



I. Procedure Information for Vascular Intervention

Physician _____ Fellow ID/Second Operator _____

Procedure Date _____ Start Time _____ Procedure End Date _____ End Time _____

Status of Procedure 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

Table with 3 columns: Study Name, Y/N, and Value/Status. Rows include Right/Left Pre-Procedure ABI, TBI, Toe Pressure, Vein Mapping, Duplex Ultrasound, CTA, MRI/MRA, Contrast Cineangiography, Cardiac Stress Test, Electrocardiogram, and Chest X-Ray.

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

Asymptomatic

IX. Procedure Details

Timeframe Symptoms to incision

_____hrs
 Not Documented

Timeframe Presentation to incision

_____hrs
 Not Documented

Prior lytic procedure Y / N

Vessel Location _____

Vessel Closure

- Primary
- Patch
- Not Documented

Completion angio

- Normal
- Abnormal

Concomitant Endarterectomy Y / N

Anesthesia Type

- Local
- Epidural
- Regional
- Spinal
- General
- Epidural & General
- MAC

Antibiotics Pre Procedure Y / N

- Cefazolin
 - Redosed (Q4 hours) Y / N
- Clindamycin
 - Redosed (Q6 hours) Y / N
- On scheduled antibiotic
- Other

Skin Preparation

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

Contraindicated to Chlorhexidine & Alcohol Skin Preparation Y / N

Glucose Peak _____ mg/dL

- Not Documented

Nadir Body Temp _____ Celsius

- Not Documented

Crystalloids _____ mL

- Not Documented

Estimated Blood Loss _____ mL

- Not Documented

ASA Class

Does not apply

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

Contrast Types

- Nonionic, low-osmolar
- Nonionic, Iso-osmolar
- Ionic, hyperosmolar
- Ionic, low-osmolar
- Unknown/Investigational
- Gadolinium
- Carbon Dioxide (CO₂)
- None

Total IV Contrast Used _____ mL

- Not Documented

Total Heparin Dosage _____ units

- Not Documented

Peak Intra-Operative ACT _____ Sec

- Not Documented

End of Procedure ACT _____ Sec

- Not Documented

X. Locations Choose Vessel Location from drop down menu on website.

Vessel Location _____

Vessel Location _____

Vessel Location _____

Lesion Segment Area

- Proximal
- Mid
- Distal
- Diffuse
- Not Documented

Lesion Segment Area

- Proximal
- Mid
- Distal
- Diffuse
- Not Documented

Lesion Segment Area

- Proximal
- Mid
- Distal
- Diffuse
- Not Documented

PVI Procedure Performed

- | | |
|-------------------------------------|--------------------------------------|
| <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 | |

PVI Procedure Performed

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asp-Ather | <input type="checkbox"/> Lys |
| <input type="checkbox"/> M-Throm | <input type="checkbox"/> ND |
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| <input type="checkbox"/> IVUS | <input type="checkbox"/> Vasc Emb |
| <input type="checkbox"/> L-Ather | |

PVI Procedure Performed

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| <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 | |

Locations (cont.)

Bypass Graft Y / N

Type

- Synthetic
- Vein
- Not Documented

Graft Origin _____

Graft Insertion _____

Lesion Length _____ mm

Heavy Calcium Y / N

In-stent restenosis Y / N

Thrombus Y / N

Pre/Post stenosis _____ / _____ %

Final balloon dia _____ mm

XI. Stents

Stent Name _____

Stent Dia _____ mm

Stent Length _____ mm

Bypass Graft Y / N
Type

- Synthetic
- Vein
- Not Documented

Graft Origin _____

Graft Insertion _____

Lesion Length _____ mm

Heavy Calcium Y / N

In-stent restenosis Y / N

Thrombus Y / N

Pre/Post stenosis _____ / _____ %

Final balloon dia _____ mm

Stent Name _____

Stent Dia _____ mm

Stent Length _____ mm

Bypass Graft Y / N
Type

- Synthetic
- Vein
- Not Documented

Graft Origin _____

Graft Insertion _____

Lesion Length _____ mm

Heavy Calcium Y / N

In-stent restenosis Y / N

Thrombus Y / N

Pre/Post stenosis _____ / _____ %

Final balloon dia _____ mm

Stent Name _____

Stent Dia _____ mm

Stent Length _____ mm

XII. Vascular Access

Vascular Access Site _____

Vascular Access Type

- Percutaneous
- Surgical Cut down

Vessel Accessed

- Native Artery
- Bypass Graft

Access Guidance Y / N

- Fluoroscopy
- Ultrasound

Access Approach

- Antegrade
- Retrograde
- Both

Sheath Size _____ French

Sheath Removed Y / N

- Manual (No device)
- Perclose
- Angioseal
- Mynx
- Starclose
- Surgical
- Exoseal
- Boomerang
- Compression Device
- Hemostatic Patch
- FISH
- Vascade

