

**I. Patient Information**

**Date of Admission:** \_\_\_\_\_ **Date of Discharge:** \_\_\_\_\_

**Discharge Status**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> Home</li> <li><input type="radio"/> Rehabilitation</li> <li><input type="radio"/> Other acute care hospital</li> <li><input type="radio"/> Nursing home / extended care</li> <li><input type="radio"/> Hospice / Comfort care</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Left against medical advice</li> <li><input type="radio"/> Death</li> <li><input type="radio"/> Assisted living</li> <li><input type="radio"/> Other</li> </ul> |
|---|--|

**Case #:** \_\_\_\_\_

**Gender:** M / F

**Height:** \_\_\_\_\_ cm

**Study #:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ kg

**Date of Birth:** \_\_\_\_\_

**Pre Admission Living Location**

- Home
- Rehabilitation
- Nursing home/ Extended Care
- Assisted Living
- Other

**Race**

- White/Caucasian
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Other

**Ethnicity**

- Hispanic
- Non-Hispanic
- Not documented

**II. Patient History / Comorbidity**

**Ambulation Pre-Procedure**

Y / N

- Ambulatory
- Ambulates w/assistance
- Wheelchair
- Bedridden
- Not documented

**Diabetes Mellitus**

Y / N

**Diabetes Therapy**

- None
- Diet only
- Oral agent
- Insulin
- Other

**Ever Smoked**

Y / N

**Current Smoker**

Y / N

**Smoked w/in 30 days before admission?**

- Cigars
- Cigarettes
- Chew (tobacco)
- Pipe (tobacco)
- Marijuana
- Smokeless (vaping, e-cigarette)

**Hb A1C** \_\_\_\_\_

ND

**Prior CHF**

Y / N

**Ejection Fraction** \_\_\_\_\_ %

ND

**Significant Valve Disease**

Y / N

**Chronic Lung Disease (COPD)**

Y / N

**CVD or TIA**

Y / N

**Former Smoker**

Y / N

**Smoked any time in the past?**

- Cigars
- Cigarettes
- Chew (tobacco)
- Pipe (tobacco)
- Marijuana
- Smokeless (vaping, e-cigarette)

**History of CAD**

Y / N

**Prior PCI**

Y / N

- ≤30 days prior to procedure
- >30 days prior to procedure
- >6 months prior to procedure
- Not documented

**Previous MI**

Y / N

- ≤30 days prior to procedure
- >30 days prior to procedure
- >6 months prior to procedure
- Not documented

