



**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

**Consultations**

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

**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

**Labs Pre Procedure**

Pre Creatinine \_\_\_\_\_ mg/dl      ND  
Pre Hemoglobin \_\_\_\_\_ g/dl      ND  
Pre BNP \_\_\_\_\_ pg/mL      Y / N  
Pre Troponin    Y / ND  
I \_\_\_\_\_    Units \_\_\_\_\_    No  
I HS \_\_\_\_\_    Units \_\_\_\_\_    No  
T \_\_\_\_\_    Units \_\_\_\_\_    No  
T HS \_\_\_\_\_    Units \_\_\_\_\_    No

**Labs Post Procedure**

Peak Creatinine \_\_\_\_\_ mg/dl      ND  
Nadir Hemoglobin \_\_\_\_\_ g/dl      ND

**Labs Other**

Albumin \_\_\_\_\_ g/L      ND

<i>Medications During Procedure</i>	Pre	During	Post	C/I		Pre	During	Post
Aspirin					Lactated Ringer's Infusion			
Clopidogrel (Plavix)					LR <1 hr			
Prasugrel (Effient)					LR 1-3 hrs			
Ticagrelor (Brilinta)					LR 3-6 hrs			
IV / IA Nitroglycerin					LR >6 hrs			
IV Heparin/Unfractionated Heparin					LR <1 hr			
Protamine					Other Hydration Infusion			
Bivalirudin (Angiomax)					Other <1 hr			
Thrombolytics (TPA /TNK /rPA)					Other 1-3 hrs			
Sodium Bicarbonate					Other 3-6 hrs			
Saline Infusion					Other >6 hrs			
Saline <1 hr								
Saline 1-3 hrs								
Saline 3-6 hrs								
Saline >6 hrs								

**Indications**

Asymptomatic	Y / N	<b>Complication from Prior Procedure</b>	Y / N
Abdominal / Back Pain	Y / N	Trauma	Y / N
Rapidly Increasing Aneurysm Diameter	Y / N	Mycotic Aneurysm	Y / N
Unfit for Open AAA Repair	Y / N	Pre-procedure smoking cessation	Y / N
Unfit for General Anesthesia	Y / N	<input type="checkbox"/> Physician delivered advice	<input type="checkbox"/> Pt ref
Infection	Y / N	<input type="checkbox"/> NRT	<input type="checkbox"/> Pt ref
Size of Iliac Aneurysm	Y / N	<input type="checkbox"/> Referral to smoking counseling services	
Correction of Endoleak	Y / N	<input type="checkbox"/> Pt ref	
Concomitant Iliac disease	Y / N	<input type="checkbox"/> Local counseling service	
Lower Extremity Ischemia / Emboli	Y / N	<input type="checkbox"/> MI Quitline	
Documented Patient Anxiety Levels	Y / N	<input type="checkbox"/> Other counseling service	
Penetrating Ulcer	Y / N		

**Procedure Details**

Prior Family History of AAA	Y / N	<b>Iliac Aneurysm</b>	Y / N	<b>Aneurysm Anatomy</b>	Y / N
Prior Aortic Surgery	Y / N	<input type="checkbox"/> Unilateral		<input type="checkbox"/> Fusiform	
<input type="checkbox"/> Year _____		<input type="checkbox"/> Bilateral		<input type="checkbox"/> Saccular	
<input type="checkbox"/> AAA (Infrarenal)		<input type="checkbox"/> _____mm		<input type="checkbox"/> Both	
<input type="checkbox"/> SAAA (Suprarenal)		<b>Aneurysm Location</b>	Y / N	<input type="checkbox"/> ND	
<input type="checkbox"/> Bypass		<input type="checkbox"/> Infrarenal		<b>Contained Rupture</b>	Y / N
<input type="checkbox"/> Other (Endarterectomy or Other)		<input type="checkbox"/> Juxtarenal		<b>Infrarenal Neck Dia</b>	_____mm
<b>Maximum AAA Dia</b>	_____mm ND	<input type="checkbox"/> Suprarenal		<b>Infrarenal Neck Length</b>	_____mm
		<input type="checkbox"/> ND			

