

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 **Staged Procedure** Y / N

II. Consultations

 Cardiology Consultation Y / N
 Pulmonary Consultation Y / N
 Primary Care/ Internal Medicine Y / N
 Hematology Consultation Y / N
 Renal Consultation Y / N

III. Imaging Studies Within past 6 months

Right Pre-Procedure ABI	Y / N	Compressible Y / N Value _____
Left Pre-Procedure ABI	Y / N	Compressible Y / N Value _____
Right Pre-Procedure TBI	Y / N	Value _____
Left Pre-Procedure TBI	Y / N	Value _____
Right Pre Procedure Toe Pressure	Y / N	Value _____
Left Pre Procedure Toe Pressure	Y / N	Value _____
Vein Mapping	Y / N	
Duplex Ultrasound	Y / N	Normal or Abnormal
CTA	Y / N	Normal or Abnormal
MRI/MRA	Y / N	Normal or Abnormal
Contrast Cineangiography	Y / N	Normal or Abnormal
Cardiac Stress Test	Y / N	Normal or Abnormal
Electrocardiogram	Y / N	Normal or Abnormal
Chest X-Ray	Y / N	Normal or Abnormal

IV. 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 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

V. 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

VI. Labs Other

Albumin _____ g/L Not drawn

VII. 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"/>
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"/>		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 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"/>					
Saline >6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

VIII. Indications
Lower Extremity Revascularization
Upper Extremity Revascularization

Claudication	Y / N	Increased Stent Graft Velocity	Y / N	Ulcer/Gangrene	Y / N
Rest Pain	Y / N	○ Symptomatic		Acute Limb Ischemia	Y / N
Threatened Bypass Graft	Y / N	○ Asymptomatic		Pre-procedure Smoking Cessation	Y / N
○ Symptomatic		Wound (Wifl)	Y / N	□ Physician advice	
○ Asymptomatic		○ Grade 1 Minor tissue loss		□ NRT	
Acute Limb Ischemia	Y / N	○ Grade 2 Major tissue loss		□ Referral to counseling	
Failed Endovascular Procedure	Y / N	○ Grade 3 Extensive ulcer / gangrene			
Infection	Y / N	○ Not documented		Angina/Abnormal Cardiac Stress Test	Y / N
Facilitation of Procedure	Y / N	Ischemia (Wifl)	Y / N	BP discrepancy	Y / N
Pre-procedure Exercise Therapy	Y / N	○ Grade 1 ABI 0.60-0.79, TP 40-59 mmHg		Arm Claudication	Y / N
○ Structured / Supervised		○ Grade 2 ABI 0.40-0.59, TP 30-39 mmHg			
○ Home-Based / Informal		○ Grade 3 ABI ≤0.39, TP <30 mmHg		Peripheral aneurysm repair	Y / N
Pre-proc Smoking Cessation	Y / N	○ Not Documented		○ Symptomatic	
□ Physician advice		Foot Infection (Wifl)	Y / N	○ Asymptomatic	
□ NRT		○ Grade 0 None		Complication from Prior Procedure	Y / N
□ Referral to counseling		○ Grade 1 >2 manifestations of infection			
Impaired Ability to Work	Y / N	○ Grade 2 Deep tissue, gangrene, bone involved		Trauma	Y / N
		○ Grade 3 Infection with systemic toxicity			
Peripheral Aneurysm Repair	Y / N	Not Documented			
○ Symptomatic		Complication from Prior Procedure	Y / N		
○ Asymptomatic		Trauma	Y / N		
Increased Stent Velocity	Y / N				
○ Symptomatic					
○ Asymptomatic					

