



.....●.....

**TAMIL NADU PREGNANCY & HEART
DISEASE REGISTRY
DATA COLLECTION FORM**

.....●.....

Name of the institution :

Filled by :

Department :

Signature :

சுய ஒப்புதல் படிவம்

தமிழ்நாடு கார்ப்பம் மற்றும் இதய நோய் பதிவு

ஆராய்ச்சி நிலையம்: இருதய மருத்துவ நிறுவனம்,
இராஜீவ் காந்தி அரசு பொது மருத்துவமனை மற்றும்
சென்னை மருத்துவக்கல்லூரி,
சென்னை - 600 003.

பங்கு பெறுபவர் இதனை (✓) குறிக்கவும்

மேலே குறிப்பிட்டுள்ள மருத்துவ ஆய்வின் விவரங்கள் எனக்கு விளக்கப்பட்டது.

என்னுடைய சந்தேகங்களைக் கேட்கவும், அதற்கான தகுந்த விளக்கங்களைப் பெறவும் வாய்ப்பளிக்கப்பட்டது.

நான் இவ்வாய்வில் தன்னிச்சையாகத்தான் பங்கேற்கிறேன்.

எந்தக் காரணத்தினாலோ எந்தக் கட்டத்திலும், எந்த சட்டசிக்கலுக்கும் உட்படாமல் நான் இவ்வாய்வில் இருந்து விலகிக் கொள்ளலாம் என்றும் அறிந்துகொண்டேன்.

இந்த ஆய்வு சம்மந்தமாகவும், மேலும் இது சார்ந்த ஆய்வு மேற்கொள்ளும் போதும்,

இந்த ஆய்வில் பங்கு பெறும் மருத்துவர் என்னுடைய மருத்துவ அறிக்கைகளைப் பார்ப்பதற்கு என் அனுமதி தேவையில்லை என அறிந்து கொள்கிறேன்.

நான் ஆய்வில் இருந்துவிலகிக் கொண்டாலும் இது பொருந்தும் என அறிகிறேன்.

இந்த ஆய்வின் மூலம் கிடைக்கும் தகவல்களையும், பரிசோதனை முடிவுகளையும் மற்றும் சிகிச்சை தொடர்பான தகவல்களையும் மருத்துவர் மேற்கொள்ளும் ஆய்வில் பயன்படுத்திக்கொள்ளவும், அதைப் பிரசுரிக்கவும் என் முழு மனதுடன் சம்மதிக்கிறேன்.

இந்த ஆய்வில் பங்கு கொள்ள ஒப்புக்கொள்கிறேன். எனக்குக் கொடுக்கப்பட்ட அறிவுரைகளின் படி நடந்து கொள்வதுடன், இந்த ஆய்வை மேற்கொள்ளும் மருத்துவ அணிக்கு உண்மையுடன் இருப்பேன் என்றும் உறுதியளிக்கிறேன்.

என் உடல் நலம் பாதிக்கப்பட்டாலோ அல்லது எதிர் பாராத வழக்கத்திற்கு மாறாக நோய்க்குறி தென்பட்டாலோ உடனே அதை மருத்துவ அணியிடம் தெரிவிப்பேன் என உறுதி அளிக்கிறேன்.

இந்த ஆய்வில் எனக்கு இரத்தப் பரிசோதனை மற்றும் இதர மருத்துவப் பரிசோதனைகள் செய்து கொள்ள நான் முழுமனதுடன் சம்மதிக்கிறேன்.

இந்த ஆய்வில் என் தகவல்களை மாநில மற்றும் தேசிய மருத்துவ நலனுக்காக பயன்படுத்திக் கொள்ள என் முழு மனதுடன் சம்மதிக்கிறேன்.

பங்கு பெறுபவரின் எண்:

பங்கேற்பவரின் கையொப்பம் இடம் தேதி

கட்டைவிரல் ரேகை:

பங்கேற்பவரின் பெயர் மற்றும் விலாசம்

ஆய்வாளரின் கையொப்பம் இடம் தேதி

ஆய்வாளரின் பெயர்

A1. TNP HDR No: _____ / _____ / _____ / _____

A2. RCH. No : _____

A3. DATE OF REGISTRATION: _____ / _____ / _____

| TAMIL NADU PREGNANCY AND HEART DISEASE REGISTRY-DATA COLLECTION FORM | | | |
|--|-----|----|---|
| INCLUSION CRITERIA CHECKLIST* | | | |
| For all patients* (Tick the applicable) | Yes | No | A4. <input type="radio"/> Antenatal <input type="radio"/> Post-partum (Up to 6 wks) <input type="radio"/> Postnatal (1-5 months, only for peri-partum cardiomyopathy) |
| | Yes | No | A5. Heart disease |
| | Yes | No | A6. Consented for the study |

*For all registered patients, the above three rows should be Yes

| BASELINE DATA- IDENTIFIER PAGE | | | | | | | | | | | | |
|--------------------------------|--|--|----------------------|------------------------------------|----------------------|--|----------------------|-------------------------------------|----------------------|----------------------|----------------------|----------------------|
| B1 | Hospital/PIN number*: | | | | | | | | | | | |
| B2 | Full name of the patient (IN BLOCK LETTERS)*: | | | | | | | | | | | |
| B3 | Name of the Husband/Guardian*: | | | | | | | | | | | |
| B4 | Age (in completed years): | | <input type="text"/> | <input type="text"/> | B5 | Date of Birth*: | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| B6 | House/Flat name or number*: | | | | | | | | | | | |
| B7 | Street/locality*: | | | | | | | | | | | |
| B8 | State*: | | | | | | | | | | | |
| B9 | District*: | | | | | | | | | | | |
| B10 | Taluk*: | | | | | B11 Village*: | | | | | | |
| B12 | Post office*: | | | | | B13 Pin code* | | | | | | |
| B14 | Aadhaar no: | | | | | | | | | | | |
| B15 | Patient's mobile number* | | | | | 0 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| B16 | Patient's alternate mobile number | | | | | 0 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| B17 | Relative's mobile number | | | | | 0 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Name of the relative: | | | | | Relationship: | | | | | | |
| B18 | Total number of years of education* (Zero for Illiterates) | | | <input type="text"/> | <input type="text"/> | Qualification (Enter the highest degree) | | | | | | |
| | | | | <input type="radio"/> Uneducated | | <input type="radio"/> Primary school | | <input type="radio"/> Middle school | | | | |
| | | | | <input type="radio"/> High school | | <input type="radio"/> Higher Secondary | | <input type="radio"/> Undergraduate | | | | |
| | | | | <input type="radio"/> Postgraduate | | <input type="radio"/> Doctorate | | | | | | |
| B19 | Occupation*: | | | | | | | | | | | |
| B20 | Marital status*: <input type="radio"/> Married <input type="radio"/> Never Married <input type="radio"/> Widowed <input type="radio"/> Divorced/ Separated | | | | | | | | | | | |
| B21 | Total monthly income of the family: | | | | | B22 Total members of the family : | | | | | | |
| B23 | Socio-economic status*: (As per ration card) <input type="radio"/> Above Poverty Line <input type="radio"/> Below Poverty Line | | | | | | | | | | | |

REGISTRATION DETAILS-REGISTRATION PAGE

TIME OF FIRST DIAGNOSIS OF HEART DISEASE (tick applicable)

| | | | |
|-----------|---|--|--|
| C1 | Chronological age at diagnosis (<i>in years</i>) : _____ | | |
| | <input type="radio"/> Before marriage <input type="radio"/> After marriage | During present pregnancy <input type="radio"/> Prior to present pregnancy <input type="radio"/> | Gestational age at diagnosis (In weeks) : _____ If prior to present pregnancy, specify whether during previous pregnancy <input type="radio"/> Yes <input type="radio"/> No |