Sheath removal

- 0-3 hours
- 3-24 hours

Vascular Access Site _____

Vascular Access Type

- Percutaneous
- Surgical Cut down

Vessel Accessed

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- Ultrasound

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Vascular Access Type

- Percutaneous
- Surgical Cut down

Vessel Accessed

- Native Artery
- Bypass Graft

Access Guidance Y / N

- Fluoroscopy
- Ultrasound

Access Approach

- Antegrade
- Retrograde
- Both

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Sheath Removed Y / N

- Manual (No device)
- Perclose
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- Surgical
- Exoseal
- Boomerang
- Compression Device
- Hemostatic Patch
- FISH
- Vascade

Sheath removal

- 0-3 hours
- 3-24 hours

<p><input type="radio"/> >24 hours</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 (neuro, renal, liver, GI, CA) <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><input type="radio"/> >24 hours</p> <p><input type="checkbox"/> No Outcomes During Procedure</p> <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><input type="radio"/> >24 hours</p> <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 <input type="checkbox"/> Surgical repair of the vascular access site <input type="checkbox"/> Other <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>
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<p>XIV. <u>Outcomes Post 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 (neuro, renal, liver, GI, CA) <input type="radio"/> Unknown of death <p>Comfort Care Implemented Y / N</p> <p>Date ____/____/____</p> <p>Stay in ICU Y / N ____ #days</p> <p>Vasopressors Post-Op Y / N</p> <p>Respiratory</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ventilator (cont. after leaving OR) <input type="checkbox"/> Reintubation (after initial intub) <input type="checkbox"/> None <p>Myocardial Injury Y / N</p> <p>Date ____/____/____</p> <ul style="list-style-type: none"> <input type="radio"/> Troponin leak <input type="radio"/> Demand ischemia <input type="radio"/> NSTEMI <input type="radio"/> STEMI <input type="radio"/> Not documented 	<p><input type="checkbox"/> No Outcomes Post Procedure</p> <p>Peak post-operative troponin value</p> <p>Y / Not drawn</p> <ul style="list-style-type: none"> <input type="radio"/> troponin I _____ <input type="radio"/> troponin T _____ <input type="radio"/> troponin I HS _____ <input type="radio"/> troponin T HS _____ <p>Units</p> <ul style="list-style-type: none"> <input type="radio"/> ng/dL <input type="radio"/> ng/mL <input type="radio"/> ng/L <input type="radio"/> pg/mL <p>Dysrhythmia Y / N</p> <p>Date ____/____/____</p> <p>CHF Y / N</p> <p>Date ____/____/____</p> <p>TIA/Stroke Y / N</p> <p>Date ____/____/____</p> <p>Infection/Sepsis Y / N</p> <p>Date ____/____/____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access site <input type="checkbox"/> Central line/IV <input type="checkbox"/> Blood <input type="checkbox"/> Graft infection <input type="checkbox"/> Pulmonary <input type="checkbox"/> UTI <input type="checkbox"/> Wound site 	<p>New Requirement for Dialysis Y / N</p> <p>Transfusion Y / N</p> <p>Date ____/____/____</p> <ul style="list-style-type: none"> <input type="checkbox"/> PRBC #Units _____ <input type="radio"/> Hgb prior to transfusion Y/N/ND <input type="radio"/> Hgb value _____mg/dL <input type="radio"/> Symptomatic before transfuse Y/N <ul style="list-style-type: none"> <input type="checkbox"/> Angina <input type="checkbox"/> Hypotension <input type="checkbox"/> Tachycardia <input type="checkbox"/> EKG Changes <input type="checkbox"/> Shortness of Air <input type="checkbox"/> Bleeding <input type="checkbox"/> Cancer/Chronic Anemia <input type="checkbox"/> Platelets <input type="checkbox"/> FFP <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 <input type="checkbox"/> Surgical repair of the vascular access site <input type="checkbox"/> Other
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<p><u>Outcomes Post Procedure (cont.)</u></p> <p>Compartment Syndrome Y / N Date ____/____/____</p> <p>Embolus Y / N Date ____/____/____ <input type="radio"/> Successful <input type="radio"/> Unsuccessful</p> <p>Thrombus Y / N Date ____/____/____</p>	<p><input type="checkbox"/> Unknown</p> <p>Stent / Graft Thrombosis Y / N Date ____/____/____ <input type="radio"/> Successful <input type="radio"/> Unsuccessful</p> <p>Amputation Y / N Date ____/____/____ <input type="checkbox"/> Left hip disarticulation <input type="checkbox"/> Left AKA <input type="checkbox"/> Left BKA <input type="checkbox"/> Left foot <input type="checkbox"/> Left metatarsal <input type="checkbox"/> Left digit <input type="checkbox"/> Right hip disarticulation <input type="checkbox"/> Right AKA <input type="checkbox"/> Right BKA <input type="checkbox"/> Right foot <input type="checkbox"/> Right metatarsal <input type="checkbox"/> Right digit</p>	<p>Return to OR Y / N Date ____/____/____</p> <p><input type="checkbox"/> Bleeding <input type="checkbox"/> Renal Ischemia <input type="checkbox"/> Endoleak <input type="checkbox"/> Infection <input type="checkbox"/> Graft Revision <input type="checkbox"/> Other</p> <p>Bowel Ischemia Y / N Date ____/____/____ <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Surgical Treatment</p>
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