PATIENT ASSESSMENT WORKSHEET

DATE OF ASSESSMENT (MM/YYYY):/ PATIENT AGE (YEARS): BMI kg/m² GENDER: M F				
HISTORY OF PRESENT ILLNESS				
Onset of Heart Failure: Current location: ☐ Home ☐ ICU (# days) ☐ Step-down				
Current Medications: Patients with refractory advanced heart failure despite maximal medical therapy INOTROPES: VASOPRESSORS: ACC/AHA STAGE D (ACC/AHA STAGE:) ACE INHIBITOR: BETA BLOCKER: ALDOSTERONE INHIBITOR: BETA BLOCKER:				
PAST MEDICAL AND SURGICAL HISTORY SOCIAL HISTORY SPOKEN LANGUAGE: SUPPORT SYSTEM: SUPPORT SYSTEM: ETOH TOBACCO ILLICIT DRUGS				
DIAGNOSTICS RIGHT HEART CATHETERIZATION/HEMODYNAMICS - DATE:/				
ADDITIONAL EVENTS/THERAPIES: NEURO STATUS: CARDIAC ARREST MECHANICAL VENTILATION [IABP (# DAYS) ECMO (# DAYS) OTHER VAD (SPECIFY): (# DAYS) HEMODIALYSIS				
LABS: COMPLETE BLOOD COUNT - DATE:/ NA: K: CO2: HCT: Hgb: Plat: WBC: BUN: CR: Gluc: Transferrin: AST: ALT: ALP: COAGULATION - DATE:/ ALB: TP: Pre ALB: PT: PTT: INR: Total Bili: Estimated GFR: Lactate:				

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CONTRAINDICATIONS¹

- Cardiogenic shock (INTERMACS Profile 1) severe hemodynamic instability
- Irreversible major end-organ failure
- Major coagulopathy
- Uncertain neurological status
- Multiple, severe non-cardiac conditions that significantly limit quality or duration of life
- Prolonged need for mechanical ventilation
- Sepsis
- Right heart failure (due to no approved longterm, permanent BVAD)

NYHA Functional Class			
Class	Description		
l (Mild)	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea.		
II (Mild)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.		
III (Moderate)	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea.		
IV (Severe)	Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.		

RELATIVE CONTRAINDICATIONS¹

- Emergency procedure (elective is preferable)
- High risk stratification
- Unresolved psychosocial issues
- Non-compliance issues
- Significant malnutrition

ACC/AHA Stage			
Stage	Description		
A	Patients at high risk of developing HF because of the presence of conditions that is strongly associated with the development of HF. Such patients have no identified structural or functional abnormalities of the pericardium, myocardium, or cardiac valves and have never shown signs or symptoms of HF.		
В	Patients with structural heart disease that is strongly associated with the development of HF but without signs or symptoms of HF.		
С	Patients with current or prior symptoms of HF associated with underlying structural heart disease.		
D	Patients with advanced structural heart disease and marked symptoms of HF at rest despite maximal medical therapy and who require specialized interventions.		

INTERMACS® Level of Limitation at Time of Implant²

INTERIORGS LEVEL OF LIMITATION AT THE OF INFERIOR	
INTERMACS® Profile Descriptions	Time Frame for Intervention
PROFILE 1: Critical cardiogenic shock Patients with life threatening hypotension despite rapidly escalating inotropic support, critical organ hypoperfusion, often confirmed by worsening acidosis and/or lactate levels. "Crash and burn."	Definitive intervention needed within hours
PROFILE 2: Progressive decline	
Patient with declining function despite intravenous inotropic support, may be manifest by worsening renal function, nutritional depletion, inability to restore volume balance "Sliding on inotropes." Also describes declining status in	Definitive intervention needed within few days
patients unable to tolerate inotropic therapy.	
PROFILE 3: Stable but inotrope dependent Patient with stable blood pressure, organ function, nutrition, and symptoms on continuous intravenous inotropic support (or a temporary circulatory support device or both), but demonstrating repeated failure to wean from support due to recurrent symptomatic hypotension or renal dysfunction "Dependent stability."	Definitive intervention elective over period of weeks to few months.
PROFILE 4: Resting symptoms	
Patient can be stabilized close to normal volume status but experiences daily symptoms of congestion at rest or during ADL. Doses of diuretics generally fluctuate at very high levels. More intensive management and surveillance strategies should be considered, which may in some cases reveal poor compliance that would compromise outcomes with any therapy. Some patients may shuttles between 4 and 5.	Definitive intervention elective over period of weeks to few months.
PROFILE 5: Exertion intolerant	
Comfortable at rest and with ADL but unable to engage in any other activity, living predominantly within the house. Patients are comfortable at rest without congestive symptoms, but may have underlying refractory elevated volume status, often with renal dysfunction. If underlying nutritional status and organ function are marginal, patient may be more at risk than INTERMACS 4, and require definitive intervention.	Variable urgency, depends upon maintenance of nutrition, organ function, and activity
PROFILE 6: Exertion limited	
Patient without evidence of fluid overload is comfortable at rest, and with activities of daily living and minor activities	Variable, depends upon
outside the home but fatigues after the first few minutes of any meaningful activity. Attribution to cardiac limitation requires careful measurement of peak oxygen consumption, in some cases with hemodynamic monitoring to confirm severity of cardiac impairment. "Walking wounded."	maintenance of nutrition, organ function, and activity
Profile 7: Advanced NYHA III	Transplantation or circulatory
A placeholder for more precise specification in future, this level includes patients who are without current or recent episodes of unstable fluid balance, living comfortable with meaningful activity limited to mild physical exertion.	support may not currently be indicated

¹ Slaughter, MS, et al. Clinical management of continuous-flow left ventricular assist devices in advanced heart failure. J Heart Lung Transplant 2010; 29: S1-S39. ² Stevenson, LW, et al. INTERMACS Profiles of Advanced Heart Failure: The Current Picture. J Heart Lung Transplant 2009; 28:535-41.

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