PRE-PREGNANCY DETAILS (tick applicable)

| | | | | | | |
|-----------|--|--------------------------|------------------------------|--|--------------------------|--------------------------|
| C2 | Pre-pregnancy cardiac and related history | | | | | |
| | C2.1 NYHA CLASS <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV | | | | | |
| | C2.2 Prior HF | C2.3 Prior AF | C2.4 Prior procedures | C2.5 Prior OAC use | C2.6 Others | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | C2.7 Details of prior procedures done (Surgical procedures or Cardiac interventions) | | | | | |
| | Name of the procedure | | | | | |
| | Chronological age during the procedure (in yrs) | | | | | |
| | Institution where intervention was done | | | | | |
| | C2.8 Prior Hospitalisations (if any) <input type="radio"/> Yes <input type="radio"/> No | | | Number of days hospitalized: <input type="text" value="M"/> <input type="text" value="M"/> | | |
| | Reason for hospitalization: _____ | | | Month & year of hospitalization: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | | |
| | C2.9 Medications on: (<i>specify if on any drugs with dosage</i>) | | | | | |
| | C2.10 Diabetes | C2.11 SHT | C2.12 CAD | C2.13 Alcohol | C2.14 Smoking | C2.15 Tobacco use |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | C2.16 <input type="checkbox"/> Others, Specify | | | | | |

PREVIOUS PREGNANCY DETAILS Yes No (In case of more than one previous pregnancy kindly attach a copy of this page for each)

| | | | | | | | | | | |
|---|---|--|--|---|--|-------------------------------------|---|--|--|--|
| C3 | C3.1 Date of delivery/termination of previous pregnancy | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | | | | | | | | |
| | C3.2 Gestational age at delivery (weeks) | <input type="text" value=""/> <input type="text" value=""/> | | | | | | | | |
| | C3.3 Mode of delivery | <input type="radio"/> Vaginal <input type="radio"/> Assisted vaginal <input type="radio"/> LSCS <input type="radio"/> Live birth <input type="radio"/> IUD <input type="radio"/> Still birth <input type="radio"/> Spontaneous Abortion <input type="radio"/> Induced Abortion | | | | | | | | |
| | C3.4 Foetal outcome | Birth Weight(In Kgs) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | | | | | | | | |
| | C3.5 AN/PN decompensation <input type="radio"/> Yes <input type="radio"/> No If yes details: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Heart failure</td> <td><input type="checkbox"/> Bleeding complications</td> </tr> <tr> <td><input type="checkbox"/> Cardiogenic shock</td> <td><input type="checkbox"/> Arrhythmia</td> </tr> <tr> <td><input type="checkbox"/> Thrombotic complications</td> <td><input type="checkbox"/> Infective complications(endocarditis)</td> </tr> <tr> <td><input type="checkbox"/> Others(specify)</td> <td></td> </tr> </table> | | <input type="checkbox"/> Heart failure | <input type="checkbox"/> Bleeding complications | <input type="checkbox"/> Cardiogenic shock | <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Thrombotic complications | <input type="checkbox"/> Infective complications(endocarditis) | <input type="checkbox"/> Others(specify) | |
| <input type="checkbox"/> Heart failure | <input type="checkbox"/> Bleeding complications | | | | | | | | | |
| <input type="checkbox"/> Cardiogenic shock | <input type="checkbox"/> Arrhythmia | | | | | | | | | |
| <input type="checkbox"/> Thrombotic complications | <input type="checkbox"/> Infective complications(endocarditis) | | | | | | | | | |
| <input type="checkbox"/> Others(specify) | | | | | | | | | | |
| | C3.6 Any antenatal interventions done <input type="radio"/> Yes <input type="radio"/> No (<i>If yes, Kindly specify</i>) | | | | | | | | | |
| | Name of the procedure | | | | | | | | | |
| | Gravida when procedure done | | | | | | | | | |
| | Gestational age during procedure | | | | | | | | | |
| | Institution where done | | | | | | | | | |
| | C3.7 Post-partum interventions (within 6weeks of delivery). <input type="radio"/> Yes <input type="radio"/> No (<i>If yes, Kindly specify</i>) | | | | | | | | | |
| | Name of the procedure | | | | | | | | | |
| | Post-natal day procedure done | | | | | | | | | |
| | Institution where done | | | | | | | | | |
| | C3.8 Was the previous pregnancy continued Against Medical Advice <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | | |

| PRESENT PREGNANCY DETAILS | | | | | | | | | |
|---------------------------|--|--|---------------------------|--------------------------|---|---|---|------------------------------|---|
| ANTENATAL DETAILS | | | | | | | | | |
| C4 | Obstetric score | G | P | L | A | <input type="radio"/> Singleton pregnancy <input type="radio"/> Twin pregnancy | | <input type="radio"/> Others | |
| C5 | LMP (Last Menstrual Period) | D | D | M | M | Y | Y | Y | Y |
| C6 | EDD (Expected Date of Delivery) | D | D | M | M | Y | Y | Y | Y |
| C7 | Gestational age at registration (weeks) | | | | | | | | |
| C8 | Antenatal check-ups (tick applicable) | | | | | | | | |
| | C8.1 <input type="radio"/> Booked <input type="radio"/> Unbooked <input type="radio"/> Status not known | | | | | | | | |
| | C8.2 Institution where AN check-up done: | | | | | | | | |
| C9 | ASSOCIATED RISK FACTORS (tick all applicable) | | | | | | | | |
| | C9.1 PIH | C9.2 GDM | C9.3 Hypothyroid | C9.4 Hyperthyroid | C9.5 Anaemia | C9.6 Rheumatologic problems | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | C9.7 <input type="checkbox"/> Others, specify _____ | | | | | | | | |
| C10 | COMPLETE DIAGNOSIS | <hr/> <hr/> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Heart failure <input type="checkbox"/> Pulmonary hypertension <input type="radio"/> Primary <input type="radio"/> Secondary <input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> Rheumatic Heart disease <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Aortopathy/ Diseases of Aorta <input type="checkbox"/> Congenital Heart disease <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Coronary artery disease <input type="checkbox"/> Post-Interventional. If yes, Specify _____ </div> | | | | | | | |
| C11 | Present pregnancy continued Against Medical Advice | | <input type="radio"/> Yes | | <input type="radio"/> No | | | | |
| C12 | Any antenatal interventions done before registration | | <input type="radio"/> Yes | | <input type="radio"/> No (If yes, Kindly specify) | | | | |
| | Name of the procedure | | | | | | | | |
| | Gravida when procedure done | | | | | | | | |
| | Gestational age during procedure | | | | | | | | |
| | Institution where done | | | | | | | | |
| C13 | Post-partum interventions (Only for cases registered in TNPHDR within 6weeks of delivery) | | <input type="radio"/> Yes | | <input type="radio"/> No (If yes, specify) | | | | |
| | Name of the procedure | | | | | | | | |
| | Post-natal day procedure done | | | | | | | | |
| | Institution where done | | | | | | | | |

FIRST VISIT PAGE

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

D1 PATIENT SYMPTOMS

D1.1 NYHA CLASS Class I Class II Class III Class IV

Presenting symptoms (tick all applicable)

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|----------------------------|---------------------------|--------------------------|
| D1.2 Nil | D1.3 Dyspnea | D1.4 PND | D1.5 Orthopnea | D1.6 Palpitation | D1.7 Pedal edema | D1.8 Chest pain | D1.9 Syncope |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D1.10 Others (Specify):

D2 CLINICAL SIGNS

| | | |
|-----------------------|-----------------------|-----------------------|
| D2.1 Ht (cm) | D2.2 Wt (Kg) | D2.3 RR (/min) |
| D2.4 HR (/min) | D2.5 BP(mm Hg) | D2.6 SPO2 (%) |

