Abbott

ADVANCED HEART FAILURE DIAGNOSTIC CHECKLIST

- [x] Suspect
- [x] Screen
- [x] Labs
- [x] Treat
- [x] Refer

HeartMate 3™
Left Ventricular Assist Device

Advanced Heart Failure Diagnostic Checklist: Recommendations for advanced heart failure management continue to evolve as technologies and outcomes improve. These simple checklists provide clinicians with defined tools for identifying patients who may benefit from Mechanical Circulatory Support.[1] Being aware of these checklists enables clinicians to refer patients in a timely fashion; studies indicate that referral before a patient deteriorates to end-organ damage or nutritional deficiency can maximize the benefit of advanced interventions.[2]

Please Check Box if Included in Referral

SUSPECT

Signs and Symptoms of Advanced Heart Failure

- ☐ Dizziness/lightheadedness
- ☐ Dyspnea
- ☐ Edema/swelling
- ☐ Exercise intolerance
- ☐ HR < 60/min > 120/min
- ☐ Chest pain
- ☐ Loss of appetite
- ☐ Nausea/vomiting
- ☐ Orthopnea
- ☐ Palpitations
- ☐ Paroxysmal noctonral dyspnea
- ☐ Profound fatigue
- ☐ Restlessness, confusion or fainting
- ☐ Severe cough
- ☐ Weight loss
- ☐ Wheezing

SCREEN

- ☐ 12-lead ECG
  Date Completed: _____
- ☐ 6 minute walk distance
  Meters Walked: _____
  Date Completed: _____
- ☐ Carotid doppler
  Date Completed: _____
- ☐ CPX/VO2 + RER
  Date Completed: _____
- ☐ CXR
  Date Completed: _____
- ☐ ECHO 2D/M mode
  Date Completed: _____
- ☐ NYHA FC Class IIIB/IV diagnosis
  Date Completed: _____

LABS

- ☐ Metabolic Panel
  To Include: BUN/creatine, sodium, potassium, cloride, CO2, GFR
  Date Completed: _____
- ☐ Blood type: _____
  Date Completed: _____
- ☐ BNP/NT-pro BNP
  Date Completed: _____
- ☐ Hemoglobin A1C
  Date Completed: _____
- ☐ Iron level
  Date Completed: _____
- ☐ LFTs
  Date Completed: _____
- ☐ Prealbumin
  Date Completed: _____
- ☐ Prothrombin PT/INR
  Date Completed: _____
- ☐ Transferrin
  Date Completed: _____
- ☐ TSH, T3, T4
  Date Completed: _____
- ☐ Urine analysis
  Date Completed: _____

TREAT

- ☐ ACE inhibitors
  Medication: _____
  Dose: _____
- ☐ Aspirin therapy
  Dose: _____
- ☐ Beta-blockers
  Medication: _____
  Dose: _____
- ☐ Diuretics
  Medication: _____
  Dose: _____
- ☐ ARBs
  Medication: _____
  Dose: _____
- ☐ Digoxin
  Dose: _____
- ☐ Nitrates
  Medication: _____
  Dose: _____
- ☐ SGLT2 Inhibitors
  Medication: _____
  Dose: _____
- ☐ ARNI
  Medication: _____
  Dose: _____
- ☐ Warfarin
  Dose: _____
- ☐ Inotropes
  Type: _____
  Dose: _____

REFER

INDICATIONS FOR REFERRAL

- ☐ CRT non-responder
- ☐ High diuretic dose (≥ 120 mg/dose furosemide)
- ☐ Inability to walk one block without shortness of breath
- ☐ Currently on, or considering inotropes
- ☐ LVEF < 35%
- ☐ Intolerant/withdrawal of oral agents
- ☐ Intolerant to ACE inhibitors, ARB or beta-blockers
- ☐ Persisting NYHA Class III/IV and/or persistantly high (nT-pro) BNP
- ☐ One or more heart failure-related hospital admission in the past 6 months[2]

LAB ASSESSMENT

- ☐ BUN > 40 mL/dL at serum or sodium creatinine > 1.8 mg/dL
- ☐ Hematocrit < 35%
- ☐ Serum sodium < 136 mmol/L

EVALUATE

☐ Advanced Heart Failure

☐ HeartMate 3™ LVAD

Shared Care™:

☐ Yes

☐ No

Physician Name: _____

Office Phone: _____

Cell Phone: _____

Email: _____

Practice Name: _____

Preferred Contact Method:

