



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

Note: Coordinators should complete a separate Administrative Hospital Record (**ADMINEVAL**) case report form for each event that is indicated in Event Notification generated by the Data Management System.

1. DMS tracking number:

Please record DMS tracking # on **EVENTS** case report form.

2. Medical Events Questionnaire (**EVENTS**) date:

___ / ___ / _____ (mm/dd/yyyy)

3. Was this hospitalization documented in Q. #9 – Medical Event Questionnaire (**EVENTS**) at this visit?

₁ Yes ₀ No

If “Yes” in question #3, go to question #3a. If “No” in question #3, go to question #4.

3a. Hospitalization dates reported by the participant in Q. #9 - Medical Event Questionnaire (**EVENTS**) for this event:

Admission ___ / _____ (mm/yyyy)

Discharge ___ / _____ (mm/yyyy)

3b. Were you previously notified of this hospitalization?

₁ Yes ₀ No

If “Yes” in question #3b, go to question #3c. If “No” in question #3b, go to question #4.

3c. Visit # ___ DMS tracking # ___ **STOP**

4. Did you identify and obtain hospital records (any medical records i.e., discharge summary, progress notes, lab. results, etc. and/or administrative hospital codes) for this hospitalization?

₁ Yes ₀ No

If “Yes” in question #4, go to question #4a and continue. If “No” in question #4, STOP.

4a. Hospitalization dates from hospital records:

Admission ___ / ___ / _____ (mm/dd/yyyy)

Discharge ___ / ___ / _____ (mm/dd/yyyy)

Name and address of hospital from administrative records:
(This field should NOT be entered into the DMS.)

5. Did you obtain administrative hospital codes for this hospitalization?

₁ Yes ₀ No



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

5a. Did you obtain medical records (i.e., discharge summary, progress notes, lab. results, etc.)?

₁ Yes

₀ No

If "Yes" to Q#5 and "Yes" to Q#5a, proceed to Q#6. If "Yes" in Q #5 and "No" in Q#5a, proceed to Q#6. If "No" in Q#5 and "Yes" in Q#5a, Stop and fill out a Principal Investigator-Determined Events (**PIEVENTS**) case report form. If "No" in Q #5 and "No" in Q#5a, STOP.

6. Check **ALL** of the codes in the following list that were identified for this hospitalization in administrative records:

<input type="checkbox"/>	ICD-9 Code	Diagnosis	Category
<input type="checkbox"/>	398.91	Rheumatic heart failure (includes all codes in series)	Heart Failure (CHF)
<input type="checkbox"/>	402.01	Hypertensive heart disease (malignant) with CHF	
<input type="checkbox"/>	402.11	Hypertensive heart disease (benign) with CHF	
<input type="checkbox"/>	402.91	Hypertensive heart disease (unspecified) with CHF	
<input type="checkbox"/>	410	Acute myocardial infarction (includes all codes in series)	Myocardial Infarction (MI)
<input type="checkbox"/>	411	Other acute and subacute forms of ischemic heart disease (includes all codes in series)	
<input type="checkbox"/>	412	Old myocardial infarction (include all codes in series in <u>primary position only</u>)	
<input type="checkbox"/>	413	Angina pectoris (includes all codes in series)	
<input type="checkbox"/>	414	Other forms of chronic ischemic heart disease (include all codes in series in <u>primary position only</u>)	
<input type="checkbox"/>	425	Cardiomyopathy (includes all codes in series)	Heart Failure (CHF)
<input type="checkbox"/>	426	Atrioventricular block, complete (includes all codes in series)	Arrhythmias
<input type="checkbox"/>	427	Cardiac dysrhythmias (includes all codes in series)	
<input type="checkbox"/>	428	Heart failure (includes all codes in series)	Heart Failure (CHF)
<input type="checkbox"/>	429	Ill-defined descriptions and complications of heart disease (includes all codes in series)	
<input type="checkbox"/>	430	Subarachnoid hemorrhage	Cerebrovascular
<input type="checkbox"/>	431	Intracerebral hemorrhage	
<input type="checkbox"/>	432	Other and unspecified intracerebral hemorrhage (includes all codes in series)	
<input type="checkbox"/>	433	Occlusion and stenosis of intracerebral arteries (includes all codes in series)	
<input type="checkbox"/>	434	Occlusion of cerebral arteries (includes all codes in series)	
<input type="checkbox"/>	435	Transient cerebral ischemia (TIA) (includes all codes in series)	
<input type="checkbox"/>	436	Acute but ill-defined cerebrovascular disease	
<input type="checkbox"/>	440	Atherosclerosis (includes all codes in series)	
<input type="checkbox"/>	441	Aortic aneurysm (includes all codes in series) and dissection	Peripheral Vascular Disease (PVD)
<input type="checkbox"/>	443	Other peripheral vascular disease (includes all codes in series)	
<input type="checkbox"/>	444	Arterial embolism and thrombosis (includes all codes in series)	
<input type="checkbox"/>	514	Pulmonary congestion and hypostasis	
<input type="checkbox"/>	518.4	Acute edema of lung, unspecified	Heart Failure (CHF)
<input type="checkbox"/>	798	Sudden death, cause unknown (includes all codes in series)**	Deceased
<input type="checkbox"/>	799	Other ill-defined and unknown causes of morbidity and mortality** (includes all codes in series)	
<input type="checkbox"/>	V68.0	Issue of medical certificate for cause of death**	

