change?</strong></td>
<td></td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td><strong>Date of console change</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ST= Unknown</td>
</tr>
<tr>
<td><strong>Original Console Name</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New Console Name</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Condition</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Choose all indicated symptoms that apply.

- Mild tachypnea with feeds in infant
- Mild diaphoresis with feeds in infant
- Dyspnea on exercise in older children
- Unknown

Ross Classification of Congestive Heart Failure

- Ross Class I: No limitations or symptoms.
- Ross Class II: No growth failure.
- Ross Class III: Growth failure.
- Ross Class IV: Symptomatic at rest.
- Not applicable: >= 2 years of age
- Unknown

Choose all indicated symptoms that apply.

- Marked tachypnea with exertion or with feeding
- Marked diaphoresis with exertion or with feeding
- Unknown

Choose all indicated symptoms that apply.

- Tachypnea
- Retractions
- Grunting
- Diaphoresis
- Unknown

Functional Capacity

Sedated

- Yes
- No
- Unknown

Paralyzed

- Yes
- No
- Unknown

Intubated

- Yes
- No
- Unknown

Ambulating

- Yes
- No
- Unknown

Primary Nutrition

- Orally
- Per feeding tube
- TPN
- Not Applicable

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

Ross Classification of Congestive Heart Failure

- Ross Class I: No limitations or symptoms.
- Ross Class II: No growth failure.
- Ross Class III: Growth failure.
- Ross Class IV: Symptomatic at rest.
- Not applicable: >= 2 years of age
- Unknown

Choose all indicated symptoms that apply.

- Mild tachypnea with feeds in infant
- Mild diaphoresis with feeds in infant
- Dyspnea on exercise in older children
- Unknown

Choose all indicated symptoms that apply.

- Marked tachypnea with exertion or with feeding
- Marked diaphoresis with exertion or with feeding
- Unknown

Choose all indicated symptoms that apply.

- Tachypnea
- Retractions
- Grunting
- Diaphoresis
- Unknown

Functional Capacity

Sedated

- Yes
- No
- Unknown

Paralyzed

- Yes
- No
- Unknown

Intubated

- Yes
- No
- Unknown

Ambulating

- Yes
- No
- Unknown

Primary Nutrition

- Orally
- Per feeding tube
- TPN
- Not Applicable
Excursions

Has the patient had any non-medically required excursions off the unit?
- Yes
- No
- Unknown
- Not Applicable

If yes, where (please select all that apply)
- Playroom
- Cafeteria
- Walk outside
- Sitting room
- General rehab
- None

ZONES

Hemolysis Zone

Please enter the peak Plasma-free hemoglobin (PFH) since the last visit:
ST=
- Unknown
- Not Done

What is your hospital’s upper limit of the normal range of peak PFH?
ST=
- Unknown
- Not Done

Please enter the peak serum lactate dehydrogenase (LDH) since the last visit:
ST=
- Unknown
- Not Done

What is your hospital’s upper limit of the normal range of LDH?
ST=
- Unknown
- Not Done

Enter the Maximum and Minimum HCT or HGB since the last visit.

Min. HCT:
ST=
- Unknown
- Not Done

Max. HCT:
ST=
- Unknown
- Not Done

Min. HGB:
ST=
- Unknown
- Not Done

Max. HGB:
### Right Heart Failure Zone

**Clinical Findings – Since the last visit.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVP or RAP &gt; 16 mmHg?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dilated Vena Cava with absence of Inspiratory Variation by Echo?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical findings of elevated jugular venous distension at least half way up the neck in an upright patient?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral Edema?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ascites?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the patient been on Inotropes since the last visit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Has the following been present at any time since the last visit?**

**Physical Findings (select all that apply):**

- Hemoglobinuria (Tea-Colored Urine)?
  - Yes
  - No
  - Unknown

- Pump malfunction and/or abnormal pump parameters?
  - Yes
  - No
  - Unknown

- CVP or RAP > 16 mmHg?
  - Yes
  - No
  - Unknown
  - Not Done

- Dilated Vena Cava with absence of Inspiratory Variation by Echo?
  - Yes
  - No
  - Unknown
  - Not Done

- Clinical findings of elevated jugular venous distension at least half way up the neck in an upright patient?
  - Yes
  - No
  - Unknown

- Peripheral Edema?
  - Yes
  - No
  - Unknown

- Ascites?
  - Yes
  - No
  - Unknown

- Has the patient been on Inotropes since the last visit?
  - Yes
  - No
  - Unknown

