

1) Core data

1. Primary cardiovascular diagnosis and date of diagnosis

- Coronary artery disease (CAD)
- Heart failure (HFrEF / HFpEF)
- Hypertension
- Arrhythmias (AF, ventricular arrhythmias, etc.)
- Valvular heart disease
- Peripheral arterial disease (PAD)
- Congenital heart disease

2. Comorbidities and date of diagnosis

- diabetes

- CKD

- COPD

- dyslipidemia

- obesity

3. Cardiologist / primary physician - Name

and contact details

2) Core Investigations

A. Vitals & Clinical Measurements

- Blood pressure (clinic & home readings)
- Pulse
- Weight, BMI, waist circumference
- NYHA class(Heart Failure) - (1 - 4)
- CCS class(Angina) - (1 - 4)

B. Cardiac Investigations

Electrocardiography

Upload image

Text - Explanation of findings

Cardiac imaging

- Echocardiogram
- Upload images
- Upload report

- Text - Summary of findings

Stress test results

Coronary angiogram or CT angiography

C. Laboratory Investigations

- Lipid profile (LDL, HDL, TG, total cholesterol)
- High-sensitivity troponin (if acute episode)
- BNP / NT-proBNP (heart failure monitoring)
- Serum creatinine → eGFR
- Electrolytes (Na, K, Mg)
- HbA1c (if diabetic / risk stratification)
- CRP / hs-CRP (optional)
- Thyroid function (TSH)
- Coagulation profile (INR if on warfarin)

D. Vascular & Other Screening

- Carotid Doppler (if stroke/TIA history)
- ABI (ankle-brachial index) for PAD
- Chest X-ray (if HF / structural concerns)

E. Risk Scores

- ASCVD risk score
- CHA₂DS₂-VASc score (for AF stroke risk)
- HAS-BLED score (bleeding risk if anticoagulated)
- Heart failure prognostic markers (NYHA + BNP + EF trend)

3) Treatment / Medications

Use a structured database of cardiovascular drugs.

A. Core Classes

Antiplatelets / Anticoagulants

- Aspirin
- Clopidogrel / ticagrelor / prasugrel
- DOACs: apixaban, rivaroxaban, dabigatran
- Warfarin

Anti-ischemic therapy / CAD management

- β -blockers (metoprolol, bisoprolol, carvedilol)
- Nitrates (long-acting/short-acting)
- Ranolazine
- Calcium channel blockers (amlodipine, diltiazem, verapamil)

Blood pressure management

- ACE inhibitors (e.g., enalapril, lisinopril)
- ARBs (losartan, valsartan)

- ARNi (sacubitril/valsartan for HF)
- Thiazide diuretics
- Loop diuretics
- Aldosterone antagonists (spironolactone, eplerenone)

Lipid management

- Statins (high-/moderate-intensity)
- Ezetimibe
- PCSK9 inhibitors

Heart failure–specific therapy

- SGLT2 inhibitors (dapagliflozin, empagliflozin)
- Ivabradine
- Hydralazine + nitrates (specific indications)

Arrhythmia medications

- Amiodarone
- Digoxin
- Flecainide / propafenone (if used)

B. Devices & Interventions

- Coronary stents (with dates)
- CABG (coronary bypass)
- Pacemaker
- ICD
- CRT device

C. Vaccinations

- Influenza
- Pneumococcal
- COVID-19
- Others as per local guidelines

4) Self-Management / Lifestyle Fields

- Home BP monitoring (frequency, averages)
- Home HR tracking (rate/rhythm alerts from wearables)
- Weight tracking & fluid monitoring (HF)
- Medication adherence (auto-logs, reminders)
- Physical activity level (minutes/week,

step count)

- Diet plan (low-salt, Mediterranean diet, calorie goals)
- Smoking status
- Alcohol intake
- Stress / sleep patterns
- Cardiac rehabilitation enrollment status
- Education completed (HF education, anticoagulation education)
- Personalized action plan (e.g., HF weight threshold, when to call doctor)

5) Urgent / Red-Flag Items

Symptoms requiring urgent care:

- New or worsening chest pain / pressure
- Dyspnea at rest
- Syncope or near-syncope
- Palpitations with hemodynamic instability
- Sudden unilateral limb swelling (DVT suspicion)

Heart failure red flags:

- Rapid weight gain >2 kg in 2 days
- Severe leg swelling, orthopnea, PND
- Very high BNP rising trend
- Oxygen saturation <90% (new)

Arrhythmia-related red flags:

- New atrial fibrillation with HR >120 at rest
- Ventricular arrhythmias noted on device / ECG

Blood pressure alerts:

- SBP >180 mmHg or <90 mmHg with symptoms
- Hypertensive emergency symptoms (vision changes, confusion)

Device emergencies:

- ICD shock delivered
- Pacemaker malfunction alerts

Laboratory/clinical triggers:

- Sudden eGFR decline or severe hyperkalemia on ACEi/spironolactone
- Troponin elevation (suspected ACS)

Hospitalisations:

- Previous hospital admissions for MI, heart failure, arrhythmias, stroke, hypertensive crisis