Death Record Evaluation Form (DEATHREC**) should be completed



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

	ICD-9 Procedure Code	Procedure	Category
<input type="checkbox"/>	36.01	Percutaneous transluminal coronary angioplasty	Myocardial Infarction (MI)
<input type="checkbox"/>	36.02		
<input type="checkbox"/>	36.05		
<input type="checkbox"/>	36.06		
<input type="checkbox"/>	36.1	Coronary artery bypass graft	
<input type="checkbox"/>	36.10		
<input type="checkbox"/>	36.11		
<input type="checkbox"/>	36.12		
<input type="checkbox"/>	36.13		
<input type="checkbox"/>	36.14		
<input type="checkbox"/>	36.15		
<input type="checkbox"/>	36.16		
<input type="checkbox"/>	36.17		
<input type="checkbox"/>	36.19		
<input type="checkbox"/>	37	Other operations on heart or pericardium	
<input type="checkbox"/>	37.2	Cardiac Catherization	
<input type="checkbox"/>	37.21	Right vessel	Myocardial Infarction (MI)
<input type="checkbox"/>	37.22	Left vessel	
<input type="checkbox"/>	37.23	Both vessels	
<input type="checkbox"/>	38.10	Carotid Endarterectomy	Cerebrovascular
<input type="checkbox"/>	38.13	Coronary endarterectomy	Myocardial Infarction (MI)
<input type="checkbox"/>	38.14		
<input type="checkbox"/>	38.15		
<input type="checkbox"/>	38.16		
<input type="checkbox"/>	38.18		
<input type="checkbox"/>	39.22	Coronary artery bypass graft with other than vein	
<input type="checkbox"/>	39.24		
<input type="checkbox"/>	39.25		
<input type="checkbox"/>	39.26		
<input type="checkbox"/>	39.28		



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

CPT Code	Procedure	Category
<input type="checkbox"/> 24900	Amputation of upper and lower limbs or digits	Peripheral Vascular Disease (PVD)
<input type="checkbox"/> 25900		
<input type="checkbox"/> 25927		
<input type="checkbox"/> 26910		
<input type="checkbox"/> 27880		
<input type="checkbox"/> 33200	Insertion, repositioning, repair, or removal of pacemaker or defibrillator	Arrhythmias
<input type="checkbox"/> 33201		
<input type="checkbox"/> 33206		
<input type="checkbox"/> 33207		
<input type="checkbox"/> 33208		
<input type="checkbox"/> 33210		
<input type="checkbox"/> 33211		
<input type="checkbox"/> 33212		
<input type="checkbox"/> 33213		
<input type="checkbox"/> 33214		
<input type="checkbox"/> 33215		
<input type="checkbox"/> 33216		
<input type="checkbox"/> 33217		
<input type="checkbox"/> 33218		
<input type="checkbox"/> 33220		
<input type="checkbox"/> 33222		
<input type="checkbox"/> 33223		
<input type="checkbox"/> 33224		
<input type="checkbox"/> 33225		
<input type="checkbox"/> 33226		
<input type="checkbox"/> 33233		
<input type="checkbox"/> 33234		
<input type="checkbox"/> 33235		
<input type="checkbox"/> 33236		
<input type="checkbox"/> 33237		
<input type="checkbox"/> 33238		
<input type="checkbox"/> 33240		
<input type="checkbox"/> 33241		
<input type="checkbox"/> 33243		
<input type="checkbox"/> 33244		
<input type="checkbox"/> 33245		
<input type="checkbox"/> 33246		
<input type="checkbox"/> 33249		
<input type="checkbox"/> 33250	Electrophysiological operative procedures (ablation or incisions/reconstruction of atria)	
<input type="checkbox"/> 33251		
<input type="checkbox"/> 33253		
<input type="checkbox"/> 33261	Implantation/removal of patient-activated event recorder	
<input type="checkbox"/> 33282		
<input type="checkbox"/> 33284		
<input type="checkbox"/> 33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	Peripheral Vascular Disease (PVD)
<input type="checkbox"/> 33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

