COVID-19 Cardiovascular Registry – April 28, 2020

Patient ID:		**Bold Question = Required**
DEMOGRAPHICS		***Demographics Tab***
Sex (sex)	○ Male (1) ○ Female (2) ○ Unknown (3)	
Date of Birth (dob)	_____/_____/_____	**Age** (age) _____
Zip Code (zip)	_____ - _____	Homeless (homeless) ☐
Payment Source (psource)	☐ Medicare Title 18 (1) ☐ Medicaid – Private/ HMO/ PPO/ Other (6) ☐ Self Pay/ No Insurance (4)	☐ Medicaid Title 19 (2) ☐ Private/ HMO/ PPO/ Other (3) ☐ Other/ Not Documented/ UTD (9)
	☐ Medicare – Private/ HMO/ PPO/ Other (5) ☐ VA/ CHAMPVA/ Tricare (7)	
RACE AND ETHNICITY		
Race (Select all that apply) (race)	☐ American Indian/Alaska Native (1) ☐ Black or African American (2) ☐ White (3) ☐ Asian (4) [if Asian selected] ☐ Asian Indian [1] ☐ Chinese [2] ☐ Filipino [3] ☐ Japanese [4] ☐ Korean [5] ☐ Vietnamese [6] ☐ Other Asian [7] (asian)	☐ Native Hawaiian or Pacific Islander (5) [if native Hawaiian or pacific islander selected] ☐ Native Hawaiian [1] ☐ Guamanian or Chamorro [2] ☐ Samoan [3] ☐ Other Pacific Islander [4] (hawaiian) ☐ UTD (6)
Hispanic Ethnicity (hisethni)	○ Yes (1) ○ No/UTD (2)	
If Yes (ethnicys)	○ Another Hispanic, Latino or Spanish Origin (4) ○ Cuban (3)	○ Mexican, Mexican American, Chicano/a (1) ○ Puerto Rican (2)
ADMIN		***Admin Tab***
Arrival Date/Time (arrdt)	____/____/_____:____ ○ MM/DD/YYYY only ○ Unknown	**Admission Date** (admdt) _____/_____/_____
Discharge Date/Time (disdate)	____/____/_____:____ ☐ MM/DD/YYYY only	
What was the patient's discharge disposition on the day of discharge? (dschstat)	☐ 1 – Home (1) ☐ 2 – Hospice – Home (2) ☐ 3 – Hospice – Health Care Facility (3) ☐ 4 – Acute Care Facility (4) ☐ 5 – Other Health Care Facility (5) ☐ 6 – Expired (6) ☐ 7 – Left Against medical Advice / AMA (7) ☐ 8 – Not Documented or Unable to Determine (UTD) (8)	
If Other Health Care Facility (dschothfac)	○ Inpatient Rehabilitation Facility (IRF) (2) ○ Intermediate Care facility (ICF) (4) ○ Long Term Care Hospital (LTCH) (3)	○ Skilled Nursing Facility (SNF) (1) ○ Other (5)
ARRIVAL AND ADMISSION INFORMATION		***Admission Tab***
Means of Transport to your Facility (meanstrans)	○ Air (1) ○ Ambulance (2) Transfer from another hospital (4) ○ Walk-In (3) ○ ND or Unknown (5)	
MEDICAL HISTORY		