**Family History of Premature CAD?**

Y / N

**Hyperlipidemia**

Y / N

**Hypertension**

Y / N

<b><u>Patient History / Comorbidity (cont.)</u></b>		<b>Renal Transplant</b>	
<b>Prior CABG</b>	Y / N	<b>HDL Cholesterol</b> _____mg/dL	Y / N ND
<ul style="list-style-type: none"> <li>○ ≤30 days prior to procedure</li> <li>○ &gt;30 days prior</li> <li>○ 6 months prior</li> <li>○ Not documented</li> </ul>		<b>LDL Cholesterol</b> _____mg/dL	Not Calculated ND
<b>Current/Recent GI Bleed</b>	Y / N	<b>Total Cholesterol</b> _____mg/dL	ND
<b>Atrial Fibrillation (AF)/ Aflutter</b>	Y / N		
<b>Renal Failure Currently Requiring Dialysis</b>	Y / N		
<b><u>III. Prior PVI Procedures</u></b>		<b><u>Prior VS Procedures</u></b>	
<b>Prior PVI Procedure Date</b> _____		<b>Bypass</b> Y / N	
<b>Artery Location</b> _____		<b>Bypass Date</b> _____	
<b>PTA (percutaneous transluminal angioplasty)</b> Y / N		<b>Insertion Point</b> _____	
<b>Stent</b> Y / N		<b>Insertion Point #2</b> _____	
<b>Atherectomy</b> Y / N		<b>Type of Graft</b> Vein / Synthetic / Not documented	
<b>Thrombolysis</b> Y / N		<b>Endarterectomy</b> Y / N	
<b>Other Peripheral Intervention</b> Y / N		<b>Endarterectomy Date</b> _____	
		<b>Endarterectomy Location</b> _____	
		<b>Aneurysm Repair</b> Y / N	
		<b>Aneurysm Repair Date</b> _____	
		<b>Aneurysm Repair Location</b> _____	
		<b>Amputation</b> Y / N	
		<b>Amputation Date</b> _____	
		<b>Amputation Point</b> _____	
<b>Prior PVI Procedure Date</b> _____		<b>Bypass</b> Y / N	
<b>Artery Location</b> _____		<b>Bypass Date</b> _____	
<b>PTA (percutaneous transluminal angioplasty)</b> Y / N		<b>Insertion Point</b> _____	
<b>Stent</b> Y / N		<b>Insertion Point #2</b> _____	
<b>Atherectomy</b> Y / N		<b>Type of Graft</b> Vein / Synthetic / Not documented	
<b>Thrombolysis</b> Y / N		<b>Endarterectomy</b> Y / N	
<b>Other Peripheral Intervention</b> Y / N		<b>Endarterectomy Date</b> _____	
		<b>Endarterectomy Location</b> _____	
		<b>Aneurysm Repair</b> Y / N	
		<b>Aneurysm Repair Date</b> _____	
		<b>Aneurysm Repair Location</b> _____	
		<b>Amputation</b> Y / N	
		<b>Amputation Date</b> _____	
		<b>Amputation Point</b> _____	

<p><b><u>Prior PVI Procedures</u></b></p> <p>Prior PVI Procedure Date _____</p> <p>Artery Location _____</p> <p>PTA (percutaneous transluminal angioplasty) Y / N</p> <p>Stent Y / N</p> <p>Atherectomy Y / N</p> <p>Thrombolysis Y / N</p> <p>Other Peripheral Intervention Y / N</p>	<p><b><u>Prior VS Procedures</u></b></p> <p>Bypass Y / N</p> <p>Bypass Date _____</p> <p>Insertion Point _____</p> <p>Insertion Point #2 _____</p> <p>Type of Graft Vein / Synthetic / Not documented</p> <p>Endarterectomy Y / N</p> <p>Endarterectomy Date _____</p> <p>Endarterectomy Location _____</p> <p>Aneurysm Repair Y / N</p> <p>Aneurysm Repair Date _____</p> <p>Aneurysm Repair Location _____</p> <p>Amputation Y / N</p> <p>Amputation Date _____</p> <p>Amputation Point _____</p>
<p><b><u>IV. Labs at Discharge</u></b></p> <p>Discharge Creatinine _____ mg/dL</p> <p><input type="radio"/> Not drawn</p>	<p>Post Discharge Creatinine _____ mg/dL</p> <p><input type="radio"/> Not drawn</p> <p>Discharge Hemoglobin _____ g/dL</p> <p><input type="radio"/> Not drawn</p>