<p>IX. Procedure Details</p> <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Graft Insertion #2 _____</p> <p>Redo Procedure Y / N</p> <p>Vein Graft Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Reversed GSV <input type="radio"/> In Situ GSV <input type="radio"/> Non-reversed transposed GSV <input type="radio"/> Lesser saphenous <input type="radio"/> Cephalic <input type="radio"/> Basilic <input type="radio"/> Allograft <input type="radio"/> Composite <input type="radio"/> Other <p>Vein Graft Harvest</p> <ul style="list-style-type: none"> <input type="radio"/> Open <input type="radio"/> Endoscopic <input type="radio"/> Not Harvested <p>Number of Vein Segments</p> <ul style="list-style-type: none"> <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three or more <p>Minimal Vein Graft Diameter</p> <p>_____mm</p> <p>Prosthetic Graft Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dacron <input type="checkbox"/> PTFE <input type="checkbox"/> Composite with vein <p>Vein Cuff Y / N</p>	<p>Intra-Operative Graft Patency Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Doppler <input type="checkbox"/> Duplex <input type="checkbox"/> Angiogram <ul style="list-style-type: none"> <input type="radio"/> Normal <input type="radio"/> Abnormal <p>Intra-Operative Graft Revision Y / N</p> <p>Closure for Open Exposure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Suture <ul style="list-style-type: none"> <input type="checkbox"/> Absorbable <input type="checkbox"/> Permanent <input type="checkbox"/> Staples <input type="checkbox"/> Delayed <input type="checkbox"/> Other <p>Anesthesia Type</p> <ul style="list-style-type: none"> <input type="radio"/> Local <input type="radio"/> Epidural <input type="radio"/> Regional <input type="radio"/> Spinal <input type="radio"/> General <input type="radio"/> Epidural & General <input type="radio"/> MAC <p>Antibiotics Pre Procedure Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Cefazolin <ul style="list-style-type: none"> <input type="radio"/> Redosed (Q4 hours) Y / N <input type="radio"/> Clindamycin <ul style="list-style-type: none"> <input type="radio"/> Redosed (Q6 hours) Y / N <input type="radio"/> On scheduled antibiotic <input type="radio"/> Other <p>Skin Preparation Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chlorhexidine <input type="checkbox"/> Alcohol <input type="checkbox"/> Iodine <input type="checkbox"/> Chlorhexidine + Iodine <input type="checkbox"/> Chlorhexidine + Alcohol <input type="checkbox"/> Iodine + Alcohol <p>Contraindicated to Chlorhexidine & Alcohol Y / N</p>	<p>Glucose Peak _____ mg/dL</p> <ul style="list-style-type: none"> <input type="radio"/> Not Documented <p>Nadir Body Temp _____ Celsius</p> <ul style="list-style-type: none"> <input type="radio"/> Not Documented <p>Crystalloids _____ mL</p> <ul style="list-style-type: none"> <input type="radio"/> Not Documented <p>Estimated Blood Loss _____ mL</p> <ul style="list-style-type: none"> <input type="radio"/> Not Documented <p>ASA Class</p> <ul style="list-style-type: none"> <input type="radio"/> Does not apply <input type="radio"/> Class 1 - Normal/health <input type="radio"/> Class 2 - Mild systemic disease <input type="radio"/> Class 3 - Severe systemic disease <input type="radio"/> Class 4 - Disease is threat to life <input type="radio"/> Class 5 - Moribund <p>Contrast Types</p> <ul style="list-style-type: none"> <input type="radio"/> Nonionic, low-osmolar <input type="radio"/> Nonionic, Iso-osmolar <input type="radio"/> Ionic, hyperosmolar <input type="radio"/> Ionic, low-osmolar <input type="radio"/> Unknown/Investigational <input type="radio"/> Gadolinium <input type="radio"/> Carbon Dioxide (CO₂) <input type="radio"/> None <p>Total IV Contrast Used _____ mL</p> <ul style="list-style-type: none"> <input type="radio"/> Not Documented <p>Total Heparin Dosage _____ units</p> <ul style="list-style-type: none"> <input type="radio"/> Not Documented <p>Peak Intra-Operative ACT _____ Sec</p> <ul style="list-style-type: none"> <input type="radio"/> Not Documented <p>End of Procedure ACT _____ Sec</p> <ul style="list-style-type: none"> <input type="radio"/> Not Documented
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X. Locations Choose Vessel Location from drop down menu on website.

