

## I. Patient Information

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

### Discharge Status

- |  |   |
|--|---|
| <input type="radio"/> Home                         | <input type="radio"/> Left against medical advice |
| <input type="radio"/> Rehabilitation               | <input type="radio"/> Death                       |
| <input type="radio"/> Other acute care hospital    | <input type="radio"/> Assisted living             |
| <input type="radio"/> Nursing home / extended care | <input type="radio"/> Other                       |
| <input type="radio"/> Hospice / Comfort care       |   |

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. Insurance coverage

Insured Y / N

Government Provided Y / N

Other Y / N

Commercial Y / N

- BCBSM
- Other Payer

- Medicare Original
  - Medicare Supplement Y / N
    - BCBSM
    - Other Payer

HMO Y / N

- Blue Care Network (BCN) MI
- Other HMO

- Medicare Advantage (Part C)
  - BCBSM
  - BCN
  - Other
- Blue Cross Complete of Michigan
- Medicaid
- County Coverage
- Other

## III. Patient History / Comorbidity

Ambulation Pre-Procedure

Y / N

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

Former Smoker

Y / N

Smoked any time in the past?

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

Ever Smoked

Y / N

Current Smoker

Family History of Premature CAD?

Y / N

Smoked w/in 30 days before admission?

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

Hyperlipidemia

Y / N

Hypertension

Y / N

Diabetes Mellitus

Y / N

Diabetes Therapy

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

<b><u>Patient History / Comorbidity (cont.)</u></b>		<b>Prior CABG</b>	Y / N
Hb A1C _____	ND	<input type="radio"/> ≤30 days prior to procedure <input type="radio"/> >30 days prior <input type="radio"/> 6 months prior <input type="radio"/> Not documented	
<b>Prior CHF</b>	Y / N	<b>Current/Recent GI Bleed</b>	Y / N
<b>Ejection Fraction</b> _____%	ND	<b>Atrial Fibrillation (AF)/ Aflutter</b>	Y / N
<b>Significant Valve Disease</b>	Y / N	<b>Renal Failure Currently Requiring Dialysis</b>	Y / N
<b>Chronic Lung Disease (COPD)</b>	Y / N	<b>Renal Transplant</b>	Y / N
<b>CVD or TIA</b>	Y / N	<b>HDL Cholesterol</b> _____mg/dL	ND
<b>History of CAD</b>	Y / N	<b>LDL Cholesterol</b> _____mg/dL	ND Not Calculated
<b>Prior PCI</b>	Y / N	<b>Total Cholesterol</b> _____mg/dL	ND
<input type="radio"/> ≤30 days prior to procedure <input type="radio"/> >30 days prior to procedure <input type="radio"/> >6 months prior to procedure <input type="radio"/> Not documented			
<b>Previous MI</b>	Y / N		
<input type="radio"/> ≤30 days prior to procedure <input type="radio"/> >30 days prior to procedure <input type="radio"/> >6 months prior to procedure <input type="radio"/> Not documented			

<b><u>IV. 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 Vein / Synthetic / Not documented</b>	
<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> _____	

**Prior PVI Procedures**

Prior PVI Procedure Date \_\_\_\_\_  
Artery Location \_\_\_\_\_  
PTA (percutaneous transluminal angioplasty) Y / N  
Stent Y / N  
Atherectomy Y / N  
Thrombolysis Y / N  
Other Peripheral Intervention Y / N

**Prior VS Procedures**

Bypass Y / N  
Bypass Date \_\_\_\_\_  
Insertion Point \_\_\_\_\_  
Insertion Point #2 \_\_\_\_\_  
Type of Graft Vein / Synthetic / Not documented  
Endarterectomy Y / N  
Endarterectomy Date \_\_\_\_\_  
Endarterectomy Location \_\_\_\_\_  
Aneurysm Repair Y / N  
Aneurysm Repair Date \_\_\_\_\_  
Aneurysm Repair Location \_\_\_\_\_  
Amputation Y / N  
Amputation Date \_\_\_\_\_  
Amputation Point \_\_\_\_\_

Prior PVI Procedure Date \_\_\_\_\_  
Artery Location \_\_\_\_\_  
PTA (percutaneous transluminal angioplasty) Y / N  
Stent Y / N  
Atherectomy Y / N  
Thrombolysis Y / N  
Other Peripheral Intervention Y / N

Bypass Y / N  
Bypass Date \_\_\_\_\_  
Insertion Point \_\_\_\_\_  
Insertion Point #2 \_\_\_\_\_  
Type of Graft Vein / Synthetic / Not documented  
Endarterectomy Y / N  
Endarterectomy Date \_\_\_\_\_  
Endarterectomy Location \_\_\_\_\_  
Aneurysm Repair Y / N  
Aneurysm Repair Date \_\_\_\_\_  
Aneurysm Repair Location \_\_\_\_\_  
Amputation Y / N  
Amputation Date \_\_\_\_\_  
Amputation Point \_\_\_\_\_

**IV. Labs at Discharge**

Discharge Creatinine \_\_\_\_\_ mg/dL  
○ Not drawn

Post Discharge Creatinine \_\_\_\_\_ mg/dL  
○ Not drawn

Discharge Hemoglobin \_\_\_\_\_ g/dL  
○ Not drawn

<i>V. Home medications prior to admission</i>			<i>VI. Medications at Discharge</i>		
	Given	Contraindicated		Given	Contraindicated
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 (Pradaxa)	<input type="checkbox"/>	<input type="checkbox"/>	Dabigatran (Pradaxa)	<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"/>		Edoxaban (Savaysa)	<input type="checkbox"/>	
Other Cholesterol Lowering Agents	<input type="checkbox"/>		Other Cholesterol Lowering Agents	<input type="checkbox"/>	
Fondaparinux (Arixtra)	<input type="checkbox"/>		Fondaparinux (Arixtra)	<input type="checkbox"/>	
Rivaroxaban (Xarelto)	<input type="checkbox"/>		Rivaroxaban (Xarelto)	<input type="checkbox"/>	
Apixaban (Eliquis)	<input type="checkbox"/>		Apixaban (Eliquis)	<input type="checkbox"/>	
Warfarin/Coumadin	<input type="checkbox"/>		Warfarin/Coumadin	<input type="checkbox"/>	
PSCK9 Inhibitor	<input type="checkbox"/>		PSCK9 Inhibitor	<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

**Enter dose, Quantity and Refill for each Opioid that is prescribed at discharge**
**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:** \_\_\_\_\_

