

**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 No

Pre Troponin Y / Not drawn

Pre Troponin I \_\_\_\_\_ No IHS \_\_\_\_\_ 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"/> |                          |                          | LR >6 hrs                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IV / IA Nitroglycerin             |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> | LR <1 hr                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IV Heparin/Unfractionated Heparin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C/I                      | Other Hydration Infusion   |                          |                          |                          |
| Protamine                         |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          | Other <1 hr                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bivalirudin (Angiomax)            |                          | <input type="checkbox"/> |                          |                          | Other 1-3 hrs              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thrombolytics (TPA /TNK /rPA)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | Other 3-6 hrs              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sodium Bicarbonate                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | Other >6 hrs               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saline Infusion Saline <1 hr      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | Saline >6 hrs              |                          |                          |                          |
| 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"/> |                          |                            |                          |                          |                          |

|   |   |  |   |  |
|---|---|--|---|--|
| <p><b>V. <u>Patient History</u></b></p> <p><b>Significant Valve Disease</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> MI/MR</li> <li><input type="checkbox"/> MS</li> <li><input type="checkbox"/> AI</li> <li><input type="checkbox"/> AS</li> </ul> <p><b>Mechanical Aortic or Mitral Valve</b> Y / N</p> <p><b>Angina CCS Class III or IV within 6 weeks</b> Y / N</p> <p><b>Peripheral Arterial Disease (PAD)</b> Y / N</p> <p><b>Home O2 Therapy</b> Y / N</p>   | <p><b>Major surgery planned within next 8 weeks</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cardiac</li> <li><input type="checkbox"/> Vascular</li> <li><input type="checkbox"/> Other</li> </ul> <p><b>Previous Neck Radiation</b> Y / N</p> <p><b>Previous Neck Surgery (other than CEA)</b> Y / N</p> <p><b>Tracheostomy Present</b> Y / N</p> <p><b>Previous Laryngeal Nerve Palsy</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Right</li> <li><input type="checkbox"/> Left</li> </ul>  |  |   |  |
| <p><b>VI. <u>Cardiac History</u></b></p> <p><b>Two or More Major Coronary Arteries with Stenosis <math>\geq</math>70% (LAD, LCX, RCA)</b> Y / N</p> <p><b>Left Main Coronary Artery Stenosis <math>\geq</math>50%</b> Y / N</p> <p><b>MI within 6 weeks</b> BY / N</p> <p><b>NYHA Functional Class III or IV w/in 6 weeks</b> Y / N</p>   | <p><b>Permanent Pacemaker or ICD</b> Y / N</p> <p><b>Cardiac Stress Test</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Abnormal</li> </ul> <p><b>Electrocardiogram</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Abnormal</li> </ul>  |  |   |  |
| <p><b>VII. <u>Neurologic History and Risk Factors</u></b></p> <p><b>Dementia or Alzheimer's Disease</b> Y / N</p> <p><b>Previous Carotid Intervention RT</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previous Right CEA Timeframe Y/N <ul style="list-style-type: none"> <li><input type="checkbox"/> <math>\leq</math>30 days prior</li> <li><input type="checkbox"/> 31-180 days prior</li> <li><input type="checkbox"/> <math>\geq</math>181 days prior</li> </ul> </li> <li><input type="checkbox"/> Previous Right CAS Timeframe Y/N <ul style="list-style-type: none"> <li><input type="checkbox"/> <math>\leq</math>30 days prior</li> <li><input type="checkbox"/> 31-180 days prior</li> <li><input type="checkbox"/> <math>\geq</math>181 days prior</li> </ul> </li> </ul>   | <p><b>History of Seizure or Known Seizure Disorder</b> Y / N</p> <p><b>Previous Carotid Intervention LT</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previous Left CEA Timeframe Y/N <ul style="list-style-type: none"> <li><input type="checkbox"/> <math>\leq</math>30 days prior</li> <li><input type="checkbox"/> 31-180 days prior</li> <li><input type="checkbox"/> <math>\geq</math>181 days prior</li> </ul> </li> <li><input type="checkbox"/> Previous Left CAS Timeframe Y/N <ul style="list-style-type: none"> <li><input type="checkbox"/> <math>\leq</math>30 days prior</li> <li><input type="checkbox"/> 31-180 days prior</li> <li><input type="checkbox"/> <math>\geq</math>181 days prior</li> </ul> </li> </ul>  |  |   |  |
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**VIII. Pre-Procedure Carotid Studies (within past 6 months)**

