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| **EPIDEMIOLOGICAL DATA**  |
| **Age** | Difference in years (decimals) between age at inclusion and year of birth |
| **Sex** | Male/female |
| **COMORBIDITIES** |
| **Hypertension** | It indicates whether the patient has been diagnosed with high blood pressure, because this is stated in their previous medical history, or is receiving specific treatment |
| **Diabetes Mellitus** | It indicates whether the patient is diagnosed with diabetes mellitus, because this is stated in the patient's previous medical history, or is receiving specific treatment |
| **Ischaemic heart disease** | It indicates whether the patient has been diagnosed with any type of ischaemic heart disease (non-ST-segment elevation acute coronary syndrome, ST-segment elevation acute coronary syndrome, unstable angina, stable angina, etc.), because this is recorded in the patient's previous medical history, or is receiving specific treatment |
| **Chronic kidney disease** | It indicates whether the patient is diagnosed with chronic renal failure or chronic kidney disease, because this is stated in the patient's previous medical history, or if clinical tests in the last year show serum creatinine greater than 2 mg/dL |
| **Cerebrovascular disease** | It indicates whether the patient has been diagnosed with cerebrovascular disease or stroke, either because this is stated in the patient's previous medical history, or shows reports on CT scan or MRI within the last year of cerebrovascular disease |
| **Atrial fibrillation** | It indicates whether the patient is diagnosed with chronic or permanent atrial fibrillation or an electrocardiogram performed during a previous year shows atrial fibrillation and continues to the present |
| **Valvular heart disease** | It indicates whether the patient has been diagnosed with any type of valvular heart disease according to the echocardiogram or haemodynamic study, because this is recorded in the patient's previous medical history |
| **Peripheral artery disease** | It indicates if the patient is diagnosed with peripheral arterial disease in the lower limbs or carotid artery, or if the patient is receiving specific treatment, or has undergone specific surgery (lower limb bypass, endarterectomy, etc.) or there is a history of an arm-to-ankle ratio < 0.90 because this is recorded in the patient's previous medical history |
| **Chronic obstructive pulmonary disease** | It indicates whether the patient is diagnosed with chronic obstructive pulmonary disease because this is recorded in their medical history, has a spirometry test that is not normal or is receiving chronic treatment with specific drugs |
| **PREVIOUS CHRONIC TREATMENT**  |
| **Mineralocorticoid receptor antagonists** | They receive chronic treatment with aldosterone receptor antagonist |
| **Beta blockers** | They receive chronic treatment with beta blockers |
| **Renin-angiotensin system inhibitors** | They receive chronic treatment with renin-angiotensin system inhibitors |
| **Diuretics** | They receive chronic treatment with diuretics |
| **EMERGENCY MANAGEMENT TREATMENT** |
| **Non-invasive mechanical ventilation** | The patient is treated with non-invasive ventilation during the initial assessment in the stay at the Emergency department (ED), and it was described whether it was in CPAP (continuous positive airway pressure) or BiPAP (bilevel positive airway pressure) mode |
| **Intravenous** **diuretics** | The patient is treated with diuretics at the ED |
| **Intravenous vasodilators** | The patient is treated with intravenous vasodilators durintg the initial assessment in the stay at the ED |
| **DESTINY** |
| **Hospital admission** | The patient is transferred to an inpatient ward of any type (critical care unit, coronary, intermediate care, internal medicine, cardiology, short stay unit, geriatric, sub-acute or chronic units, etc.) |
| **MORTALITY** |
| **30-day all-cause mortality following** | Death within 30 days of discharge from the ED or admission for any cause |
| **CONGESTION** |
| **Dyspnoea on exertion** | Presence of dyspnoea on heavy, moderate or light exertion |
| **Pulmonary crackles** | Presence of pulmonary crackles in both lower halves of both hemithoraxes |
| **Orthopnoea** | Onset of dyspnoea in the supine position, forcing the patient to maintain a sitting position |
| **Paroxysmal nocturnal dyspnoea** | Occurrence of a crisis of dyspnoea at rest at night and awakening of the patient |
| **Oedema of the lower extremities** | Presence of oedema with pitting beyond the tibio-malleolar area |
| **Jugular venous distention** | Presence of venous pressure more than 4 cm above the sternal or Louis angle. Measured with the patient at 45° and assessed right internal jugular vein and estimated by the highest point of oscillation, and measured with a ruler |
| **Hepatomegaly** | Presence of a palpable hepatic rim below the costal ridge |