

**I. Procedure Information for Vascular Intervention**

Physician \_\_\_\_\_ Fellow ID/Second Operator \_\_\_\_\_

Procedure Date \_\_\_\_\_ Start Time \_\_\_\_\_ Procedure End Date \_\_\_\_\_ End Time \_\_\_\_\_

Status of Procedure    Elective    Urgent    Emergent

**II. Labs Pre Procedure**

Pre Creatinine \_\_\_\_\_ mg/dl      Not drawn

Pre Hemoglobin \_\_\_\_\_ g/dl      Not drawn

Pre BNP \_\_\_\_\_ pg/mL      Not drawn

Pre Troponin      Y / Not drawn

Pre Troponin I \_\_\_\_\_ No    I HS \_\_\_\_\_ No

Pre Troponin T \_\_\_\_\_ No    T HS \_\_\_\_\_ No

**Units**

- ng/dL
- ng/mL
- ng/L
- pg/mL

**Pre COVID-19**

- Positive
  - Date \_\_\_\_\_ Time \_\_\_\_\_
  - Not Documented
- Negative
  - Date \_\_\_\_\_ Time \_\_\_\_\_
  - Not Documented
- Investigating COVID-19
- COVID-19 Not Suspected
- Recovered COVID-19

**III. Labs Post Procedure**

Peak Creatinine \_\_\_\_\_ mg/dl      Not drawn

Nadir Hemoglobin \_\_\_\_\_ g/dl      Not drawn

**COVID-19**

- Positive
  - Date \_\_\_\_\_ Time \_\_\_\_\_
  - Not Documented
- Negative
  - Date \_\_\_\_\_ Time \_\_\_\_\_
  - Not Documented
- No Result
- No Specimen
- No Change in COVID Status

**IV. Medication During Procedure**

	Pre	During	Post	C/I		Pre	During	Post
Aspirin	<input type="checkbox"/>			<input type="checkbox"/>	Lactated Ringer's Infusion			
Clopidogrel (Plavix)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	LR <1 hr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prasugrel (Effient)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	LR 1-3 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticagrelor (Brilinta)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	LR 3-6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atropine		<input type="checkbox"/>		<input type="checkbox"/>				
IV / IA Nitroglycerin		<input type="checkbox"/>		<input type="checkbox"/>	LR >6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Heparin/Unfractionated Heparin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C/I	LR <1 hr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protamine		<input type="checkbox"/>	<input type="checkbox"/>		Other Hydration Infusion			
Bivalirudin (Angiomax)		<input type="checkbox"/>			Other <1 hr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrombolytics (TPA /TNK /rPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other 1-3 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sodium Bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other 3-6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saline Infusion					Other >6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saline <1 hr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Saline >6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saline 1-3 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Saline 3-6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

## V. Patient History

**Significant Valve Disease** Y / N

- MI/MR
- MS
- AI
- AS

**Mechanical Aortic or Mitral Valve** Y / N

**Angina CCS Class III or IV within 6 weeks** Y / N

**Peripheral Arterial Disease (PAD)** Y / N

**Home O2 Therapy** Y / N

**Major surgery planned within next 8 weeks**

- Cardiac
- Vascular
- Other

**Previous Neck Radiation** Y / N

**Previous Neck Surgery (other than CEA)** Y / N

**Tracheostomy Present** Y / N

**Previous Laryngeal Nerve Palsy** Y / N

- Right
- Left

## VI. Cardiac History

**Two or More Major Coronary Arteries with Stenosis  $\geq$ 70% (LAD, LCX, RCA)** Y / N

**Left Main Coronary Artery Stenosis  $\geq$ 50%** Y / N

**MI within 6 weeks** Y / N

**NYHA Functional Class III or IV w/in 6 weeks** Y / N

**Permanent Pacemaker or ICD** Y / N

**Cardiac Stress Test** Y / N

- Normal
- Abnormal

**Electrocardiogram** Y / N

- Normal
- Abnormal

## VII. Neurological History and Risk Factors

**Dementia or Alzheimer's Disease** Y / N

**Previous Carotid Intervention RT** Y / N

- Previous Right CEA Timeframe Y/N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior
- Previous Right CAS Timeframe Y/N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