---

**Highest Total Bilirubin since the last visit:**

<table>
<thead>
<tr>
<th>ST=</th>
<th>Unknown</th>
<th>Not Done</th>
</tr>
</thead>
</table>

---

**ST=** Unknown

---

**ST=** Not Done

---

1 Month Followup Status

7/18/22
If yes, select all that apply:

- Dopamine
- Dobutamine
- Milrinone
- Isoproterenol
- Epinephrine
- Norepinephrine
- Levosimendan
- Unknown
- Vasopressin
- Nitroprusside
- Fenoldopam
- Prostacyclin

Nesiritide?
- Yes
- No
- Unknown

Has the patient had a RVAD implant since the last visit?
- Yes
- No
- Unknown

Has the patient experienced a Neurological Event since time of implant?
- Yes
- No
- Unknown

If yes, please enter the Modified Rankin Scale.

**Modified Rankin Scale**

- 0 – No symptoms at all
- 1 - No Significant disability: despite symptoms: able to carry out all usual duties and activities
- 2 - Slight disability: unable to carry out all previous activities but able to look after own affairs without assistance
- 3 - Moderate disability: requiring some help, but able to walk without assistance.
- 4 - Moderately severe disability: unable to walk without assistance, and unable to attend to own bodily needs without assistance.
- 5 - Severe disability: bedridden, incontinent and requiring constant nursing care and attention.
- 6 - Dead

ST=  ○ Not Documented
     ○ Not Done
## Hemodynamics

For all sections, data may be entered that was collected/performed from the last time the patient was seen for follow-up to the current visit date.

### General Hemodynamics

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic blood pressure</td>
<td>mmHg</td>
</tr>
<tr>
<td>Diastolic blood pressure</td>
<td>mmHg</td>
</tr>
<tr>
<td>Mean Arterial Blood Pressure (MAP)</td>
<td>mmHg</td>
</tr>
</tbody>
</table>

### ECG rhythm

- Sinus
- Atrial fibrillation
- Atrial Flutter
- Paced: Atrial pacing
- Paced: Ventricular pacing
- Paced: Atrial and ventricular pacing
- Unknown
- Not done
- Other, specify

### Height

- in
- cm

### Weight

- lbs
- kg

### Invasive Hemodynamics

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Measurement</td>
<td></td>
</tr>
<tr>
<td>Pulmonary artery systolic pressure</td>
<td>mmHg</td>
</tr>
<tr>
<td>Parameter</td>
<td>Value</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Pulmonary artery diastolic pressure</td>
<td></td>
</tr>
<tr>
<td>Mean RA Pressure</td>
<td></td>
</tr>
<tr>
<td>PVR</td>
<td></td>
</tr>
<tr>
<td>Mean Pulmonary artery wedge pressure</td>
<td></td>
</tr>
<tr>
<td>Central venous pressure (CVP)</td>
<td></td>
</tr>
<tr>
<td>Cardiac Index</td>
<td></td>
</tr>
<tr>
<td>Was Cardiac Index Measured by Fick or Thermodilution?</td>
<td>Yes</td>
</tr>
<tr>
<td>Choose Method</td>
<td>Fick</td>
</tr>
<tr>
<td>Medications</td>
<td>Yes</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Was the patient sent home with an</td>
<td></td>
</tr>
<tr>
<td>IV?</td>
<td></td>
</tr>
<tr>
<td>ACE inhibitors</td>
<td></td>
</tr>
<tr>
<td>Aldosterone antagonist</td>
<td></td>
</tr>
<tr>
<td>Amiodarone</td>
<td></td>
</tr>
<tr>
<td>Angiotensin receptor blocker drug</td>
<td></td>
</tr>
<tr>
<td>Antiplatelet therapy drug</td>
<td></td>
</tr>
<tr>
<td>Select drug(s)</td>
<td></td>
</tr>
<tr>
<td>Thrombolytic</td>
<td></td>
</tr>
<tr>
<td>Beta-blockers</td>
<td></td>
</tr>
<tr>
<td>Calcium channel blockers</td>
<td></td>
</tr>
<tr>
<td>Digoxin</td>
<td></td>
</tr>
</tbody>
</table>

Select drug(s):

- Aspirin
- Dextran
- Dipyridamole
- Clopidogrel
- Ticlopidine
- Unknown
- Other, specify
<table>
<thead>
<tr>
<th>Drug/Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydralazine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loop diuretics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, enter dosage: mg/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Loop Diuretic:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low molecular weight heparin (Lovenox, Fragmin, Innohep)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nitric oxide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sildenafil/ Bosentan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UFH: Unfractionated Heparin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warfarin (coumadin)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arixtra (fondaparinux)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bivalirudin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argatroban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did patient receive new IV or oral medication to treat hypertension?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transfusion
Was there a Tranfusion?