D2.7 CVS: S1 _____ S2 _____
Murmur: Yes No Sys Dias
Gallop: Yes No LVS3 RVS3

D2.8 JVP
 Normal
 Elevated

D2.9 RS Normal Abnormal
 Crepitations
 Rhonchi/ Wheeze

D3 BASELINE INVESTIGATIONS:

| | |
|------------------------------------|--|
| D3.1 Blood Sugar (mg/dl) | D3.4 Hb (g/dl) |
| D3.2 Blood Urea (mg/dl) | D3.5 Others Relevant investigations |
| D3.3 Sr. Creatinine (mg/dl) | |

D3.6 ECG Normal Abnormal. If abnormal, Choose:
 AF SVT VT 1°AVB 2° AVB CHB ST↑ ST↓ Others
Others, Specify:

D4 RISK ASSESSMENT AND TRIAGE

D4.1 Modified WHO Risk assessment Scale: m WHO I m WHO II m WHO II-III m WHO III m WHO IV

D4.2 CARPREG SCORE: (Tick the appropriate box)

| S. No | Patient Variable | Yes | No |
|-------|---|-----|----|
| 1 | Prior cardiac event [Heart Failure, Stroke, TIA before pregnancy, arrhythmia] | | |
| 2 | Baseline NYHA III / IV or Cyanosis | | |
| 3 | Left Heart Obstruction [MVA < 2sq.cm, AVA < 1.5 sq.cm, Peak LVOT gr > 30 mm Hg] | | |
| 4 | Reduced systemic ventricular systolic function < 40% | | |

| D4.3 CARPREG II SCORE: (Tick the appropriate box) | | | | D4.4 ZAHARA SCORE: (Tick the appropriate box) | | | |
|--|---|-----|----|--|--|-----|----|
| S. No | Patient Variable | Yes | No | S. No | Patient Variable | Yes | No |
| 1 | Prior cardiac event/ arrhythmia | | | 1 | History of arrhythmic events | | |
| 2 | Baseline NYHA III / IV or Cyanosis | | | 2 | Baseline NYHA III or IV | | |
| 3 | Mechanical prosthetic valves | | | 3 | LVOT obstruction >50 mm Hg | | |
| 4 | Ventricular dysfunction | | | 4 | Mechanical valve prosthesis | | |
| 5 | High Risk Lt sided valve disease, LVOTO | | | 5 | Cardiac drugs pre-pregnancy use | | |
| 6 | Pulmonary Hypertension | | | 6 | CCHD [repaired or unrepaired] | | |
| 7 | CAD | | | 7 | Moderate to severe sub pulmonic AV valve regurgitation | | |
| 8 | High risk aortopathy | | | 8 | Moderate to severe systemic AV valve regurgitation | | |
| 9 | No Prior cardiac interventions | | | | | | |
| 10 | Late pregnancy assessment | | | | | | |

| | | | | |
|--|--|--|---|--|
| D5 | ECHOCARDIOGRAPHIC ASSESSMENT <input type="radio"/> Normal <input type="radio"/> Abnormal | | | |
| D5.1 Situs | <input type="radio"/> Solitus <input type="radio"/> Inversus [†] <input type="radio"/> Ambiguus [†] | | D5.2 Position | <input type="radio"/> Dextrocardia [†] <input type="radio"/> Levocardia |
| D5.3 AV concordance | <input type="radio"/> Concordant <input type="radio"/> Discordant [†] | | VA concordance | <input type="radio"/> Concordant <input type="radio"/> Discordant [†] |
| D5.4 Chamber description | | | | |
| Morphological LA | Normal: <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Dilated | <input type="radio"/> Hypoplastic [†] | <i># Kindly fill form I</i> <i>† Kindly fill Form J</i> <i>‡ Kindly fill form K</i> <i>Kindly fill form L</i> |
| Morphological RA | Normal: <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Dilated | <input type="radio"/> Hypoplastic [†] | |
| Morphological LV | Normal: <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Dilated | <input type="radio"/> Hypoplastic [†] | |
| Morphological RV | Normal: <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Dilated | <input type="radio"/> Hypoplastic [†] | |
| D5.5 Ventricular function | | | | |
| Wall Motion: <input type="radio"/> Normal <input type="radio"/> Regional wall motion abnormalities <input type="radio"/> Global Hypokinesia [‡] | | | | |
| LV systolic function | LVID | Diastole(mm) | EF and LV function | |
| | | Systole(mm) | >54% | <input type="radio"/> Normal [‡] |
| | EF% | | 40-54% | <input type="radio"/> Mild LV systolic dysfunction [‡] |
| LV diastolic function | E(cm/s) | | 30-40% | <input type="radio"/> Moderate LV systolic dysfunction [‡] |
| | A(cm/s) | | <30% | <input type="radio"/> Severe LV systolic dysfunction [‡] |
| RV systolic function | <input type="radio"/> Normal <input type="radio"/> Abnormal | TAPSE (mm) | | Sa' |
| D5.6 Valve morphology and function | | | | |
| Mitral | <input type="radio"/> Native <input type="radio"/> Prosthetic [#] | Structure <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="checkbox"/> Prolapse <input type="checkbox"/> Thickened <input type="checkbox"/> Degenerative <input type="checkbox"/> Flial | Function <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="checkbox"/> Stenotic <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe MVOA _____ Cm ² MV Gradient: Mean _____ Peak _____ <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | |
| Aortic | <input type="radio"/> Native <input type="radio"/> Prosthetic [#] | Structure <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="checkbox"/> Prolapse <input type="checkbox"/> Thickened <input type="checkbox"/> Degenerative <input type="checkbox"/> Calcific | Function <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="checkbox"/> Stenotic ^A <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Gradient: Mean _____ Peak _____ <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | |
| Tricuspid | <input type="radio"/> Native <input type="radio"/> Prosthetic [#] | If native <input type="radio"/> Normal <input type="radio"/> Prolapse | Function <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="checkbox"/> Stenotic <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Gradient: Mean _____ Peak _____ <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | |
| Pulmonary | <input type="radio"/> Native <input type="radio"/> Prosthetic [#] | If native <input type="radio"/> Normal <input type="radio"/> Absent <input type="radio"/> Dooming | Function <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="checkbox"/> Stenotic ^A <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe Gradient: Mean _____ Peak _____ <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | |
| D5.7 Pulmonary pressures | | | | |
| Tricuspid regurgitation-TRPG(mmHg): | | Pulmonary regurgitation-Peak PR(mmHg): | | |
| Grading of PHT | <input type="checkbox"/> Nil | <input type="checkbox"/> Mild PHT | <input type="checkbox"/> Moderate PHT | <input type="checkbox"/> Severe PHT |
| TPRG | <30 | 30-45 | 45-60 | >60 |
| Peak PR | <15 | 15-35 | 35-45 | >45 |
| D5.8 IAS | <input type="radio"/> Intact <input type="radio"/> Defective [†] | | | |
| D5.9 IVS | <input type="radio"/> Intact <input type="radio"/> Defective [†] | | | |
| D5.10 Other Shunts[†] | <input type="checkbox"/> PDA <input type="checkbox"/> APW <input type="checkbox"/> RSOV <input type="checkbox"/> Others | | | |
| D5.11 Pericardium | <input type="checkbox"/> Normal <input type="checkbox"/> Thickened <input type="checkbox"/> Effusion <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Massive | | | |
| D5.12 Aorta | <input type="radio"/> Normal <input type="radio"/> Abnormal. If Abnormal, Specify <input type="radio"/> Dilated <input type="radio"/> Coarctation <input type="radio"/> Others | | | |
| D5.13 Others | <input type="checkbox"/> Vegetations <input type="checkbox"/> Thrombus | | | |
| D6 | TNPHDR Risk category (as per triage): <input type="radio"/> LOW RISK <input type="radio"/> HIGH RISK | | | |
| D7 | Specific Advice in the visit(if any) : <input type="checkbox"/> Nil <input type="checkbox"/> Hospitalization <input type="checkbox"/> Change of medication <input type="checkbox"/> Advice intervention <input type="radio"/> Cardiac <input type="radio"/> Others, specify _____ | | | |
| D8 | Date of next follow up: | | D | D |
| | | | M | M |
| | | | Y | Y |
| | | | Y | Y |