**History of Seizure or Known Seizure Disorder** Y / N

**Previous Carotid Intervention LT**

- Previous Left CEA Timeframe Y/N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior
- Previous Left CAS Timeframe Y/N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

**Neurologic Event(s) prior to procedure** Y / N

- TIA – Right Retinal Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- TIA – Left Retinal Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- TIA – Right Hemispheric Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- TIA – Left Hemispheric Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- TIA – Vertebrobasilar Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- TIA – Unknown Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- Ischemic Stroke – Right Retinal Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- Ischemic Stroke – Left Retinal Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- Ischemic Stroke – Right Hemispheric Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- Ischemic Stroke – Left Hemispheric Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- Ischemic Stroke – Vertebrobasilar Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- Ischemic Stroke – Unknown Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- Intracranial Hemorrhage or Hemorrhagic Stroke – Intraparenchymal Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- Intracranial Hemorrhage or Hemorrhagic Stroke – Subarachnoid Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior
  - $\geq$ 181 days prior

- Intracranial Hemorrhage or Hemorrhagic Stroke – Subdural Y / N
  - $\leq$ 30 days prior
  - 31-180 days prior

Acute Evolving Stroke Y / N                      Transient Monocular Blindness Y / N                       ≥181 days prior

**VIII. Pre-Procedure Carotid Studies (within past 6 months)**

<b>Carotid Duplex Ultrasound (PRE)</b> Y / N	<b>CTA Angiography Performed</b> Y / N
<b>Peak Systolic Velocity – Right (PRE)</b> _____ cm/sec <input type="radio"/> Not documented	<b>CTA CCA Highest % Stenosis – Right</b> _____ % <input type="radio"/> Not documented
<b>Peak Systolic Velocity – Left (PRE)</b> _____ cm/sec <input type="radio"/> Not documented	<b>CTA CCA Highest % Stenosis – Left</b> _____ % <input type="radio"/> Not documented
<b>End Diastolic Velocity – Right (PRE)</b> _____ cm/sec <input type="radio"/> Not documented	<b>CTA ICA Highest % Stenosis – Right</b> _____ % <input type="radio"/> Not documented
<b>End Diastolic Velocity – Left (PRE)</b> _____ cm/sec <input type="radio"/> Not documented	<b>CTA ICA Highest % Stenosis – Left</b> _____ % Not documented
<b>ICA/CCA Ratio – Right</b> _____ cm/sec <input type="radio"/> Not documented	
<b>ICA/CCA Ratio – Left</b> _____ cm/sec <input type="radio"/> Not documented	

<b>MRA Angiography Performed</b> Y / N	<b>Carotid Angiography Performed</b> Y / N
<b>MRA CCA Highest % Stenosis – Right</b> _____ % <input type="radio"/> Not documented	<b>Carotid Angio CCA Highest % Stenosis – Right</b> _____ % <input type="radio"/> Not documented
<b>MRA CCA Highest % Stenosis – Left</b> _____ % <input type="radio"/> Not documented	<b>Carotid Angio CCA Highest % Stenosis – Left</b> _____ % <input type="radio"/> Not documented
<b>MRA ICA Highest % Stenosis – Right</b> _____ % <input type="radio"/> Not documented	<b>Carotid Angio ICA Highest % Stenosis – Right</b> _____ % <input type="radio"/> Not documented
<b>MRA ICA Highest % Stenosis – Left</b> _____ % <input type="radio"/> Not documented	<b>Carotid Angio ICA Highest % Stenosis – Left</b> _____ % <input type="radio"/> Not documented

**IX. Procedure Details**

<b>Target Carotid Vessel</b>	<b>TCAR</b> Y / N	<b>Anesthesia</b>
<input type="radio"/> Right		<input type="radio"/> Local
<input type="radio"/> Left		<input type="radio"/> General
		<input type="radio"/> MAC