Past Medical History (medhisto)	☐ No Medical History (17) ☐ Atrial Fibrillation (1) ☐ Atrial Flutter (2) ☐ Cancer (3) ☐ Cerebrovascular Disease (4) ☐ Stroke (5) ☐ TIA (6) ☐ Chronic Kidney Disease (18) ☐ Currently on Dialysis (7) ☐ DVT (19) ☐ Diabetes Mellitus (8) ☐ Dyslipidemia (9) ☐ eCigarette (vaping) (20) ☐ Heart Failure (11) ☐ Hypertension (12) ☐ Immune Disorders (22) ☐ HIV (23) ☐ Lupus (24) ☐ Rheumatoid Arthritis (25) ☐ Other (26) ☐ Organ Transplant (33) ☐ Peripheral Artery Disease (13) ☐ Prior CABG (14) ☐ Prior MI (15) ☐ Prior PCI (16) ☐ Pulmonary Embolism (27) ☐ Pulmonary Disease (28) ☐ COPD (29) ☐ Interstitial Lung Disease (ILD) (30) ☐ Asthma (31) ☐ Other (32) ☐ Smoking (21)
DIAGNOSIS & EVALUATION	
COVID-19 Diagnosis (covdiag)	○ Yes, prior to admission (1) ○ Yes, after discharge (3) ○ Yes, during hospitalization (2) ○ Unknown/ND (4)
Method of diagnosis (methdiag)	○ Clinical diagnosis using hospital specific criteria (2) ○ RT-PCR Test (1)
Date of dx (diagdt)	_____/_____/_____ ☐ Unknown
Date of COVID-19 symptom onset? (symonstdt)	_____/_____/_____ ☐ Unknown
Documented Symptoms (docusymp)	☐ Confusion or Altered Mental Status (12) ☐ Cough (2) ☐ Fatigue (4) ☐ Fever/ Chills (1) ☐ Headache (5) ☐ Loss of Sense of Smell/ Taste (11) ☐ Myalgia (6) ☐ Nasal Congestion (8) ☐ Nausea, Vomiting, or Diarrhea (9) ☐ Shortness of Breath (3) ☐ Sore Throat (7) ☐ Other: _____ (13) (speothsymp) ☐ Not Documented (14)
Presence of interstitial infiltrates on initial Chest X-ray or CT (interinfil)	○ Yes (1) ○ No (2) ○ ND (3)
During admission, was this patient enrolled in a clinical trial related to COVID-19? (covclintrial)	○ Yes (1) ○ No/ND (2)
MEDICATION PRIOR TO ADMISSION	
Medications prescribed or taking at time of admission:	
Anti-hypertensive (antihyprtnsv)	○ Yes (1) ○ No/ND (2)
Anti-hypertensive Tx (Select all that apply) (antihyprtnsvtx)	☐ Ace Inhibitors (1) ☐ ARB (2) ☐ ARNI (3) ☐ Beta Blockers (4) ☐ CA++ Channel Blockers (5) ☐ Diuretics (6) ☐ MRA (7) ☐ Other anti-hypertensive med (8)
ACEI administered during hospitalization (aceidurhosp)	○ Yes (1) ○ No (2) ○ ND (3)
ARB administered during hospitalization (arbdurhosp)	○ Yes (1) ○ No (2) ○ ND (3)
Lipid Lowering Therapy (liplowthrp)	○ Yes (1) ○ No/ND (2)
Lipid lowering therapy (Select all that apply) (liplowthrptx)	☐ Ezetimibe (1) ☐ PCSK 9 Inhibitor (2) ☐ Statin (3) ☐ Other lipid lowering med (4)
Antiplatelet (antiplt)	○ Yes (1) ○ No/ND (2)
Antiplatelet Tx (Select all that apply) (antiplttx)	☐ Aspirin (1) ☐ P2Y12 Inhibitors (2) ☐ Other Antiplatelet (3)
Anticoagulant (anticoag)	○ Yes (1) ○ No/ND (2)

Anticoagulant Tx (Select all that apply) (anticoagtx)	☐ Direct Thrombin Inhibitor (1) ☐ Warfarin (3) ☐ Factor Xa Inhibitor (2) ☐ Other Anticoagulant (4)
Anti-hyperglycemic (antihyprglym)	○ Yes (1) ○ No/ND (2)
Anti-hyperglycemic Tx (select all that apply) (antihyprglymtx)	☐ DPP-4 Inhibitors (1) ☐ Sulfonylurea (6) ☐ GLP-1 Receptor Agonist (2) ☐ Thiazolidinedione (7) ☐ Insulin (3) ☐ Other Injectable/ Subcutaneous Agent (8) ☐ Metformin (4) ☐ Other Oral Agents (9) ☐ SGLT2 Inhibitor (5)
Corticosteroid (corticosterd)	○ Inhaled (1) ○ Oral (2) ○ None/ND (3)
Immunosuppressive medications (other than steroids) (immusuppmed)	○ Yes (1) ○ No/ND (2)
Chemo or biological treatment for cancer (chembiocncr)	○ Yes (1) ○ No/ND (2)
Hydroxychloroquine (hydchlqun)	○ Yes (1) ○ No/ND (2)

HOSPITALIZATION *Hospitalization Tab*

During this admission: If multiple events, record Date/Time of first episode.