	CPT Code	Procedure	Category
<input type="checkbox"/>	33510	Coronary artery bypass with venous grafts	Myocardial Infarction (MI)
<input type="checkbox"/>	33511		
<input type="checkbox"/>	33512		
<input type="checkbox"/>	33513		
<input type="checkbox"/>	33514		
<input type="checkbox"/>	33516		
<input type="checkbox"/>	33517		
<input type="checkbox"/>	33518		
<input type="checkbox"/>	33519		
<input type="checkbox"/>	33521		
<input type="checkbox"/>	33522		
<input type="checkbox"/>	33523		
<input type="checkbox"/>	33533		
<input type="checkbox"/>	33534		
<input type="checkbox"/>	33535		
<input type="checkbox"/>	33536		
<input type="checkbox"/>	33572	Coronary endarterectomy	Cerebrovascular
<input type="checkbox"/>	33860	Ascending aorta graft, w/cardiopulmonary bypass, with or w/o valve suspension	Peripheral Vascular Disease (PVD)
<input type="checkbox"/>	33870	Transverse arch graft, w/cardiopulmonary bypass, with or w/o valve suspension	
<input type="checkbox"/>	35301	Thromboendarterectomy	
<input type="checkbox"/>	35311		
<input type="checkbox"/>	35321		
<input type="checkbox"/>	35331		
<input type="checkbox"/>	35341		
<input type="checkbox"/>	35351		
<input type="checkbox"/>	35355		
<input type="checkbox"/>	35361		
<input type="checkbox"/>	35363		
<input type="checkbox"/>	35371		
<input type="checkbox"/>	35372		
<input type="checkbox"/>	35381		
<input type="checkbox"/>	35390	Transluminal balloon angioplasty	
<input type="checkbox"/>	35450		
<input type="checkbox"/>	35452		
<input type="checkbox"/>	35454		
<input type="checkbox"/>	35456		
<input type="checkbox"/>	35458		
<input type="checkbox"/>	35459	Percutaneous transluminal coronary angioplasty	Myocardial Infarction (MI)
<input type="checkbox"/>	35470		
<input type="checkbox"/>	35471		
<input type="checkbox"/>	35472		
<input type="checkbox"/>	35473		
<input type="checkbox"/>	35474		
<input type="checkbox"/>	35475		



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

	CPT Code	Procedure	Category
<input type="checkbox"/>	35511	Bypass graft with vein	Peripheral Vascular Disease (PVD)
<input type="checkbox"/>	35516		
<input type="checkbox"/>	35518		
<input type="checkbox"/>	35521		
<input type="checkbox"/>	35531		
<input type="checkbox"/>	35533		
<input type="checkbox"/>	35536		
<input type="checkbox"/>	35541		
<input type="checkbox"/>	35546		
<input type="checkbox"/>	35548		
<input type="checkbox"/>	35549		
<input type="checkbox"/>	35551		
<input type="checkbox"/>	35556	Bypass graft with vein	Peripheral Vascular Disease (PVD)
<input type="checkbox"/>	35558		
<input type="checkbox"/>	35560		
<input type="checkbox"/>	35563		
<input type="checkbox"/>	35565		
<input type="checkbox"/>	35566		
<input type="checkbox"/>	35571	In situ vein bypass	
<input type="checkbox"/>	35582		
<input type="checkbox"/>	35583		
<input type="checkbox"/>	35585	Bypass graft with other than vein	
<input type="checkbox"/>	35587		
<input type="checkbox"/>	35612		
<input type="checkbox"/>	35616		
<input type="checkbox"/>	35621		
<input type="checkbox"/>	35623		
<input type="checkbox"/>	35631		
<input type="checkbox"/>	35636		
<input type="checkbox"/>	35641		
<input type="checkbox"/>	35646		
<input type="checkbox"/>	35650		
<input type="checkbox"/>	35651		
<input type="checkbox"/>	35654		
<input type="checkbox"/>	35656		
<input type="checkbox"/>	35661		
<input type="checkbox"/>	35663		
<input type="checkbox"/>	35665		
<input type="checkbox"/>	35666		
<input type="checkbox"/>	35671		
<input type="checkbox"/>	35700	Reoperation, femoral-popliteal or femoral (popliteal), anterior tibial, posterior tibial, peroneal artery or other distal vessels (>1 month after original operation)	Peripheral Vascular Disease (PVD)
<input type="checkbox"/>	35879	Revision, lower extremity arterial bypass w/o thrombectomy; with vein patch angioplasty	
<input type="checkbox"/>	75962	Transluminal balloon angioplasty; with radiological supervision and interpretation	
<input type="checkbox"/>	75964		
<input type="checkbox"/>	75966		
<input type="checkbox"/>	75968		