**Procedure Details (cont.)**
**Ruptured AAA\*** Y / N

**Lowest Pre-Intubation Blood Pressure\***  
 \_\_\_\_\_mmHg ND

**Mental Status\***

- Normal (alert and oriented)
- Disoriented to person, place or time
- Unconscious
- ND

**Cardiac Arrest\*** Y / N

**Timeframe Symptoms to Incision\***  
 \_\_\_\_\_hrs ND

**Timeframe Admission to Incision\***  
 \_\_\_\_\_hrs ND

**Abdomen Explored\*** Y / N

**Procedure Aborted** Y / N

**Graft Body Diameter** \_\_\_\_\_mm

- ND
- Graft Not Utilized

**Right Distal Seal Zone Dia** \_\_\_\_\_mm

**Left Distal Seal Zone Dia** \_\_\_\_\_mm

**Graft Type**

- AFX  Nellix
- Aneurx  Ovation Trivascular
- Aorfix  Powerlink
- Aptus  Talent
- Endologix  Unifit
- Endurant  Zenith
- Excluder  Other
- Graft Not Utilized

**Graft Configuration**

- Aorto-bi-iliac
- Aorto-uni-iliac RT
- Aorto-uni-iliac LT
- Aorto-aortic
- Fenestrated
- Graft Not Utilized

**Additional Graft Components**

- Aortic Cuff
- Aortic Screws
- Right Iliac branch device
- Distal hypogastric dia \_\_\_\_\_mm
- Distal external iliac dia \_\_\_\_\_mm
- Left Iliac branch device
- Distal hypogastric dia \_\_\_\_\_mm
- Distal external iliac dia \_\_\_\_\_mm
- Additional main body
- Other

**Renal Status** Y / N / ND

- Patent, No Intervention
- Chronically Occluded
- Purposely Occluded
- De-Branch / Bypass
- Stent
- Chimney
- Fenestrated / scallop
- Side Branch from Graft
- Accessory Renal Artery Covered

**Hypogastric Coiled / Plugged** Y / N

- Coiled Pre-op
- Coiled Intra-op
- Unilateral
- Bilateral

**Hypogastric Intentionally covered**

Y / N / Graft Not Utilized

- Unilateral
- Bilateral

**Hypogastric Unintentionally covered**

Y / N / Graft Not Utilized

- Unilateral
- Bilateral

**Arterial Injury** Y / N

- Femoral
- Iliac
- Renal
- Aorta
- Multiple

\*Record intervention performed to resolve injury.

- Stent/PTA
- Stent/Graft
- Open Repair
- ND

**Intra-Operative Revision Needed** Y / N

**Endoleak at Completion** Y / N

- Attachment site (Type 1)
- Branch (Type II)
- Mid Graft (Type III)
- Indeterminate

**Closure for Groin Access**

- Percutaneous
  - Manual
  - Perclose
  - Angioseal
  - Mynx
  - Starclose
  - Exoseal
  - Compression Device
  - Other VCD
- Open
  - Suture
  - Absorbable
  - Permanent
  - ND
- Staples
- Skin glue
- Other

**Additional Planned Procedures** Y / N

- Femoral Endarterectomy
- Thromboembolotomy
- Other Arterial Reconstruction

**Conversion to Open** Y / N

- Unable to deploy appropriately
- Endoleak

**Anesthesia Type**

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

**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 ND

**Nadir Body Temp** \_\_\_\_\_Celsius ND

**Crystalloids** \_\_\_\_\_mL ND

**Estimated Blood Loss** \_\_\_\_\_mL ND

**ASA Class** \_\_\_\_\_ Does not apply

**Contrast Types**

- Nonionic, low-osmolar
- Nonionic, Iso-osmolar
- Ionic, hyperosmolar
- Ionic, low-osmolar
- Unknown/Investigational
- Gadolinium
- Carbon Dioxide (CO<sub>2</sub>)

