Patient_SK	
Admission Date	
Abstracter Name	
Abstraction Date	

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Respiratory Compromise

Symptom/ Finding	Υ	N	Qualitative	Date and Time	Chart location/ source	
Subjective dyspnea	dyspnea					
Instructions			List how dyspnea was described. Examples: "patient presented with shortness of breath"; "patient reports worsening breathing over last 4 hours", etc.	s of ED provider note; Admitting team admission note; Ne consult note; Cardiology consult note [must be within		
Presenting O ₂ sat <92%	senting O₂ sat <92%					
Instructions			List saturation value (even if above 92%), Ex. 91%, 100%	ED provider note; Admitting team admission note; Nephrology consult note; Cardiology consult note [must be within 24h of adm select first available value]		

Physical Exam/ Clinical Findings of Volume Overload

Finding	Υ	N	Qualitative	Date and Time	Chart location/ source	
Bibasilar lung rales						
Instructions			List description	ED provider note; Admitting team admission note; Nephrology consult note; Cardiology consult note [must be within 24h of adm]		
3 rd heart sound						
Instructions			List description	ED provider note; Admitting team admission note; Nephrology consult note; Cardiology consult note [must be within 24h of a		
Jugular vein distension						
Instructions			List description	ED provider note; Admitting team admission note; Nephrology consult note; Cardiology consult note [must be within 24h of adm]		

MD Diagnosis	Υ	N	Qualitative	Date and Time	Chart location/ source
Diagnosis of heart failure or fluid overload in impression and plan					
Instructions			List qualitative description and where mentioned in note- listed in impression, in plan, etc.		team admission note; Nephrology nsult note [must be within 24h of adm]

Imaging Findings of Volume Overload

Finding	Υ	N	Qualitative	Date and Time	Chart location/ source		
Interstitial edema					Indication:		
Instructions			If XR- note if portable; Fluid-related impression, ex: "worsening perihilar opacities which may reflect worsening edema"	Chest imaging: CXR or CT; Abdominal imaging: AXR or CT [must be within 24h of adm]			
Bilateral infiltrate without fever					Indication:		
Instructions			If XR- note if portable; Fluid-related impression if not listed above; List temperature value (38.2 or 100.4)	Temperature in ED provide	Abdominal imaging: AXR or CT; r note; Admitting team admission note: ardiology consult note [must be within ailable value of temp]		
Pleural effusion					Indication:		
Instructions			If XR- note if portable; List size, descriptors, Ex: "unchanged blunting of bilat costophrenic angles, stable bilat pl effusions"	Chest imaging: CXR or CT; be within 24h of adm; sele	Abdominal imaging: AXR or CT [must ect 1st available value]		
Abdominal ascites					Indication:		
Instructions			If XR- note if portable List amount/ size	Abdominal imaging: AXR or [must be within 24h of add	CT; **NOT an exam finding of ascites m]		
CVP >12 mmHg							
Instructions			List value		renous catheter- ED provider note; note; Nephrology consult note; ust be within 24h of adm]		
PCWP >12 mmHg							
Instructions			List value		ovider note; Admitting team admission ote; Cardiology consult note [must be		

^{**}If multiple imaging types per patient within first 24 hours, review all and record data from exam with most detailed pulmonary imaging/ reporting

Echocardiograms

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	Υ	N	Indication/ type	EF	IVC	CVP	Effusion	Change	Date and Time
TTE/ TEE this admission									
Most recent prior TTE/ TEE in system									
Instructions			List indication if given; TTE vs. TEE	(%)	Dilated? Phasic respiratory change?	Estimated CVP (mmHg)	Pericardial effusion (yes/ no); size	Change from prior TTE/ TEE?- any noted change but look for change in EF or change in valve function or presence of vegetation (specify change)	Does NOT have to be within 24h of admission. If >1, use first available