Documentation of Presenting EKG (prsntekgdoc)	○ Yes (1) ○ No/ND (2)
Rhythm (rhythm)	○ Atrial Fibrillation (1) ○ Atrial Flutter (2) ○ Sinus (3) ○ Other (4)
QTC Value (qtcval)	_____ ms ○ Not Documented (qtvalnd)
EKG abnormalities (ekgabnrml)	☐ None (1) ☐ Right Bundle Branch Block (3) ☐ ST-Segment Elevation (5) ☐ Left Bundle Branch Block (2) ☐ ST-Segment Depression (4) ☐ Not Documented (6)
Sustained ventricular arrhythmias (susvenarr)	○ Yes (1) ○ No/ND (2)
Date/Time of sustained ventricular arrythmia (susvenarrdt)	____/_____/_____ _____:____ ○ MM/DD/YYYY only ○ Unknown
Atrial Fibrillation (afibpres)	○ Yes (1) ○ No/ND (2)
Date/Time of A-Fib (afibpresdt)	____/_____/_____ _____:____ ○ MM/DD/YYYY only ○ Unknown
Heart block requiring a temporary or permanent pacemaker (tmpperpace)	○ Yes (1) ○ No/ND (2)
Date/Time of HB intervention (tmpperpacedt)	____/_____/_____ _____:____ ○ MM/DD/YYYY only ○ Unknown
Acute Myocardial Infarction (AMI) (actmyoinf)	○ STEMI (1) ○ NSTEMI (2) ○ No/ND (3)
STEMI reperfusion (stemirep)	○ Fibrinolytic Therapy (1) ○ Primary PCI (2) ○ No reperfusion therapy (3)
NSTEMI type (nstemityp)	○ Type 1 MI (1) ○ Type 2 (demand-related) MI (2) ○ ND (3)
Date/time of AMI (amidt)	____/_____/_____ ___;_____ ○ MM/DD/YYYY only ○ Unknown
Percutaneous Coronary Intervention (PCI) (primarypci)	○ Yes (1) ○ No/ND (2)
Date/Time of PCI (primarypcidt)	____/_____/_____ _____:____ ○ MM/DD/YYYY only ○ Unknown
LVEF assessment (lvef)	○ Yes (1) ○ No/ND (2)
Date of LVEF assessment (lvefdt)	____/_____/_____ ○ Unknown
EF – Quantitative (%) (lvfasmt)	_____% ○ Not Documented (lvfasmtnd)
Is there documentation of	○ Yes (1) ○ No/ND (2)

