



**YHRC**  
Yazd Heart  
Research  
Center

# Acute Heart Failure Registry

<b>Name:</b>	<b>Age:</b>	<b>Sex:</b> Male <input type="checkbox"/>	Female <input type="checkbox"/>
Hospital Code:	Telephone:	Date:	

## Causes of Admission:

Dyspnea <input type="checkbox"/>	NYHA .....	PND <input type="checkbox"/>	Orthopnea <input type="checkbox"/>	Swelling <input type="checkbox"/>	Fatigue <input type="checkbox"/>
Weight loss <input type="checkbox"/>	How much .....	Weight gain <input type="checkbox"/>	How much .....		
Palpitation <input type="checkbox"/>	Angina <input type="checkbox"/>	NYHA .....	Syncope <input type="checkbox"/>	Anorexia <input type="checkbox"/>	
Others:					

## Clinical Presentation:

Acute decompensation of CHF <input type="checkbox"/>
Acute pulmonary edema <input type="checkbox"/>
Cardiogenic shock <input type="checkbox"/>
Acute de novo HF <input type="checkbox"/>
Acute right – sided HF <input type="checkbox"/>
<b>Types of HF:</b> HFpEF <input type="checkbox"/> HFrEF <input type="checkbox"/>
<b>Etiology of HF:</b> IHD <input type="checkbox"/> DCM <input type="checkbox"/> Hypertension <input type="checkbox"/> HCM <input type="checkbox"/> RCM <input type="checkbox"/> Specify cause of DCM .....
<b>Vital Sign:(at admission)</b> SBP ..... DBP ..... HR ..... RR ..... T ..... Height ..... Weight ..... BMI .....
<b>Pulmonary:</b> Rales <input type="checkbox"/> Wheeze <input type="checkbox"/> both <input type="checkbox"/> decreased sound <input type="checkbox"/> normal sound <input type="checkbox"/>
<b>Heart</b> S3: <input type="checkbox"/> S4 <input type="checkbox"/> Systolic murmur <input type="checkbox"/> Severity ..... Diastolic murmur <input type="checkbox"/> Severity ..... JVP (cm)..... Positive hepatojugular reflex <input type="checkbox"/> Ascites <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Peripheral edema <input type="checkbox"/> Severity .....
<b>Distal pulses:</b> Normal <input type="checkbox"/> Weak <input type="checkbox"/> other signs: .....

**Past medical history:**

**HF duration (years):** ..... **Hypertensions** yes  no  Duration.....

**Smoking:** Yes  No  Current  Former

**Diabetes:** Yes  No  if yes: Type1  Type II  how long (year)...

**DM Treatment:** diet  Oral drug  Insulin  None

Previous treatment for dyslipidemia : Yes  No  if yes: hypercholesterolemia  hypertriglyceridemia   
both

**Drugs Treatment:**

Statin  Fibrate  both

**Previous MI:**  if yes, how many years before: .....

**CVD:** Yes  No  if yes : **TIA**  **stroke**  **Thrombotic**  **hemorrhagic**  **unavailable**

**Chronic Lung disease :** Yes  No  **PVD :** Yes  No  **Chronic renal failure :** Yes  No  if yes, on dialysis  
 on medical

**Thyroid disease:** Yes  No  if yes, hyper  hypo  Specify treatment: .....

**Liver disease:** Yes  No  Specify other endocrine: .....

Specify any connective tissue disease: .....

**History of Rheumatic heart disease:** Yes  No  if yes, how long before .....

**Substance abuse** Yes  No  if yes, specify type .....

**Alcohol:** Yes  No  if yes, how long .....

**Exposure to toxins, drugs:** Yes  No  if yes specify which .....

**Radiation therapy:** Yes  No  if yes, how many years before .....

**Current Cancers:** Yes  No  if yes, specify which .....

**Congenital heart diseases:** Yes  No  if yes, specify which .....

Specify previous treatment: .....

**Hospitalization for HF:** Yes  No  if yes, within the past 3 month  3-9 month  greater than 9 months

**Familial Hx of cardiomyopathy:** Yes  No  if yes, specify which type  Which family member .....

**familial HX of SCD:** Yes  No  Which member ..... Muscular dystrophy..... if yes specify type: .....

**Previous coronary angiography :** Yes  No  if yes: normal  significant LAD stenosis  LVEF (%).  
significant RCA stenosis  significant LCX stenosis  significant branches stenosis  unavailable

**Previous PCI :** Yes  No  if yes: LAD  RCA  LCX  branches   
how many years before: ..... unavailable

**Previous CABG:** Yes  No  if yes: how many years before: ..... LVEF before CABG: .....

**Previous Valvular Surgery :** Yes  No  if yes: specify which: ..... how many years before: .....

**Surgery for CHD:** Yes  No  if yes: specify which: ..... specify any other intervention: .....

**Data of RHC(Right Heart Cath):**  
Co (fick)..... CVP..... mean RAP..... PVP..... PAP..... PCWP..... PVR ..... SVR .....

