



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	Min Vein Graft Dia Value _____ ND
Duplex Ultrasound	Y / N	Normal Abnormal
CTA	Y / N	Normal Abnormal
MRI/MRA	Y / N	Normal Abnormal
Contrast Cineangiography	Y / N	Normal Abnormal
Cardiac Stress Test	Y / N	Normal Abnormal
Electrocardiogram	Y / N	Normal Abnormal
Chest X-Ray	Y / N	Normal Abnormal

Labs Pre Procedure

Creatinine _____ mg/dl ND
 Hemoglobin _____ g/dl ND
 BNP _____ pg/mL No
 Troponin Y / ND
 I _____ Units _____ No
 T _____ Units _____ No
 I HS _____ Units _____ No
 T HS _____ Units _____ No

Labs Post Procedure

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

Labs Other

Albumin _____ g/dl ND

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

<i>Medications During Procedure</i>	Pre	During	Post			Pre	During	Post
Saline Infusion < 1hr					Other Hydration Inf <1 hr			
Saline Infusion 1-3 hrs					Other Hydration Inf 1-3 hrs			
Saline Infusion 3-6 hrs					Other Hydration Inf ≥3-6 hrs			
Saline Infusion >6 hrs					Other Hydration Inf >6 hrs			
LR Infusion < 1hr								
LR Infusion 1-3 hrs								
LR Infusion ≥ 3-6 hrs								
LR Infusion >6 hrs								

Indications			
Asymptomatic	Y / N	Complication from Prior Procedure	Y / N
Abdominal / Back Pain	Y / N	Trauma	Y / N
Rapidly Increasing Aneurysm Dia	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 Occlusive 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		
Ulcer _____mm ND			

Procedure Details		
Prior Family History of AAA Y / N	Contained Rupture Y / N	Graft Body Dia _____mm
Prior Aortic Surgery Y / N	Infrarenal Neck Dia _____mm	<input type="radio"/> ND
<input type="radio"/> Year _____	Infrarenal Neck Length _____mm	<input type="radio"/> Graft Not Utilized
<input type="radio"/> AAA (Infrarenal)	Ruptured AAA* Y / N	Right Distal Seal Zone Dia _____mm
<input type="radio"/> SAAA (Suprarenal)	Lowest Pre-Intubation BP*	Left Distal Seal Zone Dia _____mm
<input type="radio"/> Bypass	_____mmHg ND	Graft Type
<input type="radio"/> Other (Endarterectomy or Other)	Mental Status* ND	<input type="radio"/> AFX
Maximum AAA Dia _____mm ND	<input type="radio"/> Normal (alert and oriented)	<input type="radio"/> Nellix
Iliac Aneurysm Y / N	<input type="radio"/> Disoriented to person, place or time	<input type="radio"/> Aneurx
<input type="radio"/> Unilateral	<input type="radio"/> Unconscious	<input type="radio"/> Aorfix
<input type="radio"/> Bilateral	Cardiac Arrest* Y / N	<input type="radio"/> Aptus
<input type="radio"/> _____mm	Timeframe Sxs to Incision*	<input type="radio"/> Endologix
Aneurysm Location Y / N	_____hrs ND	<input type="radio"/> Endurant
<input type="radio"/> Infrarenal	Timeframe Adm to Incision*	<input type="radio"/> Excluder
<input type="radio"/> Juxtarenal	_____hrs ND	<input type="radio"/> Graft Not Utilized
<input type="radio"/> Suprarenal	Abdomen Explored* Y / N	Graft Configuration
<input type="radio"/> ND	Procedure Aborted Y / N	<input type="radio"/> Aorto-bi-iliac
Aneurysm Anatomy Y / N		<input type="radio"/> Aorto-uni-iliac RT
<input type="radio"/> Fusiform ND		<input type="radio"/> Aorto-uni-iliac LT
<input type="radio"/> Saccular		<input type="radio"/> Aorto-aortic
<input type="radio"/> Both		<input type="radio"/> Fenestrated
		<input type="radio"/> Graft Not Utilized