an LVEF assessment within the last year? (lvefassess) Last Known EF (efknown)	_____% ○ Not Documented (efknownnd)
Coronary Angiogram (corangio)	○ Yes (1) ○ No/ND (2)
Angiogram type (corangiotyp)	○ CTA (1) ○ Invasive (cath) (2) ○ ND (3)
Number of vessels with ≥ 50% stenosis (stenvess)	○ 0 (1) ○ 2 (3) ○ Left main CAD (5) ○ 1 (2) ○ ≥ 3 (4) ○ Not Documented (6)
Date/Time of cardiac angiogram (corangiodt)	____/____/_____ ____:____ ○ MM/DD/YYYY only ○ Unknown
In-Hospital Shock (inhospshk)	○ Yes (1) ○ No/ND (2)
Shock type (shktyp)	○ Cardiogenic (1) ○ Mixed (3) ○ Distributive (e.g. Sepsis) (2) ○ Other/Unknown (4)
Shock Management (select all that apply) (shkmgmt)	☐ IABP (1) ☐ V-A ECMO (4) ☐ Impella or other PVAD (2) ☐ V-V ECMO (5) ☐ Inotropes/Vasopressors (3)
Date/Time of mechanical circulatory support (mechcirsupdt)	____/____/_____ ____:____ ○ MM/DD/YYYY only ○ Unknown
New-onset heart failure (hfonset)	○ Yes (1) ○ No/ND (2)
Specify HF (hfspcy)	○ Systolic (HFrEF) (1) ○ Diastolic (HFpEF) (2)
Date of HF (hfdt)	____/____/_____ ○ Unknown
Myocarditis (myocar)	○ Yes (1) ○ No/ND (2)
Diagnostic test (diagtst)	☐ Cardiac biopsy (1) ☐ CT (3) ☐ MRI (2) ☐ Clinical diagnosis (4)
Date of Myocarditis (myocardt)	____/____/_____ ○ Unknown
Deep Vein Thrombosis (DVT) (dvt)	○ Yes (1) ○ No/ND (2)
Date of DVT diagnosis (dvtdt)	____/____/_____ ○ Unknown
Pulmonary Embolus (PE) (pulemb)	○ Yes (1) ○ No/ND (2)
Date of PE diagnosis (pulembdt)	____/____/_____ ○ Unknown
Intracardiac Thrombus (intthrom)	○ Yes (1) ○ No/ND (2)
Date of Intracardiac thrombus diagnosis (intthromdt)	____/____/_____ ○ Unknown
Clinical bleeding requiring transfusion (clnbldtrans)	○ Yes (1) ○ No/ND (2)
Date of transfusion (pulhmrrdiagdt)	____/____/_____ ○ Unknown
New Hemodialysis or CRRT (hemocrrt)	○ Yes (1) ○ No/ND (2)
Date of New Hemodialysis (hemocrrtdt)	____/____/_____ ○ Unknown
Ischemic stroke / intracranial hemorrhage (ischstr)	○ Yes (1) ○ No/ND (2)

Initial NIH Stroke Scale (nihstrsle)	_____ ○ Not Documented
Imaging (imag)	○ CT (1) ○ MRI (2) ○ Not Documented (3)
Imaging shows acute stroke (imagactstr)	○ Yes (1) ○ No/ND (2)
Stroke treatment (strtrmnt)	○ Thrombectomy (1) ○ Thrombolysis (2) ○ None/ND (3)
Stroke or intracranial hemorrhage type (strhemtyp)	☐ Cerebral Venous Sinus Thrombosis (2) ☐ Subarachnoid Hemorrhage (6) ☐ Intracerebral Hemorrhage (3) ☐ Subdural/ Epidural Hemorrhage (7) ☐ Ischemic Stroke (4) ☐ Transient Ischemic Attack (TIA) (8) ☐ Stroke Not Otherwise Specified (5) ☐ Not Documented (1)
Date of stroke diagnosis (strdiagdt)	____/_____/_____ ○ Unknown
Seizure (seiz)	○ Yes (1) ○ No/ND (2)
Date of seizure (seizdt)	____/_____/_____ ○ Unknown
Cardiac Arrest (Code Blue, CPR) (cardarr)	○ Yes (1) ○ No/ND (2)
First documented pulseless rhythm (pulrhtm)	○ Asystole (1) ○ Ventricular Fibrillation (VF) (4) ○ Pulseless Electrical Activity (PEA) (2) ○ Unknown/ND (5) ○ Pulseless Ventricular Tachycardia (VT) (3)
Date/Time of cardiac arrest (cardarrdt)	____/_____/_____ _____:____ ○ MM/DD/YYYY only ○ Unknown
Cause of death documented (causdthdoc)	○ Yes (1) ○ No/ND (2)
Cause of death (causdth)	○ AMI (1) ○ Respiratory (4) ○ Arrhythmia (2) ○ Stroke (5) ○ HF (3) ○ Other (6)
Date of death (deathdt)	____/_____/_____ ○ Unknown