- Yes
- No
- Unknown

If yes, enter number of PRBC (Total number of cc’s received)

ST= Unknown
# 1 Month Followup Laboratory

<table>
<thead>
<tr>
<th>Test</th>
<th>Unit (mEq/L, mmol/L)</th>
<th>Unit (mg/dL, mmol/L)</th>
<th>Unit (u/L)</th>
<th>ST</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unknown/Not done</td>
</tr>
<tr>
<td>Potassium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unknown/Not done</td>
</tr>
<tr>
<td>Blood urea nitrogen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unknown/Not done</td>
</tr>
<tr>
<td>Creatinine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unknown/Not done</td>
</tr>
<tr>
<td>SGPT/ALT (alanine aminotransferase/ALT)</td>
<td>u/L</td>
<td></td>
<td></td>
<td></td>
<td>Unknown/Not done</td>
</tr>
<tr>
<td>SGOT/AST (aspartate aminotransferase/AST)</td>
<td>u/L</td>
<td></td>
<td></td>
<td></td>
<td>Unknown/Not done</td>
</tr>
<tr>
<td>LDH</td>
<td>units/L, U/L, ukat/L</td>
<td></td>
<td></td>
<td></td>
<td>Not done</td>
</tr>
<tr>
<td>Total bilirubin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unknown/Not done</td>
</tr>
<tr>
<td>Bilirubin direct</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unknown/Not done</td>
</tr>
<tr>
<td>Test</td>
<td>mg/dL</td>
<td>umol/L</td>
<td>ST=</td>
<td>Unknown</td>
<td>Not Done</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------</td>
<td>--------</td>
<td>-----</td>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td>Test</td>
<td>Value</td>
<td>Unit</td>
<td>ST</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------</td>
<td>-------</td>
<td>-----</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>Platelets</td>
<td></td>
<td>x10³/uL</td>
<td></td>
<td>Unknown, Not done</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin A1C</td>
<td></td>
<td>%</td>
<td></td>
<td>Unknown, Not done</td>
<td></td>
</tr>
<tr>
<td>Estimated Average Glucose (eAG)</td>
<td></td>
<td>mg/dL</td>
<td></td>
<td>Unknown, Not done</td>
<td></td>
</tr>
<tr>
<td>INR</td>
<td></td>
<td>international units</td>
<td></td>
<td>Unknown, Not done</td>
<td></td>
</tr>
<tr>
<td>Plasma-free hemoglobin</td>
<td></td>
<td>mg/dL</td>
<td></td>
<td>less than 30mg, Unknown, Not Done</td>
<td></td>
</tr>
<tr>
<td>Positive antiheparin/platelet antibody (HIT)</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Unknown, Not done</td>
<td></td>
</tr>
<tr>
<td>If Yes, are they on direct thrombin inhibitors</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Unknown, Not done</td>
<td></td>
</tr>
<tr>
<td>If Yes, Enter Drugs:</td>
<td></td>
<td></td>
<td></td>
<td>Aspirin, Dipyridamole, Plavix, Heparin, Coumadin, Direct thrombin inhibitors (ex: arg, lip, val...)</td>
<td></td>
</tr>
<tr>
<td>Was a TEG done?</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Unknown, Not done</td>
<td></td>
</tr>
<tr>
<td>ThrombElastoGraph Hemostasis System (TEG) profile, MA k</td>
<td></td>
<td>max amplitude in kaolin</td>
<td></td>
<td>Unknown, Not done</td>
<td></td>
</tr>
<tr>
<td>ThrombElastoGraph Hemostasis System (TEG) profile, R k</td>
<td></td>
<td>reaction time in kaolin</td>
<td></td>
<td>Unknown, Not done</td>
<td></td>
</tr>
<tr>
<td>Test</td>
<td>Result</td>
<td>ST</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ThrombElastoGraph HemostasisSystem (TEG) profile, RH</td>
<td>reaction time w/heparinase</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRP or hs-CRP</td>
<td>mg/L</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lupus Anticoagulant</td>
<td></td>
<td>Positive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>