<p>Additional Graft Components</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aortic Cuff <input type="checkbox"/> Aortic Screws <input type="checkbox"/> Right Iliac branch device <ul style="list-style-type: none"> o Distal hypogastric dia _____mm ND o Distal external iliac dia _____Mm ND <input type="checkbox"/> Left Iliac branch device <ul style="list-style-type: none"> o Distal hypogastric dia _____mm ND o Distal external iliac dia _____mm ND <input type="checkbox"/> Additional main body <input type="checkbox"/> Other <p>Renal Status Y / N / ND</p> <ul style="list-style-type: none"> o Patent, No Intervention o Chronically Occluded o Purposely Occluded o De-Branch / Bypass o Stent o Chimney o Fenestrated / scallop o Side Branch from Graft o Accessory Renal Artery Covered <p>Hypogastric Coiled / Plugged Y / N</p> <ul style="list-style-type: none"> o Coiled Pre-op o Coiled Intra-op o Unilateral o Bilateral <p>Hypogastric Intentionally covered Y / N / Graft Not Utilized</p> <ul style="list-style-type: none"> o Unilateral o Bilateral <p>Hypogastric Unintentionally covered Y / N / Graft Not Utilized</p> <ul style="list-style-type: none"> o Unilateral o Bilateral <p>Arterial Injury Y / N</p> <ul style="list-style-type: none"> o Femoral o Iliac o Renal o Aorta o Multiple <p><small>*Record intervention performed to resolve injury.</small></p> <ul style="list-style-type: none"> o Stent/PTA o Stent/Graft o Open Repair o ND 	<p>Intra-Operative Revision Needed Y / N</p> <p>Endoleak at Completion Y / N</p> <ul style="list-style-type: none"> o Attachment site (Type 1) o Branch (Type II) o Mid Graft (Type III) o Indeterminate <p>Closure for Groin Access</p> <ul style="list-style-type: none"> <input type="checkbox"/> Percutaneous <ul style="list-style-type: none"> <input type="checkbox"/> manual <input type="checkbox"/> perclose <input type="checkbox"/> angioseal <input type="checkbox"/> mynx <input type="checkbox"/> starclose <input type="checkbox"/> Exoseal <input type="checkbox"/> compression device <input type="checkbox"/> Other VCD <input type="checkbox"/> Open <ul style="list-style-type: none"> <input type="checkbox"/> Suture <input type="checkbox"/> Absorbable <input type="checkbox"/> Permanent <input type="checkbox"/> ND <input type="checkbox"/> Staples <input type="checkbox"/> Skin glue <input type="checkbox"/> Other <p>Additional Planned Procedures Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Femoral Endarterectomy <input type="checkbox"/> Thromboembolctomy <input type="checkbox"/> Other Arterial Reconstruction <p>Conversion to Open Y / N</p> <ul style="list-style-type: none"> o Unable to deploy appropriately o Endoleak <p>Fluoro Time _____ mins ND</p> <p>Air Kerma _____ ND</p> <ul style="list-style-type: none"> o mGy o Gy <p>KAP (DAP) _____ ND</p> <ul style="list-style-type: none"> o Gy.cm² o dGy.cm² o cGy.cm² o mGy.cm² o µGy.M² <p>Anesthesia Type</p> <ul style="list-style-type: none"> o Local o Epidural o Regional o Spinal o General o Epidural + General o MAC 	<p>Antibiotics Pre Procedure Y / N</p> <ul style="list-style-type: none"> o Cefazolin <ul style="list-style-type: none"> o Redosed (Q4 hours) Y / N o Clindamycin <ul style="list-style-type: none"> o Redosed (Q6 hours) Y / N o On scheduled antibiotic o Other <p>Skin Preparation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chlorhexidine <input type="checkbox"/> Alcohol <input type="checkbox"/> Iodine <input type="checkbox"/> Chlorhexidine + Iodine <input type="checkbox"/> Chlorhexidine + Alcohol <input type="checkbox"/> Iodine + Alcohol <p>Contraindicated to Chlorhexidine & Alcohol Skin Preparation Y / N</p> <p>Glucose Peak _____ mg/DL ND</p> <p>Nadir Body Temp _____ Celsius ND</p> <p>Crystalloids _____ml ND</p> <p>Estimated Blood Loss _____ml ND</p> <p>ASA Class _____ Does not apply</p> <p>Contrast Types</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nonionic, low-osmolar <input type="checkbox"/> Nonionic, Iso-osmolar <input type="checkbox"/> Ionic, hyperosmolar <input type="checkbox"/> Ionic, low-osmolar <input type="checkbox"/> Unknown/Investigational <input type="checkbox"/> Gadolinium <input type="checkbox"/> Carbon Dioxide (CO₂) <input type="checkbox"/> None <p>Total IV Contrast Used _____ml ND</p> <p>Heparin Administered Y / N</p> <p>Total Heparin Dosage _____units ND</p> <p>Peak Intra-Operative ACT _____Sec ND</p> <p>End of Procedure ACT _____Sec ND</p>
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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"/> Proximal <input type="radio"/> Mid	<input type="radio"/> Proximal <input type="radio"/> Mid