**Total IV Contrast Used** \_\_\_\_\_mL ND

**Total Heparin Dosage** \_\_\_\_\_units ND

**Peak Intra-Operative ACT** \_\_\_\_\_Sec ND

**End of Procedure ACT** \_\_\_\_\_Sec ND

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

Vessel Location \_\_\_\_\_

**Lesion Segment Area**

- Proximal
- Mid
- Distal
- Diffuse
- ND

Vessel Location \_\_\_\_\_

**Lesion Segment Area**

- Proximal
- Mid
- Distal
- Diffuse
- ND

Vessel Location \_\_\_\_\_

**Lesion Segment Area**

- Proximal
- Mid
- Distal
- Diffuse
- ND

**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   |
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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    |                                      |

**PVI Procedure Performed**

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
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| <input type="checkbox"/> M-Throm    | <input type="checkbox"/> ND          |
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| <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

- Synthetic
- Vein
- ND

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

**Stents**

Stent Name \_\_\_\_\_

Stent Dia \_\_\_\_\_ mm

Stent Length \_\_\_\_\_ mm

**Bypass Graft** Y / N

- Synthetic
- Vein
- ND

Graft Origin \_\_\_\_\_

Graft Insertion \_\_\_\_\_

Lesion Length \_\_\_\_\_ mm

**Heavy Calcium** Y / N

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Pre/Post stenosis \_\_\_\_\_/\_\_\_\_\_%

Final balloon dia \_\_\_\_\_ mm

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Stent Dia \_\_\_\_\_ mm

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- Synthetic
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- ND