E. DRUG PAGE-USE AND DOSAGE

(tick the relevant drugs and mention the dosage used)

| NO | DRUG | E1 PRE- PREGNANCY | | E2 I TRIMESTER | | E3 II TRIMESTER | | E4 III TRIMESTER | | E5 PERIPARTUM | |
|----|---------------------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|
| | | <input type="checkbox"/> | DOSAGE | <input type="checkbox"/> | DOSAGE | <input type="checkbox"/> | DOSAGE | <input type="checkbox"/> | DOSAGE | <input type="checkbox"/> | DOSAGE |
| 1 | Penicillin | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 2 | Warfarin | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 3 | Acenocoumarol | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 4 | Phenindione | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 5 | Aspirin | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 6 | Clopidogrel | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 7 | Nitrates | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 8 | Atorvastatin | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 9 | Rosuvastatin | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 10 | Verapamil | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 11 | Nifedipine | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 12 | Diltiazem | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 13 | Atenolol | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 14 | Metoprolol | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 15 | Other BBs | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 16 | Digoxin | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 17 | Frusemide | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 18 | Spironolactone | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 19 | Hydrochlorothiazide | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 20 | Enalapril | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 21 | Ramipril | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 22 | Other ACEIs | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 23 | Losartan | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 24 | Telmisartan | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 25 | Other ARBs | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 26 | Sildenafil | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 27 | Bosentan | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 28 | Amiodarone | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 29 | Oral anti-diabetics | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 30 | Insulin | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 31 | Other drugs | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |

SECOND VISIT PAGE

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| F1 | PATIENT SYMPTOMS | | | | | | | |
| F1.1 NYHA CLASS <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV | | | | | | | | |
| Presenting symptoms (tick all applicable) | | | | | | | | |
| F1.2 Nil | F1.3 Dyspnea | F1.4 PND | F1.5 Orthopnea | F1.6 Palpitation | F1.7 Pedal edema | F1.8 Chest pain | F1.9 Syncope | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| F1.10 <input type="checkbox"/> Others (Specify): | | | | | | | | |

| | | | | | | | | |
|---|---------------------------------|----------------|--|--|--|--|--|--|
| F2 | CLINICAL SIGNS & ECG | | | | | | | |
| F2.1 Ht (cm) | | F2.2 Wt (Kg) | | F2.3 RR (/min) | | | | |
| F2.4 HR (/min) | | F2.5 BP(mm Hg) | | F2.6 SPO2 (%) | | | | |
| F2.7 CVS: S1 _____ S2 _____ Murmur: <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Sys <input type="checkbox"/> Dias Gallop: <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> LVS3 <input type="checkbox"/> RVS3 | | | | F2.8 JVP <input type="radio"/> Normal <input type="radio"/> Elevated | | F2.9 RS <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="checkbox"/> Crepitations <input type="checkbox"/> Rhonchi/ Wheeze | | |
| F2.10 ECG <input type="radio"/> Normal <input type="radio"/> Abnormal. If abnormal, Choose: <input type="checkbox"/> AF <input type="checkbox"/> SVT <input type="checkbox"/> VT <input type="checkbox"/> 1°AVB <input type="checkbox"/> 2° AVB <input type="checkbox"/> CHB <input type="checkbox"/> ST↑ <input type="checkbox"/> ST↓ <input type="checkbox"/> Others Others, Specify: | | | | | | | | |

| | | | | | | | | |
|--|-------------------------------------|---|---|--|--|---|--|--|
| F3 | ECHOCARDIOGRAPHIC ASSESSMENT | | | | | | | |
| Ventricular function | | | | Pulmonary pressures | | | | |
| Wall Motion: <input type="radio"/> Normal <input type="radio"/> Global Hypokinesia <input type="radio"/> Regional wall motion abnormalities | | | | Tricuspid regurgitation | | TRPG (mmHg) : | | |
| LV systolic function | | LVID | Diastole(mm) | Pulmonary regurgitation | | Peak PR (mmHg): | | |
| | | | Systole(mm) | Shunt lesion (Nature of shunt) | | <input type="radio"/> L→R <input type="radio"/> R→L <input type="radio"/> Bi directional | | |
| | | EF% | | Pericardial effusion (if present) | | <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Massive | | |
| LV diastolic function | | E(cm/s) | | Others | | <input type="checkbox"/> Vegetations <input type="checkbox"/> Thrombus | | |
| | | A(cm/s) | | | | | | |
| RV systolic function | | <input type="radio"/> Normal <input type="radio"/> Abnormal TAPSE (mm) _____ Sa' _____ | | | | | | |
| Valve function (if prosthetic valve kindly fill form I) | | | | | | | | |
| Mitral | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | MVOA: _____ cm ² | | Mean Gradient: Peak gradient: | | |
| Aortic | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic ^Δ <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: Peak gradient | | | | |
| | | ^Δ kindly fill form L | | | | | | |
| Tricuspid | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: Peak gradient | | | | |
| Pulmonary | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic ^Δ <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: Peak gradient | | | | |
| | | ^Δ kindly fill form L | | | | | | |

| | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| F4 | Specific Advice in the visit (if any) : <input type="checkbox"/> Nil <input type="checkbox"/> Hospitalization <input type="checkbox"/> Change of medication <input type="checkbox"/> Intervention <input type="radio"/> Cardiac <input type="radio"/> Others, specify _____ | | | | | | | | | | | | | | |
| Name of the procedure: _____ | | | | | | | | | | | | | | | |
| Date : _____ | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | | | | | | | | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | |

| | | | | | | | | |
|-----------|---|--|--|--|--|--|--|--|
| F5 | TNP HDR Risk category (as per triage): <input type="radio"/> LOW RISK <input type="radio"/> HIGH RISK | | | | | | | |
|-----------|---|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | | | | |
|-----------|-------------------------|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|
| F6 | Date of next follow up: | | <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | | | | | | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | |

THIRD VISIT PAGE

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

G1

PATIENT SYMPTOMS

G1.1 NYHA CLASS Class I Class II Class III Class IV

Presenting symptoms (tick all applicable)

| G1.2 Nil | G1.3 Dyspnea | G1.4 PND | G1.5 Orthopnea | G1.6 Palpitation | G1.7 Pedal edema | G1.8 Chest pain | G1.9 Syncope |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G1.10 Others (Specify):

G2

CLINICAL SIGNS & ECG

| | | |
|-----------------------|-----------------------|-----------------------|
| G2.1 Ht (cm) | G2.2 Wt (Kg) | G2.3 RR (/min) |
| G2.4 HR (/min) | G2.5 BP(mm Hg) | G2.6 SPO2 (%) |

G2.7CVS: S1 _____ S2 _____
 Murmur: Yes No Sys Dias
 Gallop: Yes No LVS3 RVS3

G2.8 JVP Normal Elevated

G2.9 RS Normal Abnormal
 Crepitations Rhonchi/ Wheeze

G2.10 ECG Normal Abnormal. If abnormal, Choose:
 AF SVT VT 1°AVB 2° AVB CHB ST↑ ST↓ Others
 Others, Specify:

