

Voluntary Peripheral Vascular Intervention (PVI) Worksheet

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

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

Labs Pre Procedure

Pre Creatinine _____ mg/dl ND
 Pre Hemoglobin _____ g/dl ND

Labs Post Procedure

Peak Creatinine _____ mg/dl ND
 Nadir Hemoglobin _____ g/dl ND

Medication During Procedure

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

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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 (Wifl)	Y / N
○ Grade 1 Minor tissue loss	
○ Grade 2 Major tissue loss	
○ Grade 3 Extensive ulcer / gangrene	
○ ND	
Ischemia (Wifl)	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	
○ ND	
Foot Infection (Wifl)	Y / N
○ Grade 0 None	
○ Grade 1 >2 manifestations of infection	
○ Grade 2 Deep tissue, gangrene, bone involved	
○ Grade 3 Infection with systemic toxicity	
○ ND	
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>	
Mesenteric Ischemia	Y / N
○ 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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<u>Procedure Details</u>	Total IV Contrast Used ND _____mL	Peak Intra-Operative ACT _____Sec ND
Hybrid Procedure Y / N		
Contrast Types	Heparin Administered Y / N	End of Procedure ACT _____Sec ND
<input type="radio"/> Nonionic, low-osmolar <input type="radio"/> Nonionic, Iso-osmolar <input type="radio"/> Ionic, hyperosmolar <input type="radio"/> Ionic, low-osmolar <input type="radio"/> Unknown/Investigational <input type="radio"/> Gadolinium <input type="radio"/> Carbon Dioxide (CO ₂) <input type="radio"/> None	Total Heparin Dosage ND _____units	

Locations Choose Vessel Location from drop down menu on website.

Vessel Location _____	Vessel Location _____	Vessel Location _____
Lesion Segment Area	Lesion Segment Area	Lesion Segment Area
<input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND	<input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND	<input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND

PVI Procedure Performed	PVI Procedure Performed	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	<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	<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	Bypass Graft Y / N	Bypass Graft Y / N
<input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND	<input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND	<input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND
Graft Origin _____	Graft Origin _____	Graft Origin _____
Graft Insertion _____	Graft Insertion _____	Graft Insertion _____
Lesion Length _____mm	Lesion Length _____mm	Lesion Length _____mm
Heavy Calcium Y / N	Heavy Calcium Y / N	Heavy Calcium Y / N
In-stent restenosis Y / N	In-stent restenosis Y / N	In-stent restenosis Y / N
Thrombus Y / N	Thrombus Y / N	Thrombus Y / N
Pre-stenosis _____% ND	Pre-stenosis _____% ND	Pre-stenosis _____% ND
Post-stenosis _____% ND	Post-stenosis _____% ND	Post-stenosis _____% ND
Final balloon dia _____mm	Final balloon dia _____mm	Final balloon dia _____mm

Voluntary Peripheral Vascular Intervention (PVI) Worksheet

<p><u>Stents</u></p> <p>Stent Name _____</p> <p>Stent Dia _____ mm</p> <p>Stent Length _____ mm</p>	<p>Stent Name _____</p> <p>Stent Dia _____ mm</p> <p>Stent Length _____ mm</p>	<p>Stent Name _____</p> <p>Stent Dia _____ mm</p> <p>Stent Length _____ mm</p>
<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 <input type="radio"/> Unknown Cause of Death <p>Dissection (Not Repaired) 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 style="text-align: center;"><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>Vascular Surgery Emergent Y / N</p> <ul style="list-style-type: none"> <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

Voluntary Peripheral Vascular Intervention (PVI) Worksheet

Outcomes During Procedure (cont.)

Amputation Y / N

Compartment Syndrome Y / N

RT LT

AKA BKA Foot Metatarsal Digit

Hip disarticulation

Outcomes Post Procedure

No Outcomes Post Procedure

Death Y / N

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

Infection/Sepsis Y / N

Date _____

- Access site
- Central line/IV
- Blood
- Graft infection
- Pulmonary
- UTI
- Wound site
- Unknown

Embolus Y / N

- Successful
- Unsuccessful

Comfort Care Implemented Y / N

Date _____

Myocardial Injury Y / N

Date _____

- Troponin leak
- Demand ischemia
- NSTEMI
- STEMI
- ND

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

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

Peak post-operative troponin value

Y / ND

I _____ **Units** _____ **No**

I HS _____ **Units** _____ **No**

T _____ **Units** _____ **No**

T HS _____ **Units** _____ **No**

Vascular Surgery Non Emergent Y / N

Amputation Y / N

RT LT

AKA BKA Foot Metatarsal Digit

Hip disarticulation

Dysrhythmia Y / N

CHF Y / N

TIA/Stroke Y / N

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