**Carotid Duplex Ultrasound (PRE)** Y / N

**Peak Systolic Velocity - Right (PRE)** \_\_\_\_\_ cm/sec  
 Not documented

**Peak Systolic Velocity - Left (PRE)** \_\_\_\_\_ cm/sec  
 Not documented

**End Diastolic Velocity - Right (PRE)** \_\_\_\_\_ cm/sec  
 Not documented

**End Diastolic Velocity - Left (PRE)** \_\_\_\_\_ cm/sec  
 Not documented

**ICA/CCA Ratio - Right** \_\_\_\_\_ cm/sec  
 Not documented

**ICA/CCA Ratio - Left** \_\_\_\_\_ cm/sec  
 Not documented

**CTA Angiography Performed** Y / N

**CTA CCA Highest % Stenosis - Right** \_\_\_\_\_ %  
 Not documented

**CTA CCA Highest % Stenosis - Left** \_\_\_\_\_ %  
 Not documented

**CTA ICA Highest % Stenosis - Right** \_\_\_\_\_ %  
 Not documented

**CTA ICA Highest % Stenosis - Left** \_\_\_\_\_ %  
 Not documented

**MRA Angiography Performed** Y / N

**MRA CCA Highest % Stenosis - Right** \_\_\_\_\_ %  
 Not documented

**MRA CCA Highest % Stenosis - Left** \_\_\_\_\_ %  
 Not documented

**MRA ICA Highest % Stenosis - Right** \_\_\_\_\_ %  
 Not documented

**MRA ICA Highest % Stenosis - Left** \_\_\_\_\_ %  
 Not documented

**Carotid Angiography Performed** Y / N

**Carotid Angio CCA Highest % Stenosis - Right** \_\_\_\_\_ %  
 Not documented

**Carotid Angio CCA Highest % Stenosis - Left** \_\_\_\_\_ %  
 Not documented

**Carotid Angio ICA Highest % Stenosis - Right** \_\_\_\_\_ %  
 Not documented

**Carotid Angio ICA Highest % Stenosis - Left** \_\_\_\_\_ %  
 Not documented

**IX. Procedure Details**

**Target Carotid Vessel**

- Right
- Left

**Type of Carotid Procedure**

- Conventional
- Eversion

**ASA Class**

- Class 1 - Normal/healthy
- Class 2 - Mild systemic disease
- Class 3 - Severe systemic disease
- Class 4 - Disease is threat to life
- Class 5 - Moribund

**Anesthesia**

- General
- Local

**Antibiotics Pre Procedure** Y / N

**Skin Preparation**

- Chlorhexidine
- Alcohol
- Iodine
- Chlorhexidine + Iodine
- Chlorhexidine + Alcohol
- Iodine + Alcohol

**Arteriotomy Patch Used** Y / N

**Visible Thrombus Present** Y / N

**Shunt Used** Y / N

**Completion Evaluation** Y / N

- Doppler
- Duplex
- Angiogram

**Drain** Y / N

**Surgical Procedure Terminated** Y / N

- Hypotension
- Hypertension
- Cardiac instability
- Nerve compromise
- Difficulty with anesthesia
- Inability to implement shunting
- Excessive scar tissue
- Difficult dissection
- Excessive bleeding
- Carotid artery thrombosis
- ICA string sign / atresia
- Inability to access lesion d/t anatomical reasons
- Other

|  |                                    |                                       |
|--|------------------------------------|---------------------------------------|
| <input type="radio"/> Regional               | <input type="checkbox"/> Flowprobe | <b>Re-explore After Closure</b> Y / N |
| <b>Monitoring During Procedure</b> Y / N     |                                    |                                       |
| <input type="checkbox"/> Awake               |                                    |                                       |
| <input type="checkbox"/> Cerebral monitoring |                                    |                                       |
| <input type="checkbox"/> Stump Pressure      |                                    |                                       |
| <input type="checkbox"/> EEG                 |                                    |                                       |
| <input type="checkbox"/> Other               |                                    |                                       |

|   |  |
|---|--|
| <b>X. <u>Procedure Indications and Anatomic Variables</u></b> |  |
| <b>Urgent Cardiac Surgery within 30 days</b> Y / N            | <b>Contralateral Carotid Artery Occlusion</b> Y / N              |
| <b>Concurrent with CABG</b> Y / N                             | <b>Fibromuscular Dysplasia of Carotid Artery</b> Y / N           |
| <b>Target Lesion Symptomatic within Past 6 Months</b> Y / N   | <b>Spontaneous Carotid Artery Dissection</b> Y / N               |
| <b>Restenosis in Target Vessel after Prior CAS</b> Y / N      | <b>Pre-procedure smoking cessation</b> Y/N                       |
| <b>Restenosis in Target Vessel after Prior CEA</b> Y / N      | <input type="checkbox"/> Physician delivered advice              |
|   | <input type="checkbox"/> NRT                                     |
|   | <input type="checkbox"/> Referral to smoking counseling services |

**XI. Outcomes**

**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 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

**CHF** Y / N

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Cranial Nerve Injury** Y/N

- VII
- IX
- X
- XII
- Other

**Dysrhythmia** Y / N

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**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

**Persistent Hypotension** Y / N

**Reperfusion Symptoms** Y / N

- Seizure
- Hemorrhage
- Non specific

**Return to OR** Y / N

- Bleeding
- Neurologic Event
- Technical defect requiring revision

**Was the LOS >2 days after CEA?** Y/N (For Elective CEA only)

- Blood pressure control
- Lack of transportation
- No caregiver/support at home
- Another medical issue
- Urinary retention
- Other