G3

ECHOCARDIOGRAPHIC ASSESSMENT

| Ventricular function | | | Pulmonary pressures | |
|---|---|---|--|-----------------|
| Wall Motion: <input type="radio"/> Normal <input type="radio"/> Global Hypokinesia <input type="radio"/> Regional wall motion abnormalities | | | Tricuspid regurgitation | TRPG (mmHg) : |
| LV systolic function | LVID | Diastole(mm) | Pulmonary regurgitation | Peak PR (mmHg): |
| | | Systole(mm) | Shunt lesion (Nature of shunt) <input type="radio"/> L→R <input type="radio"/> R→L <input type="radio"/> Bi directional | |
| | EF% | Pericardial effusion (if present) <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Massive | | |
| LV diastolic function | E(cm/s) | | Others <input type="checkbox"/> Vegetations <input type="checkbox"/> Thrombus | |
| | A(cm/s) | | | |
| RV systolic function | <input type="radio"/> Normal <input type="radio"/> Abnormal TAPSE (mm) _____ Sa' _____ | | | |

Valve function (if prosthetic valve kindly fill form I)

| | | | |
|-----------|---------------------------------|--|---|
| Mitral | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | MVOA: _____ cm ² Mean Gradient: Peak gradient: |
| | | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | |
| Aortic | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic ^Δ <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: Peak gradient |
| | | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <i>Δ kindly fill form L</i> | |
| Tricuspid | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: Peak gradient |
| | | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | |
| Pulmonary | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic ^Δ <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: Peak gradient |
| | | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <i>Δ kindly fill form L</i> | |

G4

Specific Advice in the visit (if any) : Nil Hospitalization Change of medication
 Intervention Cardiac Others, specify _____

Name of the procedure:

Date :

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

G5

TNPHDR Risk category (as per triage): LOW RISK HIGH RISK

G6

Date of next follow up:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

PERIPARTUM VISIT PAGE

(if the patient is registered for the first time during the peripartum period, then kindly fill first visit page also along with this)

| | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|---|---|---|---|---|---|---|---|--------------------------|--|---|---|---|---|---|---|---|---|
| Date of admission | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;">D</td><td style="width:20px;">D</td><td style="width:20px;">M</td><td style="width:20px;">M</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td> </tr> </table> | D | D | M | M | Y | Y | Y | Y | Date of discharge | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;">D</td><td style="width:20px;">D</td><td style="width:20px;">M</td><td style="width:20px;">M</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td><td style="width:20px;">Y</td> </tr> </table> | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | |

| | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| H1 | PATIENT SYMPTOMS | | | | | | | |
| H1.1 NYHA CLASS <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV | | | | | | | | |
| Presenting symptoms (tick all applicable) | | | | | | | | |
| H1.2 | H1.3 | H1.4 | H1.5 | H1.6 | H1.7 | H1.8 | H1.9 | |
| Nil | Dyspnea | PND | Orthopnea | Palpitation | Pedal edema | Chest pain | Syncope | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H1.10 <input type="checkbox"/> Others _____ | | | | | | | | |

| | | | | | | | | |
|--|-----------------------------------|--|--|--|--|--|--|--|
| H2 | RISK ASSESSMENT AND TRIAGE | | | | | | | |
| H2.1 Modified WHO Risk assessment Scale: <input type="radio"/> m WHO I <input type="radio"/> m WHO II <input type="radio"/> m WHO II-III <input type="radio"/> m WHO III <input type="radio"/> m WHO IV | | | | | | | | |
| H2.2 TNPHDR Risk category (as per triage): <input type="radio"/> LOW RISK <input type="radio"/> HIGH RISK | | | | | | | | |

| | | | | | | | | | | | |
|--|---------------------------------|--|--|--------------------------------|--|--|--|--|--|--|--|
| H3 | CLINICAL SIGNS & ECG | | | | | | | | | | |
| H3.1 Ht (cm) | | | | H3.2 Wt (Kg) | | | | H3.3 RR (/min) | | | |
| H3.4 HR (/min) | | | | H3.5 BP(mm Hg) | | | | H3.6 SPO2 (%) | | | |
| H3.7 CVS: S1 _____ S2 _____ | | | | H3.8 JVP | | | | H3.9 RS <input type="radio"/> Normal <input type="radio"/> Abnormal | | | |
| Murmur: <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Sys <input type="checkbox"/> Dias | | | | <input type="radio"/> Normal | | | | <input type="checkbox"/> Crepitations | | | |
| Gallop: <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> LVS3 <input type="checkbox"/> RVS3 | | | | <input type="radio"/> Elevated | | | | <input type="checkbox"/> Rhonchi/ Wheeze | | | |
| H3.10 ECG <input type="radio"/> Normal <input type="radio"/> Abnormal. If abnormal, Choose: | | | | | | | | | | | |
| <input type="checkbox"/> AF <input type="checkbox"/> SVT <input type="checkbox"/> VT <input type="checkbox"/> 1°AVB <input type="checkbox"/> 2° AVB <input type="checkbox"/> CHB <input type="checkbox"/> ST↑ <input type="checkbox"/> ST↓ <input type="checkbox"/> Others | | | | | | | | | | | |
| Others, Specify: | | | | | | | | | | | |