PULMONARY / CRITICAL CARE

Was this patient managed in an ICU (patmanicudt)	○ Yes (1) ○ No/ND (2)
Date Transferred to ICU (patmanicudt)	_____/_____/_____ ○ Unknown
During this hospitalization was the patient intubated or placed on mechanical ventilation? (hospvent)	○ Yes (1) ○ No/ND (2)
Date mechanical ventilation initiated (hospventstrt)	_____/_____/_____ ○ Unknown
Date mechanical ventilation terminated (hospventstp)	_____/_____/_____ ○ Unknown
Was V-V ECMO performed (vvecmo)	○ Yes (1) ○ No/ND (2)
Date V-V ECMO initiated (vvecmostrt)	_____/_____/_____ ○ Unknown
Date V-V ECMO terminated (vvecmostp)	_____/_____/_____ ○ Unknown

VITALS (Admission)

Height (height)	_____ ○ in (1) ○ cm (2) (heightu) ☐ ND (heightnd)	**Weight (Admission)** (weightadm)	_____ ○ lbs (1) ○ kgs (2) (weightuadm) ☐ ND (weightndadm)

Temperature (temp) _____ ☐ Temp ND (tempnd) ☐ C (1) ☐ F (2) (tempu)	**Heart Rate** (heartrateadm) _____ bpm ☐ HR ND (heartratendadm)	**Blood Pressure** _____/_____ (systolicadm)/(diastolicadm) ☐ BP ND (bpndadm)	**Respiratory Rate** (respirateadm) _____bpm ☐ RR ND (respratendadm)	**SAO2** (sao2) _____ % ☐ SAO2 ND (sao2nd) ○ Room air (1) ○ Supplemental O2 (2) ○ Unknown (3) (sao2typ)

ADMISSION LABS

Admission Labs Tab

Labs (Closest to Admission):	**Hemoglobin** (hgbadm)	_____ ○ g/dL (1) ○ g/L (2) (hgbuadm)	○ Unavailable (hgbnaadm)

	WBC (wbcadm)	_____	○ K/uL (1) ○ mcL (2) (wbcuadm)	○ Unavailable (wbcnaadm)
	Platelet (platelet)	_____	○ K/uL	○ Unavailable (plateletna)
	Absolute lymphocyte Count (abslympcnt)	_____	○ $X10^9$	○ Unavailable (abslympcntna)
	Serum Creatinine (SCr) (initscr)	_____	○ mg/dL (1) ○ µmol/L (2) (scruadm)	○ Unavailable (scrnaadm)
	AST (ast)	_____	○ u/L	○ Unavailable (astna)
	ALT (alt)	_____	○ u/L	○ Unavailable (altna)
	Total Bilirubin (totbilrbn)	_____	○ mg/dL	○ Unavailable (totbilrbnna)
	Bicarbonate (bicrbnte)	_____	○ mEq/1 (1) ○ mmol/L (2) (bicrbnteu)	○ Unavailable (bicrbntena)
	Troponin (tropadm)	_____	○ ng/mL (1) ○ ug/L (2) (tropuadm)	○ Unavailable (tropnaadm)
	NT-proBNP (ntprobnpadm)	_____	○ pg/mL (1) ○ ng/L (2) (ntprobnpuadm)	○ Unavailable (ntprobnpnaadm)
	BNP (bnpadm)	_____	○ pg/mL (1) ○ pmol/L (2) ○ ng/L (3) (bnpuadm)	○ Unavailable (bnpnaadm)
	Ferritin (ferritinadm)	_____	○ ng/mL	○ Unavailable (ferritinnaadm)
	CRP (crp)	_____	○ mg/L (1) ○ ng/L (2) (crpu)	○ Unavailable (crpna)
	IL6 (il6)	_____	○ pg/mL (1) ○ ng/mL (2) (il6u)	○ Unavailable (il6na)
	D-dimer (ddmer)	_____	○ ng/mL (1) ○ µ/mL (2) (ddmeru)	○ Unavailable (ddmerna)
	Procalcitonin (proclctn)	_____	○ µg/L (1) ○ ng/mL (2) (proclctnu)	○ Unavailable (proclctnna)
	Hemoglobin A1C (hba1cadm)	_____	○ %	○ Unavailable (hba1cnaadm)

SERIAL LABS *Serial Labs Tab*

Enter the date and the first reported lab value for the corresponding labs in the medical record, if available. Click "Add Instance" to enter lab values for subsequent days of the hospitalization. Serial Labs should be collected for each day of hospitalization.

