48001

AVID

Hospitalization

Fax to: (206) 685-7569
or (800) 253-6404

Affix Patient ID # Here seqnum11

Complete this form at

- Baseline hospital discharge.
- Discharge for each subsequent hospitalization/ER or "short stay" visit.

dayadm11 **1 Date of hospital admission:** ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

daydis11 **Date of hospital discharge or death:** ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

type11 **2 Type of Admission:**

O ER visit only (1) O "Short" stay only (<24 hours) (2) O Hospitalization (i.e., overnight stay) (3)

3 Name of hospital (discharged from):

Location:

City ☐☐ State

4 Antiarrhythmic therapy at admission:

O No Therapy (txnone11) O ICD (txicd11) O Antiarrhythmic drug (txanti11)

If antiarrhythmic drug, specify:

dramio11 O Amiodarone amiomg11 dose: ☐☐☐☐ mg/day

drsot11 O Sotalol sotmg11 dose: ☐☐☐ mg/day

droth11 O Other: ☐☐☐☐☐☐☐☐☐☐ dose: ☐☐☐☐☐☐ mg/day

☐☐☐☐☐☐☐☐☐☐ dose: ☐☐☐☐☐☐ mg/day

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Month / Day / Year
(admission date)

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5 Primary reason for hospitalization: ***(Check cardiac or non-cardiac)***

reason11

0 ○ **Non-cardiac, specify reason:**

1 ○ **Cardiac** *If cardiac, check one of the following:*

1 ○ Baseline hospitalization

If checked, did this include acute treatment of index arrhythmia?

○ Yes ○ No index11
1 0

2 ○ Recurrent ventricular arrhythmia (includes those treated by the ICD)
(Complete Recurrent Arrhythmia form)

14 ○ ICD therapies not related to ventricular arrhythmia

—> *Presumed contributing factors (Check all that apply)*

cardcs11

nocon11 ○ No factors identified
chfcon11 ○ New or Worsened CHF
iscshk11 ○ New or Worsened Ischemia or MI
svtcon11 ○ Supraventricular arrhythmias
imbcon11 ○ Electrolyte imbalance
ldfcon11 ○ Lead failure
gnfail11 ○ Generator failure
othcon11 ○ Other:
noinfo11 ○ Information not available

13 ○ ICD evaluation, not prompted by shocks
4 ○ Other arrhythmia not resulting in ICD shocks (such as atrial fibrillation)
8 ○ Syncope
5 ○ Confirmed MI
6 ○ Angina or suspected MI - ruled out
7 ○ New or worsened CHF

nyha11 *If checked, what was the NYHA class at admission?*

○ Class I ○ Class II ○ Class III ○ Class IV
1 2 3 4

9 ○ Cardiac procedure or surgery
10 ○ Adverse symptom due to antiarrhythmic drug
11 ○ Late adverse symptom due to ICD
12 ○ Other:

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6 Events during hospitalization:

Check ALL events that occurred DURING hospitalization:

death11 ○ Death *(Complete Death form)*

arr11 ○ Recurrent ventricular arrhythmia requiring external cardioversion/pacing, IV anti-arrhythmic drugs, or ICD reprogramming to terminate *(Complete Recurrent Arrhythmia form)*

mi11 ○ MI

angina11 ○ New or worsened angina

chf11 ○ New or worsened CHF

cardp11 ○ Cardiac procedure or surgery

Check all procedures that were done:

thysis11 ○ Thrombolytic therapy

cabg11 ○ CABG

ptca11 ○ PTCA/atherectomy

icdimp11 ○ ICD implantation *(Complete the ICD Implantation form)*

pace11 ○ Pacemaker implantation

arrsur11 ○ Arrhythmia surgery/aneurysm resection

ablatn11 ○ Ablation

valve11 ○ Valve repair/replacement

othpro11 ○ Other procedure:

othevn11 ○ Other cardiac event (specify):

7 Procedures during baseline hospitalization only:

	Yes (1)	No (0)	
corang11	○	○	Coronary angiography post index event *If Yes, complete Coronary Perfusion form (ONLY if prior MI).*
baseps11	○	○	Baseline (drug free) EPS *If Yes, complete EPS form, regardless of therapy assignment.*
bashlt11	○	○	Baseline (drug free) Holter *If Yes, complete Holter form, regardless of therapy assignment.*

8 Was there an intended long term change in study therapy?

chgtx11 ○ Yes ○ No *If yes, complete Change of Study Therapy form*

Signature of person filling out this form

code11

code number

For Clinical Trial Center Use Only: rtnum11

CTC Code | Yes ○ No ○ | 2 1 1 0 4 0 0