<b><u>Home medications prior to admission</u></b>	<b>Given</b>	<b>C/I</b>	<b><u>VI. Medications at Discharge</u></b>	<b>Given</b>	<b>C/I</b>
Beta Blocker	<input type="checkbox"/>	<input type="checkbox"/>	Beta Blocker	<input type="checkbox"/>	<input type="checkbox"/>
ACE Inhibitors	<input type="checkbox"/>	<input type="checkbox"/>	ACE Inhibitors	<input type="checkbox"/>	<input type="checkbox"/>
Angiotensin II Receptor Antagonist (ARB)	<input type="checkbox"/>	<input type="checkbox"/>	Angiotensin II Receptor Antagonist (ARB)	<input type="checkbox"/>	<input type="checkbox"/>
Statins	<input type="checkbox"/>	<input type="checkbox"/>	Statins	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
Clopidogrel (Plavix)	<input type="checkbox"/>	<input type="checkbox"/>	Clopidogrel (Plavix)	<input type="checkbox"/>	<input type="checkbox"/>
Prasugrel (Effient)	<input type="checkbox"/>	<input type="checkbox"/>	Prasugrel (Effient)	<input type="checkbox"/>	<input type="checkbox"/>
Dabigatran	<input type="checkbox"/>	<input type="checkbox"/>	Dabigatran	<input type="checkbox"/>	<input type="checkbox"/>
Ticagrelor (Brilinta)	<input type="checkbox"/>	<input type="checkbox"/>	Ticagrelor (Brilinta)	<input type="checkbox"/>	<input type="checkbox"/>
Cilostazol (Pletal)	<input type="checkbox"/>	<input type="checkbox"/>	Cilostazol (Pletal)	<input type="checkbox"/>	<input type="checkbox"/>
Edoxaban (Savaysa)	<input type="checkbox"/>	<input type="checkbox"/>	Edoxaban (Savaysa)	<input type="checkbox"/>	<input type="checkbox"/>
Other Cholesterol Lowering Agents	<input type="checkbox"/>	<input type="checkbox"/>	Other Cholesterol Lowering Agents	<input type="checkbox"/>	<input type="checkbox"/>
Fondaparinux (Arixtra)	<input type="checkbox"/>	<input type="checkbox"/>	Fondaparinux (Arixtra)	<input type="checkbox"/>	<input type="checkbox"/>
Rivaroxaban (Xarelto)	<input type="checkbox"/>	<input type="checkbox"/>	Rivaroxaban (Xarelto)	<input type="checkbox"/>	<input type="checkbox"/>
Apixaban (Eliquis)	<input type="checkbox"/>	<input type="checkbox"/>	Apixaban (Eliquis)	<input type="checkbox"/>	<input type="checkbox"/>
Warfarin/Coumadin	<input type="checkbox"/>	<input type="checkbox"/>	Warfarin/Coumadin	<input type="checkbox"/>	<input type="checkbox"/>
PSCK9 Inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	PSCK9 Inhibitor	<input type="checkbox"/>	<input type="checkbox"/>

## VII. Discharge Education

**Smoking Cessation Counseling** Y / N

- Physician delivered advice
- NRT
- Referral to smoking counseling services

**Exercise Counseling** Y / N

**Opioid Education** Y / N

## VIII. Michigan OPEN

**Pre-operative opioid use:** Y / N

- Hydrocodone (Norco, Vicodin, Lortab, Lorcet)
- Oxycodone (OxyContin, Percocet, Roxicodone)
- Codeine (Tylenol 2, 3, or 4)
- Tramadol (Ultram, Ultram ER)
- Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc.)

**Opioid 1 Dose** \_\_\_\_\_ ◦ Not documented

**Unit:** mg mL mcg/hr mg/mL mcg/mL other

**Opioid 2 Dose** \_\_\_\_\_ ◦ Not documented

**Unit** mg mL mcg/hr mg/mL mcg/mL other

**Discharged with opioid:** Y / N

- Hydrocodone (Norco, Vicodin, Lortab, Lorcet)
- Oxycodone (OxyContin, Percocet, Roxicodone)
- Codeine (Tylenol 2, 3, or 4)
- Tramadol (Ultram, Ultram ER)
- Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc.)

**Opioid 1 Dose** \_\_\_\_\_

**Unit:** mg / mL mcg/hr mg/mL mcg/mL other

**Quantity:** \_\_\_\_\_ ◦ Not documented

**Refills available:** Y / N / Not documented

**Number of refills:** \_\_\_\_\_

**Opioid 2 Dose** \_\_\_\_\_

**Unit:** mg / mL mcg/hr mg/mL mcg/mL other

**Quantity:** \_\_\_\_\_ ◦ Not documented

**Refills available:** Y / N / Not documented

**Number of refills:** \_\_\_\_\_