**Patient Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Discharge: |  | NCDR Cath PCI Other ID: |  |
| NCDR Cath PCI Pt ID: |  | Date of Birth: |  |

**Insurance Coverage:**

|  |  |  |
| --- | --- | --- |
| **Insured**: Y/N**Commercial**: Y/N ○ BCBSM  ○ Other**HMO** Y/N ○ BCN ○ Other HMO | **Government Provided:**  **Y/N**○ Medicare Original Medicare Supplement Y/N ○ BCBSM ○ Other○ Medicare Advantage (Part C) ○ BCBSM ○ BCN ○ Other | Government (cont.)○ Blue Cross Complete of MI○ Medicaid○ County Coverage○ Other**Other Insurance: Y/N** |

**Patient History/Comorbidity:**  **Procedure Information:**

|  |  |  |
| --- | --- | --- |
| Current/Recent GIB: Y/N |  | Procedure Date/Time:   |
| Afib/Aflutter: Y/N |  | Performed in Lab#: |
| TIA/CVA: Y/N |  | Indication for Procedure NSTE-ACS? Y/N If “Yes”, select one of the following: NSTEMI/USA |
| Diabetes Tx: IDDM NIDDM N/A |  | Presented to Cath lab from: ◌ Home ◌ Another Acute Care Facility◌ ED ◌ Other area of this facility ◌ Other   |
| Heart Team Eval: Y/N |  | Intra Procedure ACT: \_\_\_\_\_\_\_\_\_seconds □ N/A |
| CTS+Additional Int. Consult: Y/N |  | LVEDP: \_\_\_\_\_\_\_\_\_\_\_\_mmHg □ N/A |
| **Cardiac Arrest w/in 24 hrs:** Y/N  **If yes:**  Hypothermia in cardiac arrest Date: Time:  Location: ◌ ER ◌ Cath Lab ◌ ICU ◌ N/A |  | IVUS/OCT post PCI: Y/N |
| Chronic Total Occlusion (CTO): Y/N If “Yes”, please enter the following:  J-CTO Score: \_\_\_\_\_\_\_\_ ○ Not Documented  Select all approaches utilized or attempted to cross CTO lesion:  □ Antegrade wire escalation □ Antegrade dissection/re-entry □ Retrograde □ Not Documented Re-entry device used? Y/N  Perforation requiring treatment? Y/N  |

**Outcomes in Lab:** □ None of the following outcomes in lab

|  |  |  |
| --- | --- | --- |
| Angina>30 Minutes: Y/N |  | Side Branch Occlusion: Y/N |
| Acute Closure: Y/N |  | Rescue IIb/IIIa: Y/N |
| No Reflow: Y/N |  | Distal Embolization: Y/N |
| Untreated Dissection: Y/N |  |

**Outcomes Post Lab:** □ None of the following outcomes post lab

|  |  |  |
| --- | --- | --- |
| Stent Thrombosis Y/N |  | VT/VF Requiring Therapy Y/N |
| Infection/Sepsis Y/N |  | New Atrial Fibrillation Y/N |
| Primary Access Site Vasc Comp:  If “Yes”, ***choose all that apply***□ Pseudoaneurysm □ Acute Thrombosis□ AV Fistula □ Surgical Repair□ Femoral Neuropathy □ Loss of Limb□ Retroperitoneal Hematoma □ Hematoma  |  | Secondary Access Site: Y/NRationale for Secondary Site: If “Yes”,***choose all that apply*:** □ IABP □ Impella □ Impella RP□ Tandem Heart □ Impella 2.5 □ Impella5.0/LD□ ECMO □ Impella CP  □ **Additional Procedure Access**□ **Failed Access:** □ Femoral □ Brachial □ Radial □ Other |
| Transfusion of Platelets: Y/N |  | Secondary Access Site Vasc Comp: Y/N If “Yes”, **choose all that apply**□ Pseudoaneurysm □ Acute Thrombosis□ AV Fistula □ Surgical Repair□ Femoral Neuropathy □ Loss of Limb□ Retroperitoneal Hematoma □ Hematoma |
| Transfusion of FFP: Y/N |

**Medications:**

|  |  |  |  |
| --- | --- | --- | --- |
| Aspirin w/in 24 hours:  | □ Given □ Not Given |  |  |
| IV Vasopressor(s):  | □ Given □ Not Given | □ Pre □ During □ Post  | **Agent**: □ Dopamine  □ Norepinephrine □ Phenylephrine  □ Other |
| IV Heparin post:  | □ Given □ Not Given |  |
| IV Nitroglycerin post:  | □ Given □ Not Given |  |
| Bivalirudin (Angiomax):  | □ Given □ Not Given | □ During □ Post |
| Cangrelor (Kengreal):  | □ Given □ Not Given | □ During □ Post |
| Eptifibatide (Integrilin):  | □ Given □ Not Given | □ During □ Post |
| Tirofiban (Aggrastat): | □ Given □ Not Given | □ During □ Post |
|  |  |  |

**Hydration:**

|  |  |  |  |
| --- | --- | --- | --- |
| Oral: □ Given □ Not Given | 6hr Pre: ml□ N/A |  | 6hr Post: ml□ N/A |
| Intravenous**:** □ Given □ Not Given | 6hr Pre: ml□ N/A | During: ml□ N/A | 6hr Post: ml□ N/A |

**Medications at Admission:**

|  |  |  |
| --- | --- | --- |
| Opioid: □ Given □ Not GivenNSAID: □ Given □ Not Given |  | GLP-1: □ Given □ Not GivenSGLT2 Inhibitor: □ Given □ Not Given |

**Medications at Discharge:**

|  |  |  |
| --- | --- | --- |
| Aldosterone Antagonist: □ Prescribed □ Not PrescribedOpioid: □ Prescribed □ Not PrescribedNSAID: □ Prescribed □ Not PrescribedIcosapent Ethyl: □ Prescribed □ Not Prescribed  |  | PPI: □ Prescribed □ Not PrescribedEntresto: □ Prescribed □ Not PrescribedSGLT2 Inhibitor: □ Prescribed □ Not PrescribedGLP-1: □ Prescribed □ Not Prescribed |

Discharge:

|  |  |  |
| --- | --- | --- |
| Lipid Panel Y/N Total\_\_\_\_\_\_ HDL\_\_\_\_\_ LDL\_\_\_\_ Triglycerides\_\_\_\_\_\_\_\_\_\_ LVEF Assessment this admit: Y/N If “Yes” \_\_\_\_%P2Y12 Duration: Y/N Cardiac Rehab Liaison: Y/N  LDL Goal: Y/N  |   |  Smoking Cessation Counseling Y/N ○Not Applicable If “Yes”:  □ Physician delivered advice  □ Pt. refused □ Nicotine Replacement Therapy □ Pt. refused □ Referral to smoking counseling services □ Pt. refused □ Local counseling service □ Michigan Quitline □ Other counseling service     |