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

**Stents**

Stent Name \_\_\_\_\_

Stent Dia \_\_\_\_\_ mm

Stent Length \_\_\_\_\_ mm

**Vascular Access**

Vascular Access Site \_\_\_\_\_

**Vascular Access Type**

- Percutaneous
- Surgical Cut down

**Vessel Accessed**

- Native Artery
- Bypass Graft

Access Guidance Y / N

Vascular Access Site \_\_\_\_\_

**Vascular Access Type**

- Percutaneous
- Surgical Cut down

**Vessel Accessed**

- Native Artery
- Bypass Graft

Access Guidance Y / N

Vascular Access Site \_\_\_\_\_

**Vascular Access Type**

- Percutaneous
- Surgical Cut down

**Vessel Accessed**

- Native Artery
- Bypass Graft

Access Guidance Y / N

<ul style="list-style-type: none"> <li><input type="radio"/> Fluoroscopy</li> <li><input type="radio"/> Ultrasound</li> </ul> <p><b>Access Approach</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Antegrade      <input type="radio"/> Both</li> <li><input type="radio"/> Retrograde</li> </ul> <p><b>Sheath Size</b> _____ French</p> <p><b>Sheath Removed</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Manual (No device)      <input type="checkbox"/> Exoseal</li> <li><input type="checkbox"/> Perclose                      <input type="checkbox"/> Boomerang</li> <li><input type="checkbox"/> Angioseal              <input type="checkbox"/> Compression Device</li> <li><input type="checkbox"/> Mynx                      <input type="checkbox"/> Hemostatic Patch</li> <li><input type="checkbox"/> Starclose              <input type="checkbox"/> FISH</li> <li><input type="checkbox"/> Surgical                  <input type="checkbox"/> Vascade</li> </ul> <p><b>Sheath removal</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 0-3 hours</li> <li><input type="radio"/> 3-24 hours</li> <li><input type="radio"/> &gt;24 hours</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Fluoroscopy</li> <li><input type="radio"/> Ultrasound</li> </ul> <p><b>Access Approach</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Antegrade      <input type="radio"/> Both</li> <li><input type="radio"/> Retrograde</li> </ul> <p><b>Sheath Size</b> _____ French</p> <p><b>Sheath Removed</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Manual (No device)      <input type="checkbox"/> Exoseal</li> <li><input type="checkbox"/> Perclose                      <input type="checkbox"/> Boomerang</li> <li><input type="checkbox"/> Angioseal              <input type="checkbox"/> Compression Device</li> <li><input type="checkbox"/> Mynx                      <input type="checkbox"/> Hemostatic Patch</li> <li><input type="checkbox"/> Starclose              <input type="checkbox"/> FISH</li> <li><input type="checkbox"/> Surgical                  <input type="checkbox"/> Vascade</li> </ul> <p><b>Sheath removal</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 0-3 hours</li> <li><input type="radio"/> 3-24 hours</li> <li><input type="radio"/> &gt;24 hours</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Fluoroscopy</li> <li><input type="radio"/> Ultrasound</li> </ul> <p><b>Access Approach</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Antegrade      <input type="radio"/> Both</li> <li><input type="radio"/> Retrograde</li> </ul> <p><b>Sheath Size</b> _____ French</p> <p><b>Sheath Removed</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Manual (No device)      <input type="checkbox"/> Exoseal</li> <li><input type="checkbox"/> Perclose                      <input type="checkbox"/> Boomerang</li> <li><input type="checkbox"/> Angioseal              <input type="checkbox"/> Compression Device</li> <li><input type="checkbox"/> Mynx                      <input type="checkbox"/> Hemostatic Patch</li> <li><input type="checkbox"/> Starclose              <input type="checkbox"/> FISH</li> <li><input type="checkbox"/> Surgical                  <input type="checkbox"/> Vascade</li> </ul> <p><b>Sheath removal</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 0-3 hours</li> <li><input type="radio"/> 3-24 hours</li> <li><input type="radio"/> &gt;24 hours</li> </ul>