Select if serial labs were NOT performed on this patient (slnotperfmd)		☐	
Serial Labs (Repeat labs) (seriallabs_rg)	**Date** (seriallabsdt)	_____/_____/_____	
	Troponin (sltropadm)	_____	○ ng/mL (1) ○ ug/L (2) (sltropuadm)
	NT-proBNP (slntprobnoadm)	_____	○ pg/mL (1) ○ ng/L (2) (slntprobnpuadm)
	BNP (slbnpadm)	_____	○ pg/mL (1) ○ pmol/L (2) ○ ng/L (3) (slbnpuadm)
	Ferritin (slferritinadm)	_____	○ ng/mL
	CRP (slcrp)	_____	○ mg/L (1) ○ ng/L (2) (slcrpu)
	Absolute Lymphocyte count (slabslympcnt)	_____	○ $X10^9$
	Procalcitonin (slproclctn)	_____	○ µg/L (1) ○ ng/mL (2) (slproclctnu)
	IL6 (slil6)	_____	○ pg/mL (1) ○ ng/mL (2) (slil6u)
	Serum Creatinine (SCr) (slinitscr)	_____	○ mg/dL (1) ○ µmol/L (2) (slscruadm)

D-dimer (slddmer)	_____ ○ ng/mL (1) ○ µ/mL (2) (slddmeru)
MEDICATIONS	***Medications Tab***
During this hospitalization, was the patient treated with any of the following medications? (Enter Date of first administration)	
Glucocorticoids (glucocor) Date: Glucocorticoids (glucocordt)	○ Yes (1) ○ No (2) ○ NC (3) ____/_____/_____ ☐ Unknown
Anticoagulation for DVT prophylaxis/treatment (antcogdvtpro) Anticoagulant type (DVT) (anticoagdvt) Date: Anticoagulation (anticoagdvtdt)	○ Yes (1) ○ No (2) ○ NC (3) ○ Full Dose DOAC (1) ○ SCD (5) ○ Full Dose Enoxaparin (2) ○ Sub-Q Unfractionated Heparin (6) ○ Low Dose DOAC (3) ○ Not Documented (7) ○ Low Dose Enoxaparin (4) ____/_____/_____ ☐ Unknown
Immunoglobulins (immuglo) Date: Immunoglobulins (immuglodt)	○ Yes (1) ○ No (2) ○ NC (3) ____/_____/_____ ☐ Unknown
Convalescent serum (convlseum) Date: Convalescent serum (convlseumdt)	○ Yes (1) ○ No (2) ○ NC (3) ____/_____/_____ ☐ Unknown
Ritonavir/lopinavir (ritolopvr) Date: Ritonavir/lopinavir (ritolopvrdt)	○ Yes (1) ○ No (2) ○ NC (3) ____/_____/_____ ☐ Unknown
Hydroxychloroquine (medshydchlqun) Date: Hydroxychloroquine (medshydchlqundt)	○ Yes (1) ○ No (2) ○ NC (3) ____/_____/_____ ☐ Unknown
Azithromycin (azthrmcn) Date: Azithromycin (azthrmcndt)	○ Yes (1) ○ No (2) ○ NC (3) ____/_____/_____ ☐ Unknown
Remdesivir (rmdvr) Date: Remdesivir (rmdvrdt)	○ Yes (1) ○ No (2) ○ NC (3) ____/_____/_____ ☐ Unknown
Tocilizumab (toczmb) Date: Tocilizumab (toczmbdt)	○ Yes (1) ○ No (2) ○ NC (3) ____/_____/_____ ☐ Unknown
Other 1 (not listed) (oth1nl) Date: Other 1 (oth1nldt)	_____ ____/_____/_____ ☐ Unknown
Other 2 (not listed) (oth2nl) Date: Other 2 (oth2nldt)	_____ ____/_____/_____ ☐ Unknown
Other 3 (not listed) (oth3nl) Date: Other 3 (oth3nldt)	_____ ____/_____/_____ ☐ Unknown