

Voluntary Peripheral Vascular Intervention (PVI) Worksheet

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. 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 _____
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

III. Labs Pre Procedure

Pre Creatinine _____ mg/dl Not drawn

Pre Hemoglobin _____ g/dl Not drawn

IV. Labs Post Procedure

Peak Creatinine _____ mg/dl Not drawn

Nadir Hemoglobin _____ g/dl Not drawn

V. Medication During Procedure

	Pre	During	Post	C/I		Pre	During	Post
Aspirin	<input type="checkbox"/>			<input type="checkbox"/>	Saline <1 hr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clopidogrel (Plavix)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Saline 1-3 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prasugrel (Effient)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Saline 3-6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticagrelor (Brilinta)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Saline >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"/>		LR 1-3 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protamine		<input type="checkbox"/>	<input type="checkbox"/>		LR 3-6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bivalirudin (Angiomax)		<input type="checkbox"/>			LR >6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrombolytics (TPA /TNK /rPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other <1 hr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sodium Bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other 1-3 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Other 3-6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Other >6 hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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VI. Indications

Lower Extremity Revascularization

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

Upper Extremity Revascularization

Ulcer/Gangrene	Y / N
Acute Limb Ischemia	Y / N
Angina/Abnormal Cardiac Stress Test	Y / N
BP discrepancy	Y / N
Arm Claudication	Y / N
Peripheral aneurysm repair	Y / N
○ Symptomatic	
○ Asymptomatic	
Complication from Prior Procedure	Y / N
Trauma	Y / N
Pre-procedure Smoking Cessation	Y / N
<u>Mesenteric Revascularization</u>	
	Y / N
Mesenteric Ischemia	
○ Acute	
○ Chronic	
Complication from Prior Procedure	Y / N
Trauma	Y / N
<u>Renal Revascularization</u>	
Refractory Hypertension	Y / N
Renal Salvage	Y / N
Congestive Heart Failure	Y / N
Transplant Renal Artery Stenosis	Y / N
Fibromuscular Dysplasia	Y / N
Complication from Prior Procedure	Y / N
Trauma	Y / N
<u>Endovascular Repair of Abdominal Aortic Stenosis</u>	
Claudication	Y / N
Mesenteric Ischemia	Y / N
○ Acute	
○ Chronic	
Renal Insufficiency / Hypertension	Y / N
Previous Surgery / Stenosis	Y / N
Acute Limb Ischemia	Y / N
Complication from Prior Procedure	Y / N
Trauma	Y / N

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VII. Procedure Details Hybrid Procedure Y / N Contrast Types <input type="checkbox"/> Nonionic, low-osmolar <input type="checkbox"/> Nonionic, Iso-osmolar <input type="checkbox"/> Ionic, hyperosmolar <input type="checkbox"/> Ionic, low-osmolar <input type="checkbox"/> Unknown/Investigational <input type="checkbox"/> Gadolinium <input type="checkbox"/> Carbon Dioxide (CO ₂) <input type="checkbox"/> None	Total IV Contrast Used _____mL <input type="checkbox"/> Not Documented Heparin Administered Y / N Total Heparin Dosage _____units <input type="checkbox"/> Not Documented	Peak Intra-Operative ACT _____Sec <input type="checkbox"/> Not Documented End of Procedure ACT _____Sec <input type="checkbox"/> Not Documented
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VIII. Locations Choose Vessel Location from drop down menu on website.		
Vessel Location _____ Lesion Segment Area <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal <input type="checkbox"/> Diffuse <input type="checkbox"/> Not Documented	Vessel Location _____ Lesion Segment Area <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal <input type="checkbox"/> Diffuse <input type="checkbox"/> Not Documented	Vessel Location _____ Lesion Segment Area <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal <input type="checkbox"/> Diffuse <input type="checkbox"/> 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 <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 <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

Bypass Graft Y / N <input type="checkbox"/> Synthetic <input type="checkbox"/> Vein <input type="checkbox"/> Not Documented Graft Origin _____ Graft Insertion _____ Lesion Length _____mm Heavy Calcium Y / N In-stent restenosis Y / N Thrombus Y / N Pre-stenosis _____% <input type="checkbox"/> Not Documented Post-stenosis _____% <input type="checkbox"/> Not Documented Final balloon dia _____mm	Bypass Graft Y / N <input type="checkbox"/> Synthetic <input type="checkbox"/> Vein <input type="checkbox"/> Not Documented Graft Origin _____ Graft Insertion _____ Lesion Length _____mm Heavy Calcium Y / N In-stent restenosis Y / N Thrombus Y / N Pre-stenosis _____% <input type="checkbox"/> Not Documented Post-stenosis _____% <input type="checkbox"/> Not Documented Final balloon dia _____mm	Bypass Graft Y / N <input type="checkbox"/> Synthetic <input type="checkbox"/> Vein <input type="checkbox"/> Not Documented Graft Origin _____ Graft Insertion _____ Lesion Length _____mm Heavy Calcium Y / N In-stent restenosis Y / N Thrombus Y / N Pre-stenosis _____% <input type="checkbox"/> Not Documented Post-stenosis _____% <input type="checkbox"/> Not Documented Final balloon dia _____mm
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<p><u>Stents</u> Stent Name _____ Stent Dia _____ mm Stent Length _____ mm</p>	<p>Stent Name _____ Stent Dia _____ mm Stent Length _____ mm</p>	<p>Stent Name _____ Stent Dia _____ mm Stent Length _____ mm</p>
<p><u>IX. Vascular Access</u> Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound Access Approach <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde Sheath Size _____ French Sheath Removed Y / N <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 Sheath removal <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours</p>	<p>Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound Access Approach <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde Sheath Size _____ French Sheath Removed Y / N <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 Sheath removal <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours</p>	<p>Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound Access Approach <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde Sheath Size _____ French Sheath Removed Y / N <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 Sheath removal <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours</p>
<p><u>X. Outcomes During Procedure</u> Death Y / N <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 Dissection (Not Repaired) Y / N Embolus Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful Thrombus Y / N Stent/Graft Thrombosis Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful</p>	<p><input type="checkbox"/> No Outcomes During Procedure Vessel Perforation Y / N <input type="radio"/> Successful <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 TIA/Stroke Y / N Transfusion Y / N <input type="checkbox"/> PRBC #Units _____ <input type="checkbox"/> Platelets <input type="checkbox"/> Fresh Frozen Plasma <input type="checkbox"/> Other</p>	<p>Vascular Access Complications Y / N <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 Vascular Surgery Emergent Y / N <input type="checkbox"/> Artery rupture <input type="checkbox"/> Access site complication <input type="checkbox"/> Bleeding <input type="checkbox"/> Bowel ischemia <input type="checkbox"/> Limb ischemia <input type="checkbox"/> Thrombosis / Embolus <input type="checkbox"/> Conversion to open procedure <input type="checkbox"/> Other</p>

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Outcomes During Procedure (cont.)

Amputation Y / N

- 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

Compartment Syndrome Y / N

XI. Outcomes Post Procedure

Death Y / N

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

Comfort Care Implemented 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

Dysrhythmia Y / N

CHF Y / N

TIA/Stroke Y / N

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
- 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

Embolus Y / N

- Successful
- Unsuccessful

Thrombus Y / N

Stent / Graft Thrombosis Y / N

- Successful
- Unsuccessful

Vascular Surgery Emergent Y / N

- Artery rupture
- Access site complication
- Bleeding
- Bowel ischemia
- Limb ischemia
- Thrombosis / Embolus
- Conversion to open procedure
- Other

Vascular Surgery Non Emergent Y / N

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