**XI. Procedure Indications and Anatomic Variables**

<b>Urgent Cardiac Surgery w/in 30 days</b> Y / N	<b>Spontaneous Carotid Artery Dissection</b> Y / N	<b>Contrast Volume</b> _____ mL <input type="radio"/> Not documented
<b>Concurrent with CABG</b> Y / N	<b>Pre-procedure smoking cessation</b> Y / N	<b>Procedural Arterial Access Site</b>
<b>Target Lesion Symptomatic w/in Past 6 Months</b> Y / N	<input type="checkbox"/> Physician delivered advice	<input type="radio"/> Femoral
<b>Syncope</b> Y / N	<input type="checkbox"/> NRT	<input type="radio"/> Brachial/Radial/Axillary
<b>Restenosis in Target Vessel after Prior CAS</b> Y / N	<input type="checkbox"/> Referral to smoking counseling services	<input type="radio"/> Direct Carotid Puncture
<b>Restenosis in Target Vessel after Prior CEA</b> Y / N	<b>Lesion Difficult to Access Surgically</b> Y / N	<input type="radio"/> Carotid Cutdown
<b>Contralateral Carotid Artery Occlusion</b> Y / N	<input type="radio"/> High Cervical	<input type="radio"/> Other
<b>Fibromuscular Dysplasia of Carotid Artery</b> Y / N	<input type="radio"/> Low Intrathoracic	<b>Vascular Closure Type</b>
	<b>Aortic Arch Type</b>	<input type="checkbox"/> Manual (No device)
	<input type="radio"/> Type I	<input type="checkbox"/> Perclose
	<input type="radio"/> Type II	<input type="checkbox"/> Angioseal
	<input type="radio"/> Type III	<input type="checkbox"/> Mynx
	<input type="radio"/> Unknown	<input type="checkbox"/> Starclose
	<b>Bovine Arch</b> Y / N	<input type="checkbox"/> Exoseal
		<input type="checkbox"/> Surgical
		<input type="checkbox"/> Celt

<p><b>XI. Lesions and Devices</b></p> <p><b>Target lesion Location</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Isolated CCA</li> <li><input type="radio"/> Isolated ICA</li> <li><input type="radio"/> Bifurcation</li> </ul> <p><b>Visible Thrombus Present</b> Y / N</p> <p><b>Ulceration</b> Y / N</p> <p><b>Calcification</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> None</li> <li><input type="radio"/> Mild to Moderate</li> <li><input type="radio"/> Dense to Concentric</li> </ul> <p><b>Lesion Length (CAS)</b> _____ mm</p> <ul style="list-style-type: none"> <li><input type="radio"/> Not documented</li> </ul> <p><b>Pre Procedure % Stenosis</b> _____ %</p> <p><b>Second Lesion % Stenosis</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="radio"/> _____ %</li> </ul> <p><b>Lesion Treatment Incomplete/Aborted</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Failure to gain vascular access</li> <li><input type="checkbox"/> Failure to confirm significant stenosis</li> <li><input type="checkbox"/> Unable to place guiding catheter/ sheath</li> <li><input type="checkbox"/> Unable to cross guidewire</li> <li><input type="checkbox"/> Unable to cross balloon</li> <li><input type="checkbox"/> Unable to deploy EPD</li> <li><input type="checkbox"/> Unable to deliver stent</li> <li><input type="checkbox"/> Unable to deploy stent</li> <li><input type="checkbox"/> Difficult to access due to tortuosity</li> <li><input type="checkbox"/> Hypotension</li> <li><input type="checkbox"/> Hypertension</li> <li><input type="checkbox"/> Arrhythmia</li> <li><input type="checkbox"/> Cardiac ischemia</li> <li><input type="checkbox"/> Other</li> </ul>	<p><b>Embolic Protection Attempted</b> Y/N</p> <p><b>Predilation Prior to Embolic Protection Device Deployment</b> Y / N</p> <p><b>Embolic Protection Successfully Deployed</b> Y / N</p> <p><b>Embolic Protection Manufacturer</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Abbott</li> <li><input type="radio"/> Boston Scientific</li> <li><input type="radio"/> Cordis</li> <li><input type="radio"/> EV3</li> <li><input type="radio"/> Gore</li> <li><input type="radio"/> Lumen Biomedical</li> <li><input type="radio"/> Medtronic</li> <li><input type="radio"/> Silk Road</li> <li><input type="radio"/> St Jude</li> <li><input type="radio"/> Other</li> </ul> <p><b>Embolic Protection Model Name</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Accunet</li> <li><input type="radio"/> FilterWire</li> <li><input type="radio"/> Angioguard</li> <li><input type="radio"/> Spider</li> <li><input type="radio"/> Flow Reversal</li> <li><input type="radio"/> FiberNet</li> <li><input type="radio"/> GuardWire</li> <li><input type="radio"/> Proxis</li> <li><input type="radio"/> Emboshield</li> <li><input type="radio"/> Mo.Ma</li> <li><input type="radio"/> Enroute</li> <li><input type="radio"/> Other</li> </ul>	<p><b>Stents Implanted</b> Y / N</p> <p><b>Predilation Prior to Attempted Stent(s) Implant</b> Y / N</p> <p><b>Stent Tapered</b> Y/N</p> <p><b>Stent Diameter</b> Y / N _____mm</p> <p><b>Stent Length</b> Y / N _____mm</p> <p><b>Malposition</b> Y / N</p> <p><b>Stent Manufacturer</b> _____</p> <p><b>Stent Model Name</b> _____</p> <p><b>Ballooning/Post Dilation Performed</b> Y / N</p> <p><b>Balloon Dia</b> _____ mm</p> <ul style="list-style-type: none"> <li><input type="radio"/> Not Documented</li> </ul> <p><b>Max. Inflation pressure</b> _____ atm</p> <ul style="list-style-type: none"> <li><input type="radio"/> Not Documented</li> </ul> <p><b>Final Min. Luminal Dia</b> _____ mm</p> <ul style="list-style-type: none"> <li><input type="radio"/> Not Documented</li> </ul> <p><b>Final % Stenosis</b> _____ %</p>
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**XII Outcomes****Vascular Access Complications Y / N**