H4 ECHOCARDIOGRAPHIC ASSESSMENT

| | | | | | | | |
|--|---|--|----------------------------|--|------------------------------|---|--|
| Ventricular function | | | | Pulmonary pressures | | | |
| Wall Motion: <input type="radio"/> Normal <input type="radio"/> Global Hypokinesia | | | | Tricuspid regurgitation | | TRPG (mmHg) : | |
| <input type="radio"/> Regional wall motion abnormalities | | | | Pulmonary regurgitation | | Peak PR (mmHg): | |
| LV systolic function | LVID | Diastole(mm) | | Shunt lesion (Nature of shunt) | | <input type="radio"/> L→R <input type="radio"/> R→L <input type="radio"/> Bi-directional | |
| | | Systole(mm) | | | | | |
| | EF% | | | Pericardial effusion (if present) | | <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Massive | |
| LV diastolic function | E(cm/s) | | | | | | |
| | A(cm/s) | | | Others | | <input type="checkbox"/> Vegetations <input type="checkbox"/> Thrombus | |
| RV systolic function | <input type="radio"/> Normal <input type="radio"/> Abnormal TAPSE (mm) _____ Sa' _____ | | | | | | |
| Valve function (if prosthetic valve kindly fill form I) | | | | | | | |
| Mitral | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | MVOA: _____ cm ² | |
| | | <input type="checkbox"/> Regurgitant | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | | |
| Aortic | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic ^Δ | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | Mean Gradient: | |
| | | <input type="checkbox"/> Regurgitant | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | | |
| | | ^Δ kindly fill form L | | | | | |
| Tricuspid | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | Mean Gradient: | |
| | | <input type="checkbox"/> Regurgitant | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | | |
| | | Peak gradient | | | | | |
| Pulmonary | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic ^Δ | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | Mean Gradient: | |
| | | <input type="checkbox"/> Regurgitant | <input type="radio"/> Mild | <input type="radio"/> Moderate | <input type="radio"/> Severe | | |
| | | ^Δ kindly fill form L | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|--------------------------------------|--------------------------|--|---|---|---------------------------|---|-----------------------|-----------------------|---|---|---|---|--|---|--|---|---|---|---|---|
| H5 | PERIPARTUM DETAILS(tick applicable) | | | | | | | | | | | | | | | | | | | | | | |
| | H5.1 Date of delivery | | | | | | | Time of Delivery: | | | | | | | | | | | | | | | |
| | <table border="1" style="width:100%; text-align:center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | | | | | | | D | D | M | M | Y | Y | Y | Y | <table border="1" style="width:100%; text-align:center;"> <tr> <td>H</td><td>H</td><td>:</td><td>M</td><td>M</td> </tr> </table> | | | H | H | : | M | M |
| | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| | H | H | : | M | M | | | | | | | | | | | | | | | | | | |
| | | | | | | | <input type="radio"/> AM <input type="radio"/> PM | | | | | | | | | | | | | | | | |
| H5.2 Mode of delivery | | Vaginal | Assisted vaginal | LSCS | | H5.3 Type of Anaesthesia | | | | | | | | | | | | | | | | | |
| | | <input type="radio"/> | <input type="radio"/> | Emergency | Elective | <input type="radio"/> Spinal <input type="radio"/> Epi Spinal <input type="radio"/> Epidural <input type="radio"/> GA | | | | | | | | | | | | | | | | | |
| H5.4 Induction of labour done: <input type="radio"/> Yes <input type="radio"/> No Reason for induction: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| H5.5 Indication for LSCS: <input type="checkbox"/> Obstetric _____ <input type="checkbox"/> Cardiac _____ | | | | | | | | | | | | | | | | | | | | | | | |
| H6 | MATERNAL OUTCOME (tick all applicable) | | | | | | | | | | | | | | | | | | | | | | |
| | CARDIOVASCULAR OUTCOME | | | | | | | | | | | | | | | | | | | | | | |
| | H6.1 Heart failure | | H6.2 | | H6.3 | H6.4 | H6.5 | | H6.6 | H6.7 | | | | | | | | | | | | | |
| | Pulmonary edema | CHF | Cardiogenic shock | Pulmonary Embolism | CVA | Other thrombotic manifestations | | Bleeding manifestations | Arrhythmia | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| | H6.8 <input type="checkbox"/> Others _____ | | | | | | | | | | | | | | | | | | | | | | |
| | OBSTETRIC OUTCOME | | | | | | | | | | | | | | | | | | | | | | |
| | H6.9 PIH | | H6.10 Pre- eclampsia | | H6.11 Eclampsia | | H6.12 PPH | H6.13 HELLP | H6.14 CVT | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| H6.15 <input type="checkbox"/> Others _____ | | | | | | | | | | | | | | | | | | | | | | | |
| H6.16 Final outcome | | | <input type="radio"/> Death(details) | | | <input type="radio"/> Discharge(details) | | | | | | | | | | | | | | | | | |
| H7 | FETAL OUTCOME (tick applicable) | | | | | | | | | | | | | | | | | | | | | | |
| | H7.1 Live Birth | | H7.2 Still born | | H7.3 IUD | | H7.4 IUGR | | H7.5 Abortion | | | | | | | | | | | | | | |
| | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> Spontaneous <input type="radio"/> Induced | | | | | | | | | | | | | | |
| | H7.6 If Live Birth: | | | H7.7 Birth Weight Kgs | | >4 kg | | Large for gestational age | | <input type="radio"/> | | | | | | | | | | | | | |
| | Term | | 2.5-4 kg | | Appropriate for gestational age | | | | <input type="radio"/> | | | | | | | | | | | | | | |
| | Pre-term | | 1.5-2.5 kg | | Low birth weight | | | | <input type="radio"/> | | | | | | | | | | | | | | |
| G7.8 APGAR score <input type="checkbox"/> | | | <1.5 kg | | Very low birth weight | | | | <input type="radio"/> | | | | | | | | | | | | | | |
| H8 | NEONATAL OUTCOME | | | | | | | | | | | | | | | | | | | | | | |
| | H8.1 Neonatal death | | H8.2 Congenital anomalies | | H8.3 Embryopathy | | H8.4 Heart disease | | H8.5 Others _____ | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | |
| H9 | DISCHARGE DETAILS | | | | | | | | | | | | | | | | | | | | | | |
| | H9.1 Functional Class at discharge (tick applicable) | | | | Class I | | Class II | | Class III | | Class IV | | | | | | | | | | | | |
| | | | | | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> | | <input type="radio"/> | | | | | | | | | | | | |
| | Disability at the time of discharge | | | | <input type="radio"/> Yes <input type="radio"/> No | | Details _____ | | | | | | | | | | | | | | | | |
| H9.2 Mode of Contraception: | | | | | H9.3 Follow up date: | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Nil <input type="radio"/> IUCD <input type="radio"/> OCP <input type="radio"/> Barrier method <input type="radio"/> Tubectomy <input type="radio"/> Others _____ | | | | | <table border="1" style="width:100%; text-align:center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | | | | | D | D | M | M | Y | Y | Y | Y | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| H10 | Any other relevant information/ remarks: | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

SPECIFIC DISEASE PROFORMA

I. PROSTHETIC VALVE (FORM I)

I1 Pre-Valve replacement Interventions (if any): BMV CMC OTHERS

I2 Pre-operative Diagnosis:
 Etiological diagnosis: RHD CHD DEGENERATIVE BICAV OTHERS _____
 Pathological diagnosis: MR MS AR AS Others /Associated lesions _____

I3 Baseline prosthetic valve details

I3.1 Date of valve replacement: _____

I3.2 Done in institution: _____

| I3.3 Valve replaced (tick the relevant) | I3.4 Valve size(mm) | I3.5 Post op gradient (mmHg) | I3.6 Type of valve (tick the relevant) | | | | I3.7 Post op OAC | I3.8 Post op INR | I3.9 Post op Aspirin |
|--|-------------------------------|---|---|------------------------|-----------------------|-----------------------|-------------------------------|-------------------------------|-----------------------------------|
| | | | Bio prosthetic | Single tilting disc | Bi- leaflet | Others Specify | | | |
| Mitral <input type="checkbox"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Warfarin | <input type="radio"/> Yes | |
| Aortic <input type="checkbox"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |
| Tricuspid <input type="checkbox"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Acitrom | | |
| Pulmonary <input type="checkbox"/> | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> No | |

I4 Pre-pregnancy complications (if any):

| | | | | | |
|--------------------------|------------|-----|--------|--------|--|
| Bleeding | Thrombotic | | | Others | INR during Complication _____ Anti-coag during Complication _____ |
| <input type="checkbox"/> | PVT | CVA | Others | | |

I5 ANTICOAGULANT THERAPY (Please see back page)

I6 ECHOCARDIOGRAPHIC ASSESSMENT- F/U

| | 1 st Tri | | 2 nd Tri | | 3 rd Tri | | Peripartum | | PN | |
|--|---|---|---|---|---|---|---|---|---|---|
| | Mitral | Aortic | Mitral | Aortic | Mitral | Aortic | Mitral | Aortic | Mitral | Aortic |
| Peak gradient (mmHg) | | | | | | | | | | |
| Peak velocity(m/s) | | | | | | | | | | |
| Mean gradient (mmHg) | | | | | | | | | | |
| Mean velocity(m/s) | | | | | | | | | | |
| VTI _(prox) /VTI _(distal) | | | | | | | | | | |
| EOA(cm ²) | | | | | | | | | | |
| PHT(ms)/ Aortic AT(ms) | | | | | | | | | | |
| Normal 2D movement of the Prosthetic valve | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Any thrombus visible | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

