

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

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

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

Patient History

Significant Valve Disease Y / N

- MI/MR
- MS
- AI
- AS

Mechanical Aortic or Mitral Valve Y / N

Angina CCS Class III or IV within 6 weeks Y / N

Peripheral Arterial Disease (PAD) Y / N

Home O2 Therapy Y / N

Major surgery planned within next 8 weeks

- Cardiac
- Vascular
- Other

Previous Neck Radiation Y / N

Previous Neck Surgery (other than CEA) Y / N

Tracheostomy Present Y / N

Previous Laryngeal Nerve Palsy Y / N RT LT

<p><u>Cardiac History</u></p> <p>Two or More Major Coronary Arteries with Stenosis $\geq 70\%$ (LAD, LCX, RCA) Y / N</p> <p>Left Main Coronary Artery Stenosis $\geq 50\%$ Y / N</p> <p>MI within 6 weeks BY / N</p> <p>NYHA Functional Class III or IV w/in 6 weeks Y / N</p>	<p>Permanent Pacemaker or ICD Y / N</p> <p>Cardiac Stress Test Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Normal <input type="radio"/> Abnormal <p>Electrocardiogram Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Normal <input type="radio"/> Abnormal 	
<p><u>Neurologic History and Risk Factors</u></p> <p>Dementia or Alzheimer's Disease Y / N</p> <p>Previous Carotid Intervention Y / N</p> <p>RT LT CEA CAS</p>	<p>Carotid Intervention Timeframe</p> <ul style="list-style-type: none"> <input type="radio"/> ≤ 30 days ago <input type="radio"/> 31-180 days ago <input type="radio"/> ≥ 181 days ago <p>History of Seizure or Known Seizure Disorder Y / N</p>	
<p>Neurologic Event(s) prior to procedure Y / N</p> <p>TIA – RT LT Retinal Hemispheric Vertebrobasilar Unknown</p> <p>TIA Timeframe</p> <ul style="list-style-type: none"> <input type="radio"/> ≤ 30 days ago <input type="radio"/> 31-180 days ago <input type="radio"/> ≥ 181 days ago 	<p>Ischemic Stroke – RT LT Retinal Hemispheric Vertebrobasilar Unknown</p> <p>Ischemic Stroke Timeframe</p> <ul style="list-style-type: none"> <input type="radio"/> ≤ 30 days ago <input type="radio"/> 31-180 days ago <input type="radio"/> ≥ 181 days ago 	<p>Intracranial Hemorrhage or Hemorrhagic Stroke – Intraparenchymal Subarachnoid Subdural</p> <p>Neurologic Event Timeframe</p> <ul style="list-style-type: none"> <input type="radio"/> ≤ 30 days ago <input type="radio"/> 31-180 days ago <input type="radio"/> ≥ 181 days ago <p>Acute Evolving Stroke Y / N</p>
<u>Pre-Procedure Carotid Studies (within past 6 months)</u>		
<p>Carotid Duplex Ultrasound (PRE) Y / N</p> <p>Peak Systolic Velocity – Right (PRE) _____ cm/sec ND</p> <p>Peak Systolic Velocity – Left (PRE) _____ cm/sec ND</p> <p>End Diastolic Velocity – Right (PRE) _____ cm/sec ND</p> <p>End Diastolic Velocity – Left (PRE) _____ cm/sec ND</p> <p>ICA/CCA Ratio – Right _____ cm/sec ND</p> <p>ICA/CCA Ratio – Left _____ cm/sec ND</p>	<p>CTA Angiography Performed Y / N</p> <p>CTA CCA Highest % Stenosis – Right _____% ND</p> <p>CTA CCA Highest % Stenosis – Left _____% ND</p> <p>CTA ICA Highest % Stenosis – Right _____% ND</p> <p>CTA ICA Highest % Stenosis – Left _____% ND</p>	
<p>MRA Angiography Performed Y / N</p> <p>MRA CCA Highest % Stenosis – Right _____% ND</p> <p>MRA CCA Highest % Stenosis – Left _____% ND</p> <p>MRA ICA Highest % Stenosis – Right _____% ND</p> <p>MRA ICA Highest % Stenosis – Left _____% ND</p>	<p>Carotid Angiography Performed Y / N</p> <p>Carotid Angio CCA Highest % Stenosis – Right _____% ND</p> <p>Carotid Angio CCA Highest % Stenosis – Left _____% ND</p> <p>Carotid Angio ICA Highest % Stenosis – Right _____% ND</p> <p>Carotid Angio ICA Highest % Stenosis – Left _____% ND</p>	

