



BMC2 Vascular Surgery Open Thrombectomy Worksheet

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

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 No
 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

<u>Medication During Procedure</u>	Pre	During	Post	C/I		Pre	During	Post
Aspirin					Protamine			
Clopidogrel (Plavix)					Bivalirudin (Angiomax)			
Prasugrel (Effient)					Thrombolytics			
Ticagrelor (Brilinta)					Sodium Bicarbonate			
IV / IA Nitroglycerin								
IV Heparin/Unfractionated Heparin								

<u>Medication During Procedure</u>	Pre	During	Post		Pre	During	Post
Saline Infusion				LR 3-6 hrs			
Saline <1 hr				LR >6 hrs			
Saline 1-3 hrs				Other Hydration Infusion			
Saline 3-6 hrs				Other <1 hr			
Saline >6 hrs				Other 1-3 hrs			
LR Infusion				Other 3-6 hrs			
LR <1 hr				Other >6 hrs			
LR 1-3 hrs							

<u>Indications: Lower Extremity Revascularization</u>			<u>Upper Extremity Revascularization</u>		
Claudication	Y / N	Wound (Wifl)	Y / N	Ulcer/Gangrene	Y / N
Rest Pain	Y / N	○ Grade 1 Minor tissue loss		Acute Limb Ischemia	Y / N
Threatened Bypass Graft	Y / N	○ Grade 2 Major tissue loss		Angina/Abnormal Cardiac Stress Test	Y / N
○ Symptomatic		○ Grade 3 Extensive ulcer / gangrene		BP discrepancy	Y / N
○ Asymptomatic		○ ND		Arm Claudication	Y / N
Acute Limb Ischemia	Y / N	Ischemia (Wifl)	Y / N	Peripheral aneurysm repair	Y / N
Failed Endovascular Procedure	Y / N	○ Grade 1 ABI 0.60-0.79, TP 40-59 mmHg		○ Symptomatic	
Infection	Y / N	○ Grade 2 ABI 0.40-0.59, TP 30-39 mmHg		○ Asymptomatic	
Facilitation of Procedure	Y / N	○ Grade 3 ABI ≤0.39, TP <30 mmHg		Complication from Prior Procedure	Y / N
Pre-procedure Exercise Therapy	Y / N	○ ND		Trauma	Y / N
○ Structured / Supervised		Foot Infection (Wifl)	Y / N	Pre-procedure Smoking Cessation	Y / N
○ Home-Based / Informal		○ Grade 0 None		□ Physician delivered advice	
Impaired Ability to Work	Y / N	○ Grade 1 >2 manifestations of infection		□ Pt ref	
Peripheral Aneurysm Repair	Y / N	○ Grade 2 Deep tissue, gangrene, bone involved		□ NRT	
○ Symptomatic		○ Grade 3 Infection with systemic toxicity		□ Pt ref	
○ Asymptomatic		○ ND		□ Referral to counseling	
Increased Stent Velocity	Y / N	Complication from Prior Procedure	Y / N	□ Pt ref	
○ Symptomatic		Trauma	Y / N	□ Local counseling svc	
○ Asymptomatic		PAES	Y / N	□ MI Quitline	
Increased Stent Graft Velocity	Y / N	Pre-procedure Smoking Cessation	Y / N	□ Other counseling svc	
○ Symptomatic		□ Physician delivered advice Pt ref			
○ Asymptomatic		□ NRT Pt ref			
		□ Referral to counseling			
		□ Pt ref			
		□ Local counseling service			
		□ MI Quitline			
		□ Other counseling service			

<u>Procedure Details</u>		Completion angio	Antibiotics Pre Procedure Y / N
Timeframe Symptoms to incision	_____hrs ND	○ Normal	○ Cefazolin
Timeframe Presentation to incision	_____hrs ND	○ Abnormal	○ Redosed (Q4 hours) Y / N
Prior lytic procedure	Y / N	Concomitant Endarterectomy Y / N	○ Clindamycin
Vessel Location _____		Anesthesia Type	○ Redosed (Q6 hours) Y / N
Vessel Closure		○ Local	○ On scheduled antibiotic
○ Primary		○ Epidural	○ Other
○ Patch		○ Regional	Skin Preparation
○ ND		○ Spinal	□ Chlorhexidine Chlorhexidine + Alcohol
		○ General	□ Alcohol Iodone + Alcohol
		○ Epidural & General	□ Iodine
		○ MAC	□ Chlorhexidine + Iodine

Procedure Details (con't)

Contraindicated to Chlorhexidine & Alcohol Skin Preparation Y / N

Glucose Peak _____mg/dL ND

Nadir Body Temp _____Celsius ND

Crystalloids _____mL ND

EBL _____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 (CO₂)
- None

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 |
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- | | |
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| <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

Type

- 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

Type

- 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

Stent Name _____

Stent Dia _____mm

Stent Length _____mm

Bypass Graft Y / N

Type

- 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

Stent Name _____

Stent Dia _____mm

Stent Length _____mm

<p><u>Vascular Access</u></p> <p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde <p>Sheath Size _____ French</p> <p>Sheath Removed Y / N</p> <ul style="list-style-type: none"> <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 <p>Sheath removal</p> <ul style="list-style-type: none"> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours 	<p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde <p>Sheath Size _____ French</p> <p>Sheath Removed Y / N</p> <ul style="list-style-type: none"> <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 <p>Sheath removal</p> <ul style="list-style-type: none"> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours 	<p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde <p>Sheath Size _____ French</p> <p>Sheath Removed Y / N</p> <ul style="list-style-type: none"> <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 <p>Sheath removal</p> <ul style="list-style-type: none"> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours
<p><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="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>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> <p>RT LT</p> <p>AKA BKA Foot Metatarsal Digit</p> <p>Hip disarticulation</p> <p>Compartment Syndrome Y / N</p>
<p><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><input type="checkbox"/> No Outcomes Post Procedure</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 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"/> ND 	<p>Peak post-operative troponin Y / ND</p> <p>I _____ Units _____ No</p> <p>I HS _____ Units _____ No</p> <p>T _____ Units _____ No</p> <p>T HS _____ Units _____ No</p> <p>Dysrhythmia Y / N Date _____</p> <p>CHF Y / N Date _____</p> <p>TIA/Stroke Y / N Date _____</p>

Outcomes Post Procedure (cont.)

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**_____
 - o **Hgb prior to txf** Y/N/ND
 - o Hgb value _____mg/dL
 - o Symptomatic before transfuse 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_____

- o Successful
- o Unsuccessful

Thrombus Y / N **Date**_____

Stent / Graft Thrombosis Y / N

Date_____

- o Successful
- o Unsuccessful

Amputation Y / N

Date_____

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