

Home Parenteral Inotropic Therapy: Data Collection Form

Patient's Name: _____ HIC #: _____

Information below may not be completed by the supplier nor anyone in a financial relationship with the supplier.

1) Results of invasive hemodynamic monitoring:

	Cardiac index	Wedge Pressure	Date
Before inotrope infusion	_____	_____	_____
On inotrope infusion	_____	_____	_____
Drug _____	Dose _____	mcg/kg/min	

2) Cardiac drugs (digoxin, diuretics, vasodilators) immediately prior to inotrope infusion (list name, dose, frequency): _____

3) Does this represent maximum tolerated doses of these drugs?

4) Breathing status (check one in each column):	Prior to inotrope infusion	At time of discharge
No dyspnea on exertion	_____	_____
Dyspnea on moderate exertion	_____	_____
Dyspnea on mild exertion	_____	_____
Dyspnea at rest	_____	_____

5) Initial home prescription: Drug _____ mcg/kg/min
_____ hrs/day _____ day/week (or every _____ days)

6) If continuous infusion is prescribed, have attempts to discontinue inotrope infusion in the hospital failed? _____

7) If intermittent infusion is prescribed, have there been repeated hospitalizations for heart failure during which parenteral inotropes were required? _____

8) Is the patient capable of going to the physician for outpatient evaluation: _____

9) Is routine electrocardiographic monitoring required in the home? _____

The above statements and any additional explanations included separately are true and accurate and there is documentation present in the patient's medical record to support these statements.

Physician Signature: _____ Date: _____

Physician Name Printed/Typed: _____ UPIN #: _____

Physician Specialty: _____