<p>Vessel Location _____</p> <p>Lesion Segment Area</p> <ul style="list-style-type: none"> <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> Not Documented <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>PVI Procedure Performed</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Asp-Ather</td> <td><input type="checkbox"/> Lys</td> </tr> <tr> <td><input type="checkbox"/> M-Throm</td> <td><input type="checkbox"/> ND</td> </tr> <tr> <td><input type="checkbox"/> BA</td> <td><input type="checkbox"/> NW</td> </tr> <tr> <td><input type="checkbox"/> Cryo-B</td> <td><input type="checkbox"/> Oth-Ather</td> </tr> <tr> <td><input type="checkbox"/> CTO Device</td> <td><input type="checkbox"/> Open Endart</td> </tr> <tr> <td><input type="checkbox"/> CB</td> <td><input type="checkbox"/> Open Thromb</td> </tr> <tr> <td><input type="checkbox"/> D-Ather</td> <td><input type="checkbox"/> R-Ather</td> </tr> <tr> <td><input type="checkbox"/> DPD-B</td> <td><input type="checkbox"/> Re-Ent-Cath</td> </tr> <tr> <td><input type="checkbox"/> DPD-F</td> <td><input type="checkbox"/> Research</td> </tr> <tr> <td><input type="checkbox"/> DCB</td> <td><input type="checkbox"/> S-BA</td> </tr> <tr> <td><input type="checkbox"/> FW</td> <td><input type="checkbox"/> Stent</td> </tr> <tr> <td><input type="checkbox"/> Inf-Cath</td> <td><input type="checkbox"/> Thromb-Asp</td> </tr> <tr> <td><input type="checkbox"/> IVUS</td> <td><input type="checkbox"/> Vasc Emb</td> </tr> <tr> <td><input type="checkbox"/> L-Ather</td> <td></td> </tr> </table> </div>	<input type="checkbox"/> Asp-Ather	<input type="checkbox"/> Lys	<input type="checkbox"/> M-Throm	<input type="checkbox"/> ND	<input type="checkbox"/> BA	<input type="checkbox"/> NW	<input type="checkbox"/> Cryo-B	<input type="checkbox"/> Oth-Ather	<input type="checkbox"/> CTO Device	<input type="checkbox"/> Open Endart	<input type="checkbox"/> CB	<input type="checkbox"/> Open Thromb	<input type="checkbox"/> D-Ather	<input type="checkbox"/> R-Ather	<input type="checkbox"/> DPD-B	<input type="checkbox"/> Re-Ent-Cath	<input type="checkbox"/> DPD-F	<input type="checkbox"/> Research	<input type="checkbox"/> DCB	<input type="checkbox"/> S-BA	<input type="checkbox"/> FW	<input type="checkbox"/> Stent	<input type="checkbox"/> Inf-Cath	<input type="checkbox"/> Thromb-Asp	<input type="checkbox"/> IVUS	<input type="checkbox"/> Vasc Emb	<input type="checkbox"/> L-Ather		<p>Vessel Location _____</p> <p>Lesion Segment Area</p> <ul style="list-style-type: none"> <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> Not Documented <div style="border: 1px solid black; 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<p>Bypass Graft Y / N</p> <p>Type</p> <ul style="list-style-type: none"> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> Not Documented <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</p> <p>In-stent restenosis Y / N</p> <p>Thrombus Y / N</p> <p>Pre/Post stenosis _____ / _____ %</p> <p>Final balloon dia _____ mm</p>	<p>Bypass Graft Y / N</p> <p>Type</p> <ul style="list-style-type: none"> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> Not Documented <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</p> <p>In-stent restenosis Y / N</p> <p>Thrombus Y / N</p> <p>Pre/Post stenosis _____ / _____ %</p> <p>Final balloon dia _____ mm</p>	<p>Bypass Graft Y / N</p> <p>Type</p> <ul style="list-style-type: none"> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> Not Documented <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</p> <p>In-stent restenosis Y / N</p> <p>Thrombus Y / N</p> <p>Pre/Post stenosis _____ / _____ %</p> <p>Final balloon dia _____ mm</p>
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XI. Stents