**Lab Data:**

Blood Lab :	HB:	HTC:	WBC:				
FBS:	2hpp:	BNP:	CRP:	ESR:			
ALT:	AST:	Bile-T:	bile-d:	ALKP:	Mg:		
Ca:	P:	Uric acid:	T3:	T4:	TSH:	T3RU:	FTI:
TG:	Chol:	LDL:	HDL:	HbA1c:			
CPK1:	CPK2:	CK-MB1:	CK-MB2:	Tn-I:	Dig Level:		
Fe:	Ferritin:	TIBC:	BNP:	others...			

**Serial Lab data:**

SERIAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Lab data																				
UREA																				
Cr																				
Na																				
K <sup>+</sup>																				
MG																				

**ECG Data:**

HR ..... sinus rhythm  AF rhythm  pace- rhythm  specify other rhythm .....

Narrow QRS  LBBB  RBBB  NS IVCD  LA abnormality

RA abnormality  RVH  LVH  old MI  ST-T change

Normal Axis  LAD  RAD

**Chest-X-ray Data:**

Cardiomegaly <input type="checkbox"/> Right PE <input type="checkbox"/> Left PE <input type="checkbox"/> Any consolidation <input type="checkbox"/> Venous congestion <input type="checkbox"/>
Thoracic CT Report :
CT angiographic Report :
Recent MRI Report :
6 MWT Report :
ET Report :
Other test Report :

**Previous EPS & Device:**

CRT-D <input type="checkbox"/> CRT <input type="checkbox"/> dual-chamber PM <input type="checkbox"/> Single-chamber PM <input type="checkbox"/>
ICD-VR <input type="checkbox"/> ICD-DR <input type="checkbox"/> CRT-malfunction <input type="checkbox"/> Date of device implantation: .....
Any other previous EPS & ablation <input type="checkbox"/> .....

**Echocardiogram Data:**

LVEF .....	LVEDD .....	LVESD .....	
LVH <input type="checkbox"/>	RWMA <input type="checkbox"/>	LV aneurysm <input type="checkbox"/>	LV clot <input type="checkbox"/>

RV diastolic size .....	Normal RV function <input type="checkbox"/>	Mild RV dysfunction <input type="checkbox"/>
Moderate RV dysfunction <input type="checkbox"/>	Severe RV dysfunction <input type="checkbox"/>	RV clot <input type="checkbox"/>

LA Diameter.....	LA clot <input type="checkbox"/>	RA Enlargement <input type="checkbox"/>	RA clot <input type="checkbox"/>
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<b>Normal MV</b> <input type="checkbox"/>	Mild to moderate secondary MR <input type="checkbox"/>	severe secondary MR <input type="checkbox"/>	Mitral disease.....
<b>Normal AV</b> <input type="checkbox"/>	AV disease .....		
<b>Normal TV</b> <input type="checkbox"/>	Mild to Moderate TR <input type="checkbox"/>	Severe TR <input type="checkbox"/>	TRG ..... TV disease .....
<b>Normal PV</b> <input type="checkbox"/>	PV disease.....		

**Doppler data:**

IVC size .....	IVC Collapse < 50% <input type="checkbox"/>	SPAP .....	E/A.....	E/e' .....
Pericardial effusion <input type="checkbox"/>	Severity .....	Congenital anomaly <input type="checkbox"/>	if yes specify type: .....	
Prosthetic valve <input type="checkbox"/>	if yes specify Type and function: .....			
Other findings: .....				

### Precipitating Factor:

Pulmonary infection  PTE  drug noncompliance  Diet noncompliance  Arrhythmia   
if yes which Type: ..... any recent surgery  ACS  Uncontrolled HTN   
any infection  any other cause ..... no known cause

### In hospital course:

CCU stay ..... Hospital stay ..... First weight ..... Last day weight .....  
Symptomatic improvement  Death  if death, which day .....  
Specify cause of death ..... Specify any in-hospital events .....

### In hospital drugs:

IV Furosemide  daily dose ..... IV TNG  IV Dobutamine  IV Dopamine  IV Epinephrine   
IV nor Epinephrine  IV milrinone   
Oral Furosemide  daily dose ..... Metolazone  daily dose ..... Hydrochlorothiazide  daily dose .....  
Captopril  daily dose ..... Enalapril  daily dose ..... Lisinopril  daily dose ..... Losartan   
daily dose ..... Valsartan  daily dose ..... Carvedilol  daily dose ..... Metohexal  daily dose .....  
Spironolactone  daily dose ..... Eplerenone  daily dose .....  
Warfarin  ASA  Hydralazine  daily dose ..... Isosorbid  daily dose .....  
Nitrocantin  daily dose ..... Digoxin  daily dose ..... Levothyroxine  daily dose .....  
Any Antibiotic  which: ..... Any Other drug: .....

#### پیگیری سه ماهه:

بستری مجدد: خیر..... بلی..... تاریخ بستری  
علت بستری.....  
فوت: خیر..... بلی..... تاریخ فوت..... علت  
احتمالی فوت..... غیره.....

#### پیگیری شش ماهه:

بستری مجدد: خیر..... بلی..... تاریخ بستری  
علت بستری.....  
فوت: خیر..... بلی..... تاریخ فوت..... علت  
احتمالی فوت..... غیره.....

#### پیگیری یک ساله:

بستری مجدد: خیر..... بلی..... تاریخ بستری  
علت بستری.....  
فوت: خیر..... بلی..... تاریخ فوت..... علت  
احتمالی فوت..... غیره.....