<u>Procedure Details</u>		Antibiotics Pre Procedure Y / N	Drain Y / N
Target Carotid Vessel RT LT		Skin Preparation	Surgical Procedure Terminated Y / N
Type of Carotid Procedure		<input type="checkbox"/> Chlorhexidine	<input type="checkbox"/> Hypotension
<input type="radio"/> Conventional		<input type="checkbox"/> Alcohol	<input type="checkbox"/> Hypertension
<input type="radio"/> Eversion		<input type="checkbox"/> Iodine	<input type="checkbox"/> Cardiac instability
ASA Class _____		<input type="checkbox"/> Chlorhexidine + Iodine	<input type="checkbox"/> Nerve compromise
Anesthesia		<input type="checkbox"/> Chlorhexidine + Alcohol	<input type="checkbox"/> Difficulty with anesthesia
<input type="radio"/> General		<input type="checkbox"/> Iodine + Alcohol	<input type="checkbox"/> Inability to implement shunting
<input type="radio"/> Local		Arteriotomy Patch Used Y / N	<input type="checkbox"/> Excessive scar tissue
<input type="radio"/> Regional		Visible Thrombus Present Y / N	<input type="checkbox"/> Difficult dissection
Monitoring During Procedure Y / N		Shunt Used Y / N	<input type="checkbox"/> Excessive bleeding
<input type="checkbox"/> Awake		Completion Evaluation Y / N	<input type="checkbox"/> Carotid artery thrombosis
<input type="checkbox"/> Cerebral monitoring		<input type="checkbox"/> Doppler	<input type="checkbox"/> ICA string sign / atresia
<input type="checkbox"/> Stump Pressure		<input type="checkbox"/> Duplex	<input type="checkbox"/> Inability to access lesion d/t anatomical reasons
<input type="checkbox"/> EEG		<input type="checkbox"/> Angiogram	<input type="checkbox"/> Other
<input type="checkbox"/> Other		<input type="checkbox"/> Flowprobe	Re-explore After Closure Y / N

<u>Procedure Indications and Anatomic Variables</u>	Spontaneous Carotid Artery Dissection Y / N
Urgent Cardiac Surgery within 30 days Y / N	Pre-procedure smoking cessation Y/N
Concurrent with CABG Y / N	<input type="checkbox"/> Physician delivered advice Pt ref
Target Lesion Symptomatic within Past 6 Months Y / N	<input type="checkbox"/> NRT Pt ref
Syncope Y / N	<input type="checkbox"/> Referral to smoking counseling services
Restenosis in Target Vessel after Prior CAS Y / N	<input type="checkbox"/> Pt ref
Restenosis in Target Vessel after Prior CEA Y / N	<input type="checkbox"/> Local counseling service
Contralateral Carotid Artery Occlusion Y / N	<input type="checkbox"/> MI Quitline
Fibromuscular Dysplasia of Carotid Artery Y / N	<input type="checkbox"/> Other counseling service

<u>Outcomes</u>	Myocardial Injury Y / N Date _____
New Stroke Y / N	<input type="radio"/> Troponin leak
RT LT	<input type="radio"/> Demand ischemia
Hemispheric/Retinal Vertebrobasilar Unknown	<input type="radio"/> NSTEMI
Occurred Resolved	<input type="radio"/> STEMI
New TIA Y / N	<input type="radio"/> ND
RT LT	Peak post-operative troponin value Y / ND
Hemispheric/Retinal Vertebrobasilar Unknown	I _____ Units _____ No
Death Y / N	I HS _____ Units _____ No
<input type="radio"/> During procedure	T _____ Units _____ No
<input type="radio"/> Post procedure	T HS _____ Units _____ No
Cause of Death	Persistent Hypotension Y / N
<input type="radio"/> Neurologic Due to a new or progressive neuro event	Reperfusion Symptoms Y / N
<input type="radio"/> Cardiac Due to a fatal arrhythmia, MI or heart failure	<input type="checkbox"/> Seizure
<input type="radio"/> Pulmonary Due to a pulmonary complication	<input type="checkbox"/> Hemorrhage
<input type="radio"/> Vascular D/T major blood loss or other vascular complication	<input type="checkbox"/> Non specific
<input type="radio"/> Infection Due to infection	Return to OR Y / N
<input type="radio"/> Renal Failure Due to renal failure	<input type="checkbox"/> Bleeding
<input type="radio"/> Other Due to other cause	<input type="checkbox"/> Neurologic Event
CHF Y / N Date _____	<input type="checkbox"/> Technical defect requiring revision
Cranial Nerve Injury Y/N	Was the LOS >2 days after CEA? Y/N (For Elective CEA only)
<input type="checkbox"/> VII	<input type="checkbox"/> Blood pressure control
<input type="checkbox"/> IX	<input type="checkbox"/> Lack of transportation
<input type="checkbox"/> X	<input type="checkbox"/> No caregiver/support at home
<input type="checkbox"/> XII	<input type="checkbox"/> Another medical issue
<input type="checkbox"/> Other	<input type="checkbox"/> Urinary retention
Dysrhythmia Y / N Date _____	<input type="checkbox"/> Other