<p>Stent Name _____</p> <p>Stent Dia _____ mm</p> <p>Stent Length _____ mm</p>	<p>Stent Name _____</p> <p>Stent Dia _____ mm</p> <p>Stent Length _____ mm</p>	<p>Stent Name _____</p> <p>Stent Dia _____ mm</p> <p>Stent Length _____ mm</p>
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<p>XII. <u>Vascular Access</u></p> <p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde <p>Sheath Size _____ French</p> <p>Sheath Removed Y / N</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Manual (No device)</td> <td><input type="checkbox"/> Exoseal</td> </tr> <tr> <td><input type="checkbox"/> Perclose</td> <td><input type="checkbox"/> Boomerang</td> </tr> <tr> <td><input type="checkbox"/> Angioseal</td> <td><input type="checkbox"/> Compression Device</td> </tr> <tr> <td><input type="checkbox"/> Mynx</td> <td><input type="checkbox"/> Hemostatic Patch</td> </tr> <tr> <td><input type="checkbox"/> Starclose</td> <td><input type="checkbox"/> FISH</td> </tr> <tr> <td><input type="checkbox"/> Surgical</td> <td><input type="checkbox"/> Vascade</td> </tr> </table> <p>Sheath removal</p> <ul style="list-style-type: none"> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours 	<input type="checkbox"/> Manual (No device)	<input type="checkbox"/> Exoseal	<input type="checkbox"/> Perclose	<input type="checkbox"/> Boomerang	<input type="checkbox"/> Angioseal	<input type="checkbox"/> Compression Device	<input type="checkbox"/> Mynx	<input type="checkbox"/> Hemostatic Patch	<input type="checkbox"/> Starclose	<input type="checkbox"/> FISH	<input type="checkbox"/> Surgical	<input type="checkbox"/> Vascade	<p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde <p>Sheath Size _____ French</p> <p>Sheath Removed Y / N</p> <table style="width:100%; 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<p><input type="checkbox"/> No Outcomes During Procedure</p>																																						
<p>XIII. <u>Outcomes During Procedure</u></p> <p>Death Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Cardiovascular <input type="radio"/> Hemorrhage <input type="radio"/> Multi System Organ Failure <input type="radio"/> Other <input type="radio"/> Unknown Cause of Death <p>Dissection (Not Repaired) Y / N</p> <p>Myocardial Infarction Y / N</p> <p>Cardiac Arrest Y / N</p> <p>Embolus Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Successful <input type="radio"/> Unsuccessful <p>Thrombus Y / N</p> <p>Stent/Graft Thrombosis Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Successful <input type="radio"/> Unsuccessful 	<p>Vessel Perforation Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Successful <ul style="list-style-type: none"> <input type="checkbox"/> Balloon <input type="checkbox"/> Covered Stent <input type="checkbox"/> Bare Metal Stent <input type="checkbox"/> External Compression <input type="checkbox"/> Reversal of Anticoagulation <input type="checkbox"/> No Treatment <input type="radio"/> Unsuccessful <p>TIA/Stroke Y / N</p> <p>Transfusion Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> PRBC #Units _____ <input type="checkbox"/> Platelets <input type="checkbox"/> Fresh Frozen Plasma <input type="checkbox"/> Other <p>Vascular Access Complications Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Retroperitoneal hematoma <input type="checkbox"/> Pseudo-aneurysm <input type="checkbox"/> Hematoma at access site <input type="checkbox"/> Bleeding at access site <input type="checkbox"/> AV fistula <input type="checkbox"/> Acute Thrombosis 	<p>Amputation Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Left hip disarticulation <input type="radio"/> Left AKA <input type="radio"/> Left BKA <input type="radio"/> Left foot <input type="radio"/> Left metatarsal <input type="radio"/> Left digit <input type="radio"/> Right hip disarticulation <input type="radio"/> Right AKA <input type="radio"/> Right BKA <input type="radio"/> Right foot <input type="radio"/> Right metatarsal <input type="radio"/> Right digit <p>Compartment Syndrome Y / N</p>																																				

XIV. Outcomes Post Procedure

Death Y / N

- Cardiovascular
- Hemorrhage
- Multi System Organ Failure
- Other (neuro, renal, liver, GI, CA)
- Unknown of death

Comfort Care Implemented Y / N

Date ____/____/____

Stay in ICU Y / N ____ #days

Vasopressors Post-Op Y / N

Respiratory

- Ventilator (cont. after leaving OR)
- Reintubation (after initial intub)
- None

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

Dysrhythmia Y / N

Date ____/____/____

CHF Y / N

Date ____/____/____

TIA/Stroke Y / N

Date ____/____/____

- Surgical repair of the vascular access site
- Other

No Outcomes Post Procedure

Infection/Sepsis Y / N

Date ____/____/____

- Access site
- Central line/IV
- Blood
- Graft infection
- Pulmonary
- UTI
- Wound site
- Unknown

New Requirement for Dialysis Y / N

Transfusion Y / N

Date ____/____/____

- PRBC #Units _____
- Hgb prior to transfusion Y/N/ND
- Hgb value _____ mg/dL
- Symptomatic prior to transfuse Y/N
 - Angina
 - Hypotension
 - Tachycardia
 - EKG Changes
 - Shortness of Air
 - Bleeding
 - Cancer/Chronic Anemia

- Platelets
- FFP
- Other

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

Compartment Syndrome Y / N

Date ____/____/____

Embolus Y / N

Date ____/____/____

- Successful
- Unsuccessful

Thrombus Y / N

Date ____/____/____

Stent / Graft Thrombosis Y / N

Date ____/____/____

- Successful
- Unsuccessful

Amputation Y / N

Date ____/____/____

- Left hip disarticulation
- Left AKA
- Left BKA
- Left foot
- Left metatarsal
- Left digit
- Right hip disarticulation
- Right AKA
- Right BKA
- Right foot
- Right metatarsal
- Right digit

Return to OR Y / N

Date ____/____/____

- Bleeding
- Renal Ischemia
- Endoleak
- Infection
- Graft Revision
- Other

Bowel Ischemia Y / N

Date ____/____/____

- Medical Treatment
- Surgical Treatment