I7 Present Pregnancy Complications- Admitted No Yes. Duration of hospitalization _____

| | | | | | | | | | | |
|--|--------------------------|-----------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|
| Prosthetic Valve Thrombosis | | | Bleeding Complication | | | | | Other complications | | |
| PVT <input type="radio"/> Yes <input type="radio"/> No | | | Bleeding: <input type="radio"/> Yes <input type="radio"/> No | | | | | <input type="checkbox"/> Other thrombotic complications <input type="checkbox"/> Acute Pulmonary Edema <input type="checkbox"/> Cardiogenic Shock <input type="checkbox"/> Infective Endocarditis <input type="checkbox"/> Others, Specify _____ | | |
| Time of PVT | <input type="radio"/> AN | Gestational age (in Weeks): | Major | IC Bleed | Retroperitoneal | GIB | Others | | | |
| | <input type="radio"/> PN | Postnatal day: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Lysis done with: <input type="radio"/> Nil <input type="radio"/> SK <input type="radio"/> TNK | | | Minor | Sub Cut | Gum bleed | Epistaxis | Others | | | |
| Outcome of Lysis : <input type="radio"/> Success <input type="radio"/> Failure | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Anti-coagulant at the time of PVT | | | Anti-coagulant at the time of Bleed | | | | | | | |
| <input type="radio"/> OAC <input type="radio"/> Heparin <input type="radio"/> UFH <input type="radio"/> LMWH | | | <input type="radio"/> OAC <input type="radio"/> Heparin <input type="radio"/> UFH <input type="radio"/> LMWH | | | | | | | |
| INR/APTT at time of PVT _____ | | | INR/APTT at time of Bleed _____ | | | | | | | |

I8 Any other relevant information/ remarks:

| K. CARDIAC FAILURE (FORM K) | | | | | | | | | | |
|--|--|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| K1 | Etiology of Cardiac failure (<i>tick the relevant</i>) | | | | | | | | | |
| | K1.1 PPCMP | K1.2 DCMP | K1.3 IHD | K1.4 VHD | K1.5 HCMP | K1.6 RCMP | K1.7 MYOCARDITIS | K1.8 CHD | K1.9 ARF | K1.10 NON-COMPACTION |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K1.11 <input type="checkbox"/> Others (Specify): | | | | | | | | | | |
| K2 | Pre-pregnancy decompensation: <input type="radio"/> Yes No <input type="radio"/> | | | | | | | | | |
| K3 | Cardiac decompensation: <input type="checkbox"/> Heart failure <input type="checkbox"/> Acute pulmonary edema <input type="checkbox"/> Cardiogenic shock | | | | | Treatment given: <input type="checkbox"/> Hospitalization <input type="checkbox"/> Inotropic support <input type="checkbox"/> Ventilatory support | | | | |
| K4 | Clinical symptoms and signs during present pregnancy | | | | | | | | | |
| | K4.1 Fatigue/ Effort int | K4.2 Ascites | K4.3 Pleural effusion | K4.4 Hepatomegaly | K4.5 Cardiomegaly | K4.6 Other | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| K5 | PERIPARTUM CARDIOMYOPATHY | | | | | | | | | |
| | Prior diagnosis of PPCMP (<i>If multigravida</i>) <input type="radio"/> Yes <input type="radio"/> No EF during diagnosis: EF before present pregnancy: | | | | | | | | | |
| | Present pregnancy | Symptoms at presentation: Day when symptoms first noted: <input type="radio"/> AN (Gest. Age _____ wks) <input type="radio"/> PN: _____ day | | | | | | | | |
| | Antecedent history: <input type="checkbox"/> Fever <input type="checkbox"/> Obesity <input type="checkbox"/> Family history <input type="checkbox"/> Substance abuse | | | | | | | | | |
| | Treatment given: | | | | | | | | | |
| K6 | Any other relevant information/ remarks: | | | | | | | | | |

| L. OUTFLOW TRACT OBSTRUCTIONS (FORM L) | | | | | | |
|--|--|--------------------------|-------------------------------|---|--------------------------|--------------------------|
| L1 | AORTOPATHY AND LVOTO (<i>tick the relevant</i>) | | | | | |
| | L1.1 Marfan | L1.2 BICAV | L1.3 Other Familial Syndromes | L1.4 Aortic Dissection | L1.5 Others | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Type A <input type="radio"/> Type B | <input type="checkbox"/> | |
| L2 | Clinical symptoms and signs during present pregnancy | | | | | |
| | L2.1 Fatigue/ Effort int | L2.2 Ascites | L2.3 Pleural effusion | L2.4 Hepatomegaly | L2.5 Cardiomegaly | L2.6 Others |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L3 | Echocardiographic assessment | | | | | |
| | LVOT OBSTRUCTION | | | | | |
| | Aortic valve morphology <input type="radio"/> Tricuspid <input type="radio"/> Bicuspid <input type="radio"/> Quadricuspid <input type="radio"/> Others | | | | | |
| | Site of LVOT Obstruction <input type="checkbox"/> Valvar <input type="checkbox"/> Supra Valvar <input type="checkbox"/> Sub Valvar <input type="radio"/> Fixed <input type="radio"/> Dynamic | | | | | |
| | PARAMETERS | | 1 ST TRI | 2 ND TRI | 3 RD TRI | PERIPARTUM PN |
| | Aortic dimensions in mm | Annulus | | | | |
| | | Sinus | | | | |
| | | STJ | | | | |
| | | Asc. Aorta | | | | |
| | | Arch | | | | |
| | Desc thoracic aorta | | | | | |
| | AORTIC STENOSIS | | | | | |
| | Gradient in mm of Hg | Mean | | | | |
| | | Peak | | | | |
| | Velocity in m/sec | Mean | | | | |
| | | Peak | | | | |
| | RVOT Obstruction Pulmonary valve morphology : <input type="checkbox"/> Valvar <input type="checkbox"/> Supra Valvar <input type="checkbox"/> Sub Valvar | | | | | |
| | Gradient | Mean | | | | |
| | | Peak | | | | |
| | Velocity | Mean | | | | |
| | | Peak | | | | |
| L4 | Any other relevant information/ remarks: | | | | | |

FOLLOW UP VISIT PAGE-I

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

M1 PATIENT SYMPTOMS

M1.1 NYHA CLASS Class I Class II Class III Class IV

Presenting symptoms (tick all applicable)

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|----------------------------|---------------------------|--------------------------|
| M1.2 Nil | M1.3 Dyspnea | M1.4 PND | M1.5 Orthopnea | M1.6 Palpitation | M1.7 Pedal edema | M1.8 Chest pain | M1.9 Syncope |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

M1.10 **Others (Specify):**

M2 CLINICAL SIGNS & ECG

| | | |
|-----------------------|-----------------------|-----------------------|
| M2.1 Ht (cm) | M2.2 Wt (Kg) | M2.3 RR (/min) |
| M2.4 HR (/min) | M2.5 BP(mm Hg) | M2.6 SPO2 (%) |

M2.7 CVS: S1 _____ S2 _____
 Murmur: Yes No Sys Dias Normal
 Gallop: Yes No LVS3 RVS3 Elevated

M2.8 JVP Normal Abnormal
 Crepitations
 Rhonchi/ Wheeze

M2.9 RS Normal Abnormal

M2.10 ECG Normal Abnormal. If abnormal, Choose:
 AF SVT VT 1°AVB 2° AVB CHB ST↑ ST↓ Others
Others, Specify:

M3 ECHOCARDIOGRAPHIC ASSESSMENT

| | | | |
|--|---|--|---|
| Ventricular function | | Pulmonary pressures | |
| Wall Motion: <input type="radio"/> Normal <input type="radio"/> Global Hypokinesia <input type="radio"/> Regional wall motion abnormalities | | Tricuspid regurgitation | TRPG (mmHg) : |
| LV systolic Function | LVID | Pulmonary regurgitation | Peak PR (mmHg): |
| | Diastole(mm) | Shunt lesion (Nature of shunt) <input type="radio"/> L→R <input type="radio"/> R→L <input type="radio"/> Bi directional | Pericardial effusion (if present) <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Massive |
| Systole(mm) | Others <input type="checkbox"/> Vegetations <input type="checkbox"/> Thrombus | | |
| EF% | | | |
| LV diastolic function | E(cm/s) | | |
| | A(cm/s) | | |
| RV systolic function | <input type="radio"/> Normal <input type="radio"/> Abnormal TAPSE (mm) _____ Sa' _____ | | |

