

# OCCLUDED ARTERY TRIAL (OAT) CONGESTIVE HEART FAILURE CLASSIFICATION FORM

OAT Form 58  
Rev 1  
01/28/2004  
Page 1 of 1

7513

Please Use Black Pen To Fill Out Form.

Patient's ID Number:   -   Letter Code:   Seq. No. seqno Reader Number: readnbr Correction

1. Date of CHF event: mm dd fm58dt yyyy Yes No

2. Highest Class of Heart Failure, Symptoms (NYHA) .....  0  I  II  III  IV ccnyha

3. Congestive Heart Failure Features (answer each question unless otherwise indicated)

A. Symptoms at rest or any exertion (Class IV) ccrest Yes No

1. Shortness of breath ..... restsob

2. Fatigue ..... restfatg

3. Orthopnea (three-pillow) ..... restorth

B. Class III CHF - symptoms markedly limit physical activity. Comfortable at rest. Less than ordinary physical activity causes symptoms ..... ccclass3 Yes No

(If Yes, give symptoms below:)

1. Shortness of breath ..... c3sob

2. Fatigue ..... c3fatg

3. Orthopnea ..... c3orth

C. Specific therapy for CHF ? ..... chfthrapy

(If Yes, answer 1-4. If No, answer 5-7.)

1. Intravenous diuretic ..... txivdiur

2. Intravenous inotropic agent other than digitalis preparations ..... txiviot

3. Nesiritide (bnp) ..... txbnp

4. Intra-aortic balloon pump (IABP) ..... txiabp

Was specific therapy not administered because of the following ?

5. Contraindication ..... ntxonra

6. Diagnosis of Class IV not made at time of treatment ..... ntxdia

7. Decision not to treat for diagnosis of CHF ..... ntxdecis

D. Admitted to hospital or special treatment unit ? ..... cchossp Yes No

E. Chest X-ray with vascular redistribution or pulmonary edema ? ..... ccxrayvr Yes No N/A

F. BNP elevated above diagnostic cut point (100 pg/ml) ? ..... ccbnp Yes No

G. Other objective evidence ? ..... ccothr Yes No

(If Yes, specify below:)

ccothrkk

H. Were the required three criteria for OAT Class IV CHF present (Symptoms - 3A; Therapy - 3C; Objective results - 3E or F or G?) ..... cccl4 Yes No

4. Was Congestive Heart Failure the primary cause for this hospitalization ? ..... ccchtpri Yes No

5. Was this event immediately due to an attempted Percutaneous Coronary Intervention (PCI) ? ..... ccpci Yes No

6. Were symptoms due to diagnosis other than congestive heart failure? (If Yes, answer A-B.) ..... ccsymp

A. Pneumonia ..... diagpneu

B. Other, specify below ..... diagothr

diagrk

7. Initials of MMCC Member classifying event ..... mmcint (admin)

8. Signature of MMCC Member: \_\_\_\_\_

Mail to MMRI