59403

AVID

Death

Fax to: (206) 685-7569
or (800) 253-6404

Affix Patient ID # Here seqnum18

1 Date and time of clinical death:

days18 Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

time18 Time: ☐☐ : ☐☐ (24 hr clock) or timunk18 ○ Unknown

(If UNWITNESSED, enter date and time patient was found.)

locat18 Location at time of new, persistent or accelerating symptoms related to death:

○ Out-of-hospital 1 ○ Emergency room 2 ○ In-hospital 3

wines18 Was event witnessed?

○ Yes 1 ○ No 0

If YES, complete Item #2 below; otherwise, proceed to Item #3 on page 2.

2 Symptoms prior to loss of consciousness

If WITNESSED, enter date and time of onset of new, persistent or accelerating symptoms related to the event (that is, the timing of the onset of symptoms which persist or recur until loss of consciousness):

asympt18 ○ Asymptomatic until collapse

OR

Date and time of symptom onset:

dtsymp18 Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

tmsymp18 Time: ☐☐ : ☐☐ (24 hr clock) or tmsunk18 ○ Unknown

Date: ☐☐ / ☐☐ / ☐☐☐☐ (Month / Day / Year)

☐☐-☐☐☐-☐ ☐☐☐☐ Affix Patient ID # Here

3 Current antiarrhythmic therapy *(at the time of onset of symptoms)*

txnone18 ○ No Therapy txicd18 ○ ICD txanti18 ○ Antiarrhythmic drug

If antiarrhythmic drug, specify:

dramio18 ○ Amiodarone dose: ☐☐☐☐ amiomg18 mg/day

drsot18 ○ Sotalol dose: ☐☐☐ mg/day sotmg18

droth18 ○ Other:

☐☐☐☐☐☐☐☐☐☐☐☐ dose: ☐☐☐☐☐☐ mg/day

☐☐☐☐☐☐☐☐☐☐☐☐ dose: ☐☐☐☐☐☐ mg/day

4 ECG documentation of rhythm associated with event:

docum18

1 ○ Never monitored

2 ○ Monitored before and during collapse

3 ○ Monitored only after collapse

└ Approximate time from onset of collapse to monitoring: ☐☐☐ mtomon18 minutes

If MONITORED, characterize rhythm:

If hospitalized and monitored, use rhythm noted at onset of episode. If not hospitalized or not monitored at onset of event, check rhythm noted at ***onset*** *of monitoring.*

rhythm18 **Check only one:**

1 ○ VF

2 ○ VT/VF

3 ○ VT

4 ○ Idioventricular

5 ○ Severe bradycardia, < 30 bpm

6 ○ Asystole

7 ○ 3rd degree AV block

8 ○ Electromechanical dissociation

9 ○ Unknown

10 ○ Other (specify): ☐☐☐☐☐☐☐☐☐☐☐☐

11 ○ Paced

Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

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5 Summary - cause of death

cause18 Was this death cardiac? ○ Yes (1) ○ No (0) ***(If yes, complete items 6 - 9)***

(If non-cardiac, complete items 8 & 9 only)

nccaus18 **For NON-cardiac deaths:**

1 ○ Cancer
2 ○ Pulmonary disease, amiodarone-induced
3 ○ Pulmonary disease, other
4 ○ Non-cardiac surgery
5 ○ Sepsis
6 ○ Stroke/systemic embolism
7 ○ Other: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (include suicide)

6 Cause of cardiac death:

For cardiac deaths:

In the opinion of the Principal Investigator, the primary mechanism leading immediately to death was:

(Choose only one)

1 ○ CHF/shock without acute ischemia

2 ○ Arrhythmia without acute ischemia (includes unwitnessed, sudden, unexpected)

3 ○ Acute ischemia associated with CHF/Shock

4 ○ Acute ischemia associated with arrhythmia

chrdcs18

If YES, evidence for ischemia:
(check all appropriate)

hxisch18 ○ History of ischemic chest discomfort at the onset of the terminal event

ecgchg18 ○ ECG changes

enzchg18 ○ Enzyme changes

7 ○ Non-arrhythmic cardiac (CHF/Shock) with associated prolonged multiple end-organ failure

8 ○ Other cardiac: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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DEATH

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7 For cardiac death - associated symptoms (complete one section below):

If WITNESSED, ARRHYTHMIC: *(Choose ONE bubble only in this box.)*

Associated symptoms	Timing of symptoms			
	< 5 min	5-60 min	1-24 hr	> 24 hr
Ischemic	○ 1	○ 2	○ 3	○ 4
CHF	○ 5	○ 6	○ 7	○ 8
Arrhythmic	○ 9	○ 10	○ 11	○ 12

or 13 ○ Asymptomatic

summry18

If WITNESSED, NON-ARRHYTHMIC, mark here: ○ witcs18

If UNWITNESSED *(patient not seen or heard for > 5 minutes):*

dsleep1 Death during sleep? ○ Yes 1 ○ No 0

prearr18 Presumed arrhythmic? ○ Yes 1 ○ No 0

If no, specify cause: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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Month Day Year

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surg18 **8 Has this patient had surgery (cardiac or non-cardiac) or an invasive cardiac therapeutic procedure within 30 days prior to death or during the same hospitalization?**

○ Yes ○ No
1 0

If YES:

cdsurg18
1 ○ Cardiac surgery
3 ○ Invasive cardiac therapeutic procedure
2 ○ Non-cardiac surgery

Date of surgery or procedure: dysurg18 ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

dthsur18 In the opinion of the Principal Investigator, is this death the result of the surgery or invasive cardiac therapeutic procedure? ○ Yes ○ No
1 0

ptsurv18 **9 In the opinion of the Principal Investigator, would this patient have survived 4 months if a terminal arrhythmia had not occurred?**

○ Yes ○ No ○ Non-Cardiac or non-arrhythmic cardiac death
1 0 2

Signature of Principal Investigator
(if different from person below)

Signature of person filling out this form

☐☐☐☐
code number

For Clinical Trial Center Use Only: rtnum18

☐☐	Yes ○	No ○	2	1	8	0	4	0	0
CTC Code			DEATH page 5 of 5 09/01/96						