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<p><b><u>Outcomes During Procedure</u></b></p> <p><b>Death</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="radio"/> Cardiovascular</li> <li><input type="radio"/> Hemorrhage</li> <li><input type="radio"/> Multi System Organ Failure</li> <li><input type="radio"/> Other</li> <li><input type="radio"/> Unknown Cause of Death</li> </ul> <p><b>Dissection (Not Repaired)</b> Y / N</p> <p><b>Myocardial Infarction</b> Y / N</p> <p><b>Cardiac Arrest</b> Y / N</p> <p><b>Embolus</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="radio"/> Successful</li> <li><input type="radio"/> Unsuccessful</li> </ul> <p><b>Thrombus</b> Y / N</p> <p><b>Stent/Graft Thrombosis</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="radio"/> Successful</li> <li><input type="radio"/> Unsuccessful</li> </ul>	<p><input type="checkbox"/> <b>No Outcomes During Procedure</b></p> <p><b>Vessel Perforation</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="radio"/> Successful <ul style="list-style-type: none"> <li><input type="checkbox"/> Balloon</li> <li><input type="checkbox"/> Covered Stent</li> <li><input type="checkbox"/> Bare Metal Stent</li> <li><input type="checkbox"/> External Compression</li> <li><input type="checkbox"/> Reversal of Anticoagulation</li> <li><input type="checkbox"/> No Treatment</li> </ul> </li> <li><input type="radio"/> Unsuccessful</li> </ul> <p><b>TIA/Stroke</b> Y / N</p> <p><b>Transfusion</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PRBC #Units _____</li> <li><input type="checkbox"/> Platelets</li> <li><input type="checkbox"/> Fresh Frozen Plasma</li> <li><input type="checkbox"/> Other</li> </ul>	<p><b>Vascular Access Complications</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Retroperitoneal hematoma</li> <li><input type="checkbox"/> Pseudo-aneurysm</li> <li><input type="checkbox"/> Hematoma at access site</li> <li><input type="checkbox"/> Bleeding at access site</li> <li><input type="checkbox"/> AV fistula</li> <li><input type="checkbox"/> Acute Thrombosis</li> <li><input type="checkbox"/> Surgical repair of the vascular access site</li> <li><input type="checkbox"/> Other</li> </ul> <p><b>Amputation</b> Y / N</p> <p><b>RT</b>    <b>LT</b></p> <p>AKA    BKA    Foot    Metatarsal    Digit</p> <p>Hip disarticulation</p> <p><b>Compartment Syndrome</b> Y / N</p>
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<p><b><u>Outcomes Post Procedure</u></b></p> <p><b>Death</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="radio"/> Cardiovascular</li> <li><input type="radio"/> Hemorrhage</li> <li><input type="radio"/> Multi System Organ Failure</li> <li><input type="radio"/> Other (neuro, renal, liver, GI, CA)</li> <li><input type="radio"/> Unknown of death</li> </ul> <p><b>Comfort Care Implemented</b> Y / N</p> <p><b>Date</b> _____</p> <p><b>Stay in ICU</b> Y / N    _____ #days</p> <p><b>Vasopressors Post-Op</b> Y / N</p> <p><b>Respiratory</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ventilator (cont. after leaving OR)</li> <li><input type="checkbox"/> Reintubation (after initial intub)</li> <li><input type="checkbox"/> None</li> </ul>	<p><input type="checkbox"/> <b>No Outcomes Post Procedure</b></p> <p><b>Myocardial Injury</b> Y / N    <b>Date</b> _____</p> <ul style="list-style-type: none"> <li><input type="radio"/> Troponin leak</li> <li><input type="radio"/> Demand ischemia</li> <li><input type="radio"/> NSTEMI</li> <li><input type="radio"/> STEMI</li> <li><input type="radio"/> ND</li> </ul> <p><b>Peak post-operative troponin value</b></p> <p>Y / ND</p> <p><b>I</b> _____    <b>Units</b> _____    <b>No</b></p> <p><b>I HS</b> _____    <b>Units</b> _____    <b>No</b></p> <p><b>T</b> _____    <b>Units</b> _____    <b>No</b></p> <p><b>T HS</b> _____    <b>Units</b> _____    <b>No</b></p> <p><b>Dysrhythmia</b> Y / N    <b>Date</b> _____</p>	<p><b>CHF</b> Y / N    <b>Date</b> _____</p> <p><b>TIA/Stroke</b> Y / N    <b>Date</b> _____</p> <p><b>Infection/Sepsis</b> Y / N    <b>Date</b> _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Access site</li> <li><input type="checkbox"/> Central line/IV</li> <li><input type="checkbox"/> Blood</li> <li><input type="checkbox"/> Graft infection</li> <li><input type="checkbox"/> Pulmonary</li> <li><input type="checkbox"/> UTI</li> <li><input type="checkbox"/> Wound site</li> <li><input type="checkbox"/> Unknown</li> </ul> <p><b>New Requirement for Dialysis</b> Y / N</p> <p><b>Date</b> _____</p>
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**Transfusion** Y / N Date\_\_\_\_\_

- PRBC #Units\_\_\_\_\_
- Hgb prior to transfusion Y/N/ND
  - Hgb value \_\_\_\_\_ mg/dL
  - Symptomatic before txf 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

RT LT

AKA BKA Foot Metatarsal Digit

Hip disarticulation

**Return to OR** Y / N Date\_\_\_\_\_

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

**Bowel Ischemia** Y / N Date\_\_\_\_\_

- Medical Treatment
- Surgical Treatment

**Was the LOS >2 days after EVAR?** Y/N

(for Elective EVAR only)

- Hypertension
- Lack of transportation
- No caregiver/support at home
- COPD
- Urinary retention
- Other