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

	CPT Code	Procedure	Category	
<input type="checkbox"/>	92980	Transcatheter placement of intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	Myocardial Infarction (MI)	
<input type="checkbox"/>	92981	Transcatheter placement of intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel		
<input type="checkbox"/>	92982	Percutaneous transluminal coronary angioplasty		
<input type="checkbox"/>	92984			
<input type="checkbox"/>	92986	Percutaneous balloon valvuloplasty	Heart Failure (CHF)	
<input type="checkbox"/>	92987			
<input type="checkbox"/>	92990			
<input type="checkbox"/>	92995	Percutaneous transluminal coronary atherectomy	Myocardial Infarction (MI)	
<input type="checkbox"/>	92996			
<input type="checkbox"/>	93600	Intracardiac electrophysiological procedures/studies (recordings, pacing, ablation, echocardiography)	Arrhythmias	
<input type="checkbox"/>	93602			
<input type="checkbox"/>	93603			
<input type="checkbox"/>	93609			
<input type="checkbox"/>	93610			
<input type="checkbox"/>	93612			
<input type="checkbox"/>	93613			
<input type="checkbox"/>	93615			
<input type="checkbox"/>	93616			
<input type="checkbox"/>	93618			
<input type="checkbox"/>	93619			
<input type="checkbox"/>	93620			
<input type="checkbox"/>	93621			
<input type="checkbox"/>	93622			
<input type="checkbox"/>	93623			
<input type="checkbox"/>	93624			
<input type="checkbox"/>	93631			
<input type="checkbox"/>	93640			
<input type="checkbox"/>	93641			
<input type="checkbox"/>	93642			
<input type="checkbox"/>	93650			
<input type="checkbox"/>	93652			
<input type="checkbox"/>	93660			
<input type="checkbox"/>	93662			
<input type="checkbox"/>	93724			Electronic analysis of pacemaker/defibrillator
<input type="checkbox"/>	93727			
<input type="checkbox"/>	93731			
<input type="checkbox"/>	93732			
<input type="checkbox"/>	93733			
<input type="checkbox"/>	93734			
<input type="checkbox"/>	93735			
<input type="checkbox"/>	93736			
<input type="checkbox"/>	93740			
<input type="checkbox"/>	93741			
<input type="checkbox"/>	93742			
<input type="checkbox"/>	93743			
<input type="checkbox"/>	93744			



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

	ICD-9 Code	Procedure	Category
<input type="checkbox"/>	V42.0*	Kidney transplant*	Renal Replacement Therapy
<input type="checkbox"/>	V49.7	Lower limb amputation	Peripheral Vascular Disease (PVD)

Obtain and copy relevant hospital records (as defined by the table on Page 10) and transfer to the SDCC. CVD and death related records must be de-identified.

7. Administrative Hospital Record Evaluation Summary:

- ₁ No listed administrative codes (in item #6) were identified
- ₂ One or more listed administrative codes (in item #6) were identified

7a. List all ICD-9/ICD-10 codes (no CPT codes) in the order that they are recorded in the participant's administrative hospital records:

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 18. _____ | 35. _____ |
| 2. _____ | 19. _____ | 36. _____ |
| 3. _____ | 20. _____ | 37. _____ |
| 4. _____ | 21. _____ | 38. _____ |
| 5. _____ | 22. _____ | 39. _____ |
| 6. _____ | 23. _____ | 40. _____ |
| 7. _____ | 24. _____ | 41. _____ |
| 8. _____ | 25. _____ | 42. _____ |
| 9. _____ | 26. _____ | 43. _____ |
| 10. _____ | 27. _____ | 44. _____ |
| 11. _____ | 28. _____ | 45. _____ |
| 12. _____ | 29. _____ | 46. _____ |
| 13. _____ | 30. _____ | 47. _____ |
| 14. _____ | 31. _____ | 48. _____ |
| 15. _____ | 32. _____ | 49. _____ |
| 16. _____ | 33. _____ | 50. _____ |
| 17. _____ | 34. _____ | |



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

- 7b. List of Outcomes: ₁ Myocardial Infarction (MI) ₁ Peripheral Vascular Disease (PVD)
(Check all that apply) ₁ Arrhythmia ₁ Death
(See Step 2 below for ₁ Cerebrovascular ₁ Renal Replacement Therapy*
additional instructions) ₁ Heart Failure (CHF) ₁ None (Non-CVD)

*If the code for a kidney transplant is present, complete and enter the RRTPRIM or RRTFUP case report form.
You do not need to provide medical records.

