

OCCLUDED ARTERY TRIAL (OAT) CONGESTIVE HEART FAILURE EVENT FORM

OAT Form18
Rev 2
04/14/2003
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26693

Please Use Black Pen To Fill Out Form.

Patient's ID Number: - Letter Code: Sequence Number: seqno Correction

1. Date of CHF event: mm dd fm18dt yyyy

A. Timing of event relative to OAT randomization: (Check only one)

- Prior to randomization (after index MI)* chftming
- Within 48 hours of randomization
- More than 48 hours after randomization

B. CHF Treatment Site: (Check only one)

<input type="radio"/> Initial hospitalization for index MI	<input type="radio"/> CHF specialized treatment unit	<input type="radio"/> Hospice
<input type="radio"/> Subsequent hospitalization	<input type="radio"/> Outpatient visit	<input type="radio"/> Not treated
<input type="radio"/> Emergency room visit	<input type="radio"/> Nursing home	chftrloc

C. Procedure related:

	Yes	No	
i. Catheterization related ..	<input type="radio"/>	<input type="radio"/>	chfcath
ii. PCI related	<input type="radio"/>	<input type="radio"/>	chfpci
iii. CABG related	<input type="radio"/>	<input type="radio"/>	chfcabg

D. Was congestive heart failure the primary admitting diagnosis?

Yes	No	NA	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	chfadmit

E. CHF presentation (Check only one):

<input type="radio"/> New hospitalization for CHF	<input type="radio"/> Outpatient IV diuretic therapy
<input type="radio"/> Continuing hospitalization (may include index MI)	<input type="radio"/> Other new onset chfprest

2. Weight chfwt kg. NA

3. Ejection Fraction .. chfeject % NA

4. CLINICAL CONDITION:

A. Highest Class of Heart Failure (NYHA Class) during this event

I	II	III	IV	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	chfevtcl

B. S3 chfs3

C. Rales > = 1/2 lung field chfralge

D. Rales < 1/2 lung field chfrallt

Signature: _____ -

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*Source documentation not required.

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4. CLINICAL CONDITION (continued):

Yes No Uncertain

- E. Was there evidence of pulmonary edema on chest x-ray? Yes No Uncertain *chfpuled*
- F. Was there evidence of pulmonary congestion other than pulmonary edema on the chest x-ray, (e.g. vascular redistribution)? Yes No Uncertain *chfpcong*
- G. Was outpatient therapy unable to control this patient's heart failure? Yes No Uncertain *chfuctrl*
- H. New or increased cardiomegaly? Yes No Uncertain *chfcard*
- I. Congestive heart failure symptoms at rest or minimal activity? Yes No Uncertain *chfrest*

If Yes, answer i - iii.

Yes No

- i. Shortness of breath Yes No *chfshorb*
- ii. Fatigue Yes No *chffatig*
- iii. Orthopnea three-pillow Yes No *chf3pill*

- J. Shortness of breath at low level of effort? Yes No Uncertain *chfsblow*
- K. Was oxygen saturation <90% as measured by arterial gas or oximetry? Yes No Uncertain *chfo2sat*
- L. Valvular heart disease? Yes No Uncertain *chfvhrtd*

0 1 2 3 4 Uncertain

- M. Peripheral edema? 0 1 2 3 4 Uncertain *chfphred*

Yes No Uncertain NA

- N. Was current hospitalization planned, not urgent? Yes No Uncertain NA *chfplan*

- O. Was bnp measured prior to use of nesiritide infusion? Yes No Uncertain NA *chfbnpms*

If Yes, highest level (before any nesiritide infusion.) *chfbnp* pg/ml

bnp ULN *chfbmpul* pg/ml

5. Treatment:

Yes No Uncertain

- A. Was supplemental oxygen therapy used? Yes No Uncertain *chfsupo2*
- B. Were IV diuretics used? Yes No Uncertain *chfivdiu*
- C. Were repeated doses of intravenous diuretics used? Yes No Uncertain *chfrepdo*
- D. Were intravenous pressors or inotropes (other than digoxin) used? Yes No Uncertain *chfivprs*
- E. Were either new oral diuretic prescribed or the dose of oral diuretic increased? Yes No Uncertain *chfordiu*
- F. Was nesiritide (bnp, Natrecor used?) Yes No Uncertain *chfbnpyn*
- G. Renal dose dopamine? Yes No Uncertain *chfrenal*

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6. Was this event associated with an acute myocardial infarction? Yes No Unknown
 chfmi

If item 6 is YES, and after randomization, complete a Recurrent Myocardial Infarction Form (OAT Form 17).

7. What is the patient's history of medication for CHF?

	1.			2.			3.			4.		
	Prescribed More Than One Month Prior to This Event			Prescribed Within One Month Prior to Event			Prescribed During This Event			Prescribed on Discharge for This Event		
	Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown
A. Digitalis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfdig1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfdig2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfdig3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfdig4
B. Spironolactone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfspir1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfspir2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfspir3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfspir4
C. Thiazide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfthiz1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfthiz2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfthiz3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfthiz4
D. Loop diuretic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfdiur1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfdiur2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfdiur3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfdiur4
E. ACE inhibitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chface1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chface2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chface3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chface4
F. Beta-blocker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfbb1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfbb2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfbb3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfbb4
G. Angiotensin II blocker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfangt1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfangt2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfangt3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfangt4

8. Were any of the following tests or documents completed in conjunction with this event?

Narrative Summary and chest x-ray report are required for all patients.

	Yes	No	
A. Required narrative summary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfnsmry (admin)
B. Chest X-ray report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfxray (admin)
C. Hospital records or office notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfnotes (admin)
D. Cardiac Serum Marker Results (OAT Form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> chfsmrlt (admin)

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