- Retroperitoneal hematoma
- Pseudo-aneurysm
- Hematoma at access site
- Bleeding at access site
- AV fistula
- Acute thrombosis
- Surgical repair of the vascular access site
- Other

**Filter Spasm Y / N****Slow Flow Y / N**

- After stent deployment
- After post dilation
- Aspiration was performed
- Aspirate had visible debris
- Patient had neurological changes during slow flow

**New Stroke Y / N****New Right Hemispheric/Retinal Neuro Event Occurred** Y / N**New Right Hemispheric/Retinal Neuro Event Resolved** Y / N**New Left Hemispheric/Retinal Neuro Event Occurred** Y / N**New Left Hemispheric/Retinal Neuro Event Resolved** Y / N**New Vertebrobasilar Event Occurred** Y / N**New Vertebrobasilar Event Resolved** Y / N**New Unknown Event Occurred** Y / N**New Unknown Event Resolved** Y / N**New TIA Y / N****New Right Hemispheric/Retinal Neuro Event Occurred** Y / N**New Left Hemispheric/Retinal Neuro Event Occurred** Y / N**New Vertebrobasilar Event Occurred** Y / N**New Unknown Event Occurred** Y / N**Death Y / N**

- During procedure
- Post procedure

**Cause of Death**

- Neurologic Due to a new or progressive neuro event
- Cardiac Due to a fatal arrhythmia, MI or heart failure
- Pulmonary Due to a pulmonary complication
- Vascular D/T major blood loss or other vascular complication
- Infection Due to infection
- Renal Failure Due to renal failure
- Other Due to other cause

**Myocardial Injury Y / N****Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

- Troponin leak
- Demand ischemia
- NSTEMI
- STEMI
- Not documented

**Peak post-operative troponin value**

Y / Not drawn

- troponin I \_\_\_\_\_
- troponin T \_\_\_\_\_
- troponin I HS \_\_\_\_\_
- troponin T HS \_\_\_\_\_

**Units**

- ng/dL
- ng/mL
- ng/L
- pg/mL