VENTRICULAR TACHYCARDIA

Affix Patient I.D. Here

Complete this form for all patients with symptomatic documented VT, or any documented VT, ≥15 complexes at a rate ≥120 bpm. Such symptoms include syncope; one of the following when probably caused by arrhythmia-related hypoperfusion: presyncope, lightheadedness, dizziness, weakness or diaphoresis, shortness of breath or chest pain. Those arrhythmias which only manifest themselves by palpitations are not included.

DATE21

1 Date of ventricular tachycardia: ___/___/___ (mo dy yr)

STUDY DRUG PRIOR TO AND AT TIME OF EVENT

DRCHG21

2

	Therapy at day 10 prior to event	Any change in therapy during 10 days prior to event: change 1	change 2	change 3
	DTP1021 ___/___/___ (mo dy yr)	___/___/___ (mo dy yr)	___/___/___ (mo dy yr)	___/___/___ (mo dy yr)
	DRP1021			
Encainide	☐ 1	☐ 1	☐ 1	☐ 1
Flecainide	☐ 2	☐ 2	☐ 2	☐ 2
Moricizine	☐ 3			☐ 3
CAST-ENC	☐ 4			☐ 4
CAST-FLEC	☐ 5			☐ 5
CAST-MOR	☐ 6	☐ 6	☐ 6	☐ 6
No antiarrhythmic	☐ 7	☐ 7	☐ 7	☐ 7
Other antiarrhythmic	☐ 8	☐ 8	☐ 8	☐ 8
Specify:				
Dose (mg/day)	___	___	___	___

3 Arrhythmia documented by: (check all that apply)

☐ 1 Holter ☐ 1 12 lead ECG ☐ 1 Rhythm strip

HOLTER21 ECG21 RHYTHM21

CHARACTERISTICS OF VT

4 Number of documented episodes in 24 hr period: EPISOD2| ⌊⌊⌊⌊

5 Duration of longest episode: DUREPI2| ⌊⌋ day ⌊⌋ hr ⌊⌋ min ⌊⌋ sec

If < 30 sec, number of beats: ⌊⌊⌊⌊ BEATS2|

6 Average rate of VT during longest episode: ⌊⌊⌊ bpm AVGRAT2|

7 VT was ☐1 monomorphic ☐2 polymorphic VTCHAR2|

SETTING OF VT PRIORSY21

8 Check all that apply and give date where required

		mo	dy	yr
☐1	New or worsened CHF (Complete New or Worsened CHF form, CAST 19)			
☐1	Angina	⌊⌋⌊⌋	⌊⌋⌊⌋	⌊⌋⌊⌋
☐1	Prolonged chest pain (≥20 min) without MI	⌊⌋⌊⌋	⌊⌋⌊⌋	⌊⌋⌊⌋
☐1	MI (Complete Recurrent MI form, CAST 20)	⌊⌋⌊⌋	⌊⌋⌊⌋	⌊⌋⌊⌋
☐1	Cardiac surgery	⌊⌋⌊⌋	⌊⌋⌊⌋	⌊⌋⌊⌋
☐1	PTCA	⌊⌋⌊⌋	⌊⌋⌊⌋	⌊⌋⌊⌋

☐1 Other (e.g., profound hypokalemia or digitalis toxicity) specify

⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊

ASYMPTA2| ☐1 Asymptomatic prior to VT

DOCUMENTATION OF VT EPISODE

Give dates and information from Holter, ECG or rhythm strips if available

		Date mo dy yr	Not Avail	HR (bpm)	QT (sec)	RR' interval at onset (sec)
9	Prior to VT	DTPRIO2| ⌊⌋⌊⌋/⌊⌋⌊⌋/⌊⌋⌊⌋	☐1	PRIOHR2| ⌊⌊⌊	0.⌊⌋ PRIOQT2|	
10	Onset of VT	DTONST2| ⌊⌋⌊⌋/⌊⌋⌊⌋/⌊⌋⌊⌋	☐1	ONSTHR2| ⌊⌊⌊	0.⌊⌋ ONSTQT2| 0.⌊⌋ ONSTRR2|
11	VT	DTVT2| ⌊⌋⌊⌋/⌊⌋⌊⌋/⌊⌋⌊⌋	☐1			
12	Termination of VT	DTTERM2| ⌊⌋⌊⌋/⌊⌋⌊⌋/⌊⌋⌊⌋	☐1			
13	After VT	DTAFT2| ⌊⌋⌊⌋/⌊⌋⌊⌋/⌊⌋⌊⌋	☐1	AFTHR2| ⌊⌊⌊	0.⌊⌋ AFTQT2|	

Retain Holter or ECG or Rhythm strips in patient file for later review, DO NOT SEND TO COORDINATING CENTER

INTERVENTIONS REQUIRED (Check all that apply) INTREQ21

14 [2]1 Spontaneously terminating
[2]1 Converted with precordial thump
[3]1 Converted with pacing
[3]1 Converted with external cardioversion
[\]1 Converted with automatic implantable cardioverter/defibrillator
[1]1 Converted with drugs

If DRUGS, specify: ________________

THERAPY FOLLOWING VT

15 [ ]1 Continued open label titration
If YES, date returned: ___/___/___ mo dy yr

NEXTTX21

(Complete Open Label Titration form(s), CAST 12)

[ ]2 Returned to CAST drug

[ ]3 Went to Individualized Therapy

If YES, date: ___/___/___ mo dy yr

(Complete Individualized Therapy form, CAST 24)

DISQUALIFYING VT?

16 Does this VT event disqualify the patient from continuing on CAST drug and require the patient to proceed to individualized therapy (i.e., did not occur within the first 72 hours after a recurrent MI and was not related to transient, correctable factors)?

[ ]1 yes [ ]2 no

DISQUA21

Complete Concurrent Drugs form, CAST 09

Name of person filling out form ____________ Code Number ____