☐ Cell Phone ☐ Letter

☐ Email ☐ Text

Patient Name: _____

Medical Record No.: _____

Gender: ☐ Male ☐ Female

Date of Birth: ___/___/___ Age: ____ BMI: ____ kg/m²

Patient Phone: _____

Patient Email: _____

Referring Physician: _____

Assessment Taken By: _____

CONTACT LIST

Abbott Representative

Rep Name: _____

Phone: _____ **Email:** _____

Referring Cardiology Practice

Specialist Name: _____

Phone: _____ **Email:** _____

Implanting Centers

Center Name: _____

Phone: _____ **Email:** _____

Center Name: _____

Phone: _____ **Email:** _____

Center Name: _____

Phone: _____ **Email:** _____

Shared Care Sites

Center Name: _____

Contact Person: _____

Phone: _____

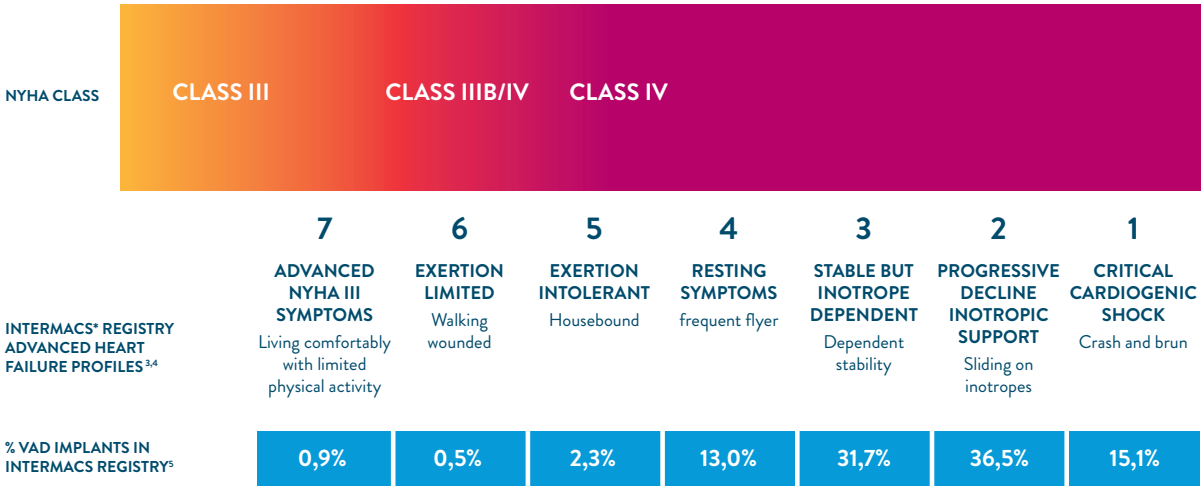
Email: _____

Address: _____

WHEN SHOULD PATIENTS BE REFERRED FOR HEART FAILURE THERAPY?

TIMELY PATIENT REFERRAL FOR LVAD EVALUATION CAN LEAD TO BETTER OUTCOMES[2]

- **Less acutely ill patients receiving continuous-flow LVADs in INTERMACS[oo] Registry profiles 4-7 have improved survival and shorter lengths of stay vs. more acutely ill patients implanted in profile[2]**
  - **1.9-times higher survival rate at 3 years[2]**
  - **27-day reduction in hospital length of stay[2]**
- **Yet, less than 17% of VADs are implanted in patients in INTERMACS[oo] Registry profiles 4-7[2]**



[oo] INTERMACS Registry = Interagency Registry for Mechanically Assisted Circulatory Support.

1. Russell SD1, Miller LW, Pagani FD. Advanced heart failure: a call to action. Congest Heart Fail. 2008 Nov-Dec;14(6):316-21.
2. Boyle AJ, Ascheim DD, et al. Clinical Outcomes for Continuous-Flow Left Ventricular Assist Device Patients Stratified by Pre-Operative INTERMACS Classification. JHLT. 2011;30:402-7.
3. Stevenson LW, Pagani FD, Young JB, et al. INTERMACS profiles of advanced heart failure: the current picture. J Heart Lung Transplant. 2009;28:535-541.
4. Kirklin JK, Pagani FD, Kormos RL, et al. Eighth annual INTERMACS report: Special focus on framing the impact of adverse events. J Heart Lung Transplant. 2017;36:1080-1086. doi:10.1016/j.healun.2017.07.005.

Illustrations are artist's representations only and should not be considered as engineering drawings or photographs. Photo(s) on file at Abbott.

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Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

MAT-2208952 v1.0 | Item intended for EMEA Audiences.

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