Instructions for data entry of new Outcomes procedure:

Step 1: Perform 1st entry on questions 1 through 7a (pages 1 through 8).

- For question 6, you will still need to check off the CPT Codes when applicable. The ICD-9 code section has been turned off.
- **Page 8 is the last page in which you can go back to a previous page and change data.**
- On Page 9, just select the “save” button. Question 7b will be completed during 2nd entry only.

Step 2: Perform 2nd entry on questions 1 through 7b (pages 1 through 9).

- On Page 9, Question 7b will indicate the appropriate outcomes based on what was entered in Q7a. Check off the appropriate outcomes highlighted on the CRF that are highlighted in “red” on the screen.
- In order to save 2nd entry, you need to select “yes” to the **After Verification** question.



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

ADMINISTRATIVE HOSPITAL RECORD EVALUATION

DMS tracking number: _____

Admission Date: _____

Discharge Date: _____

Date cardiac enzymes drawn: _____

Date ECG performed: _____

Date of Arrhythmia event: _____

Date of Cerebrovascular event: _____

MEDICAL RECORDS	MI	CHF	Arrhythmia	PVD	CVA/ ICH	Death	NON- CVD
ED physician note	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Admission note	<input type="checkbox"/> (a)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selected daily progress notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> (e)	<input type="checkbox"/> (f)	
Discharge summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiologist notes	<input type="checkbox"/> (a)	<input type="checkbox"/> (c)	<input type="checkbox"/> (d)				
Neurologist notes					<input type="checkbox"/>		
Dialysis records (including flow sheets)						<input type="checkbox"/>	
All consultation notes (including all physicians and allied health professionals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebrovascular imaging of head or neck							
CT scans or CT angiograms					<input type="checkbox"/>	<input type="checkbox"/>	
Magnetic resonance imaging					<input type="checkbox"/>	<input type="checkbox"/>	
Magnetic resonance angiography					<input type="checkbox"/>	<input type="checkbox"/>	
Angiograms					<input type="checkbox"/>	<input type="checkbox"/>	
Carotid ultrasound					<input type="checkbox"/>	<input type="checkbox"/>	
Procedures and imaging							
All procedures notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac catheterizations	<input type="checkbox"/>	<input type="checkbox"/>					
Rhythm strips			<input type="checkbox"/> (d)				
Electrocardiograms (ECG)	<input type="checkbox"/> (b)		<input type="checkbox"/> (d)			<input type="checkbox"/>	
Chest X-rays		<input type="checkbox"/> (c)					
Pulmonary artery (Swan-Ganz) catheterization readings (wedge pressure, cardiac index, etc.)		<input type="checkbox"/> (c)					
Peripheral vascular arteriogram or angioplasty				<input type="checkbox"/>			
Operative reports							
Coronary artery bypass	<input type="checkbox"/>						
Cardioverter or pacemaker implantation			<input type="checkbox"/>				
Neurologic operations					<input type="checkbox"/>		
Peripheral vascular amputations				<input type="checkbox"/>			
Laboratory reports							
All laboratory reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (a) Copy all progress notes starting 48 hours before and ending 48 hours after the sets of cardiac enzymes and ECGs were performed to rule in or rule out MI and acute coronary syndrome (in the case of MI/ACS)
- (b) Copy ECGs from 48 hours before until 48 hours after event; also include admission ECG and last ECG prior to discharge
- (c) Copy all progress notes, chest X-rays, and pulmonary artery catheterizations during first 48 hours of admission
- (d) Copy all progress notes, ECGs, and rhythm/telemetry strips starting 48 hours before and ending 48 hours after the episode of arrhythmia (rhythm/telemetry strips should only include those that are pertinent to the arrhythmia)
- (e) Copy all progress notes starting 48 hours before and ending 48 hours after the cerebrovascular event
- (f) Copy all progress notes from 5 days prior to death and any post-death notations.