Valve function (For aortic & pulmonary stenosis kindly fill form L and prosthetic valve fill form I)

| | | | |
|-----------|---------------------------------|---|-----------------------------|
| Mitral | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | MVOA: _____ cm ² |
| | | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: |
| | | | Peak gradient: |
| Aortic | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic ^A <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: |
| | | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Peak gradient : |
| Tricuspid | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: |
| | | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Peak gradient: |
| Pulmonary | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic ^A <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: |
| | | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Peak gradient: |

M4 TNPHDR Risk category (as per triage): LOW RISK HIGH RISK

On Medications:

M5 Hospitalisations after discharge: Yes No. If Yes, Reason _____

M6 Post-partum plan

M7 NEONATAL OUTCOME

M7.1 Neonatal weight gain:

M7.2 Echocardiographic evaluation (if any)

M7.3 Adverse neonatal outcome: Neonatal death Cardiac lesion Malnourishment

M8 Date of next follow up:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

FOLLOW UP VISIT-II

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

N1 PATIENT SYMPTOMS

N1.1 NYHA CLASS Class I Class II Class III Class IV

Presenting symptoms (tick all applicable)

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|----------------------------|---------------------------|--------------------------|
| N1.2 Nil | N1.3 Dyspnea | N1.4 PND | N1.5 Orthopnea | N1.6 Palpitation | N1.7 Pedal edema | N1.8 Chest pain | N1.9 Syncope |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

N1.10 Others (Specify):

N2 CLINICAL SIGNS & ECG

| | | |
|-----------------------|-----------------------|-----------------------|
| N2.1 Ht (cm) | N2.2 Wt (Kg) | N2.3 RR (/min) |
| N2.4 HR (/min) | N2.5 BP(mm Hg) | N2.6 SPO2 (%) |

N2.7 CVS: S1 _____ S2 _____

Murmur: Yes No Sys Dias Normal

Gallop: Yes No LVS3 RVS3 Elevated

N2.8 JVP **N2.9** RS Normal Abnormal

Crepitations

Rhonchi/ Wheeze

N2.10 ECG Normal Abnormal. If abnormal, Choose:

AF SVT VT 1°AVB 2 AVB CHB ST↑ ST↓ Others

Others, Specify:

N3 ECHOCARDIOGRAPHIC ASSESSMENT

| | | | |
|--|---|--|--|
| Ventricular function | | Pulmonary pressures | |
| Wall Motion: <input type="radio"/> Normal <input type="radio"/> Global Hypokinesia <input type="radio"/> Regional wall motion abnormalities | | Tricuspid regurgitation | TRPG (mmHg) : |
| LV systolic function | LVID | Pulmonary regurgitation | Peak PR (mmHg): |
| | Diastole(mm) | Shunt lesion (Nature of shunt) | <input type="radio"/> L→R <input type="radio"/> R→L |
| Systole(mm) | <input type="radio"/> Bi directional | | |
| | EF% | Pericardial effusion (if present) | <input type="radio"/> Mild |
| LV diastolic function | E(cm/s) | | <input type="radio"/> Moderate |
| | A(cm/s) | | <input type="radio"/> Massive |
| RV systolic function | <input type="radio"/> Normal <input type="radio"/> Abnormal | Others | <input type="checkbox"/> Vegetations <input type="checkbox"/> Thrombus |
| | TAPSE (mm) _____ Sa' _____ | | |

Valve function (For aortic & pulmonary stenosis kindly fill form L and prosthetic valve fill form I)

| | | | |
|-----------|---------------------------------|---|-----------------------------|
| Mitral | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | MVOA: _____ cm ² |
| | | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: |
| | | | Peak gradient: |
| Aortic | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic ^Δ <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: |
| | | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Peak gradient : |
| Tricuspid | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: |
| | | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Peak gradient: |
| Pulmonary | <input type="checkbox"/> Normal | <input type="checkbox"/> Stenotic ^Δ <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: |
| | | <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Peak gradient: |

N4 TNPHDR Risk category (as per triage): LOW RISK HIGH RISK

On Medications:

N5 Hospitalisations after discharge: Yes No. If Yes, Reason _____

N6 Post-partum plan:

N7 NEONATAL OUTCOME

N7.1 Neonatal weight gain

N7.2 Echocardiographic evaluation (if any)

N7.3 Adverse neonatal outcome: Neonatal death Cardiac lesion Malnourishment

N8 Date of next follow up:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

FOLLOW UP VISIT -III

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

O1 PATIENT SYMPTOMS

O1.1 NYHA CLASS Class I Class II Class III Class IV

Presenting symptoms (tick all applicable)

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|----------------------------|---------------------------|--------------------------|
| O1.2 Nil | O1.3 Dyspnea | O1.4 PND | O1.5 Orthopnea | O1.6 Palpitation | O1.7 Pedal edema | O1.8 Chest pain | O1.9 Syncope |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

O1.10 Others (Specify):

O2 CLINICAL SIGNS & ECG

| | | |
|-----------------------|-----------------------|-----------------------|
| O2.1 Ht (cm) | O2.2 Wt (Kg) | O2.3 RR (/min) |
| O2.4 HR (/min) | O2.5 BP(mm Hg) | O2.6 SPO2 (%) |

O2.7 CVS: S1 _____ S2 _____
 Murmur: Yes No Sys Dias Normal
 Gallop: Yes No LVS3 RVS3 Elevated

O2.8 JVP Normal Elevated

O2.9 RS Normal Abnormal
 Crepitations Rhonchi/ Wheeze

O2.10 ECG Normal Abnormal. If abnormal, Choose:
 AF SVT VT 1°AVB 2° AVB CHB ST↑ ST↓ Others
 Others, Specify:

O3 ECHOCARDIOGRAPHIC ASSESSMENT

| | | | |
|---|--|--|--|
| Ventricular function | | Pulmonary pressures | |
| Wall Motion: <input type="radio"/> Normal <input type="radio"/> Global Hypokinesia <input type="radio"/> Regional wall motion abnormalities | | Tricuspid regurgitation | TRPG (mmHg): |
| LV systolic function | LVID Diastole(mm) Systole(mm) EF% | Pulmonary regurgitation | Peak PR (mmHg): |
| LV diastolic function | E(cm/s) A(cm/s) | Shunt lesion (Nature of shunt) | <input type="radio"/> L→R <input type="radio"/> R→L <input type="radio"/> Bi directional |
| RV systolic function | <input type="radio"/> Normal <input type="radio"/> Abnormal TAPSE (mm) Sa' | Pericardial effusion (if present) | <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Massive |
| | | Others | <input type="checkbox"/> Vegetations <input type="checkbox"/> Thrombus |

Valve function (For aortic & pulmonary stenosis kindly fill form L and prosthetic valve fill form I)

| | | |
|-----------|---|--|
| Mitral | <input type="checkbox"/> Normal <input type="checkbox"/> Stenotic <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | MVOA: _____ cm ² |
| Aortic | <input type="checkbox"/> Normal <input type="checkbox"/> Stenotic ^A <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: _____ Peak gradient: _____ |
| Tricuspid | <input type="checkbox"/> Normal <input type="checkbox"/> Stenotic <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: _____ Peak gradient: _____ |
| Pulmonary | <input type="checkbox"/> Normal <input type="checkbox"/> Stenotic ^A <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="checkbox"/> Regurgitant <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe | Mean Gradient: _____ Peak gradient: _____ |

O4 TNPHDR Risk category (as per triage): LOW RISK HIGH RISK

On Medications:

O5 Hospitalisations after discharge: Yes No. If Yes, Reason _____

O6 Post-partum plan

O7 Date of next follow up:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|