- Distal
- Diffuse
- ND

- Distal
- Diffuse
- ND

- 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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PVI Procedure Performed

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| <input type="checkbox"/> DPD-B | <input type="checkbox"/> Re-Ent-Cath |
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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

- 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

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

- 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

Vascular Access

Vascular Access Site _____

Vascular Access Type

- Percutaneous
- Surgical Cut down

Vessel Accessed

- Native Artery
- Bypass Graft

Access Guidance Y / N

- Fluoroscopy
- Ultrasound

Access Approach

- Antegrade
- Retrograde
- Both

Sheath Size _____ French

Vascular Access Site _____

Vascular Access Type

- Percutaneous
- Surgical Cut down

Vessel Accessed

- Native Artery
- Bypass Graft

Access Guidance Y / N

- Fluoroscopy
- Ultrasound

Access Approach

- Antegrade
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Sheath Size _____ French

Vascular Access Site _____

Vascular Access Type

- Percutaneous
- Surgical Cut down

Vessel Accessed

- Native Artery
- Bypass Graft

Access Guidance Y / N

- Fluoroscopy
- Ultrasound

Access Approach

- Antegrade
- Retrograde
- Both

Sheath Size _____ French

Sheath Removed Y / N

- Manual (No device) Exoseal
- Perclose Boomerang
- Angioseal Compression Device
- Mynx Hemostatic Patch
- Starclose FISH
- Surgical Vascade

Sheath removal

- 0-3 hours
- 3-24 hours
- >24 hours

Sheath Removed Y / N

- Manual (No device) Exoseal
- Perclose Boomerang
- Angioseal Compression Device
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Sheath removal

- 0-3 hours
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Sheath Removed Y / N

- Manual (No device) Exoseal
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- Angioseal Compression Device
- Mynx Hemostatic Patch
- Starclose FISH
- Surgical Vascade

Sheath removal

- 0-3 hours
- 3-24 hours
- >24 hours

Outcomes During Procedure
Death Y / N

- Cardiovascular
- Hemorrhage
- Multi System Organ Failure
- Other
- Unknown Cause of Death

Dissection (Not Repaired) Y / N
Myocardial Infarction Y / N
Cardiac Arrest Y / N
Embolus Y / N

- Successful
- Unsuccessful

Thrombus Y / N
Stent/Graft Thrombosis Y / N

- Successful
- Unsuccessful

 No Outcomes During Procedure
Vessel Perforation Y / N

- Successful
 - Balloon
 - Covered Stent
 - Bare Metal Stent
 - External Compression
 - Reversal of Anticoagulation
 - No Treatment
- Unsuccessful

TIA/Stroke Y / N
Transfusion Y / N

- PRBC Date_____
- 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

Amputation Y / N
LT RT

Hip disarticulation

AKA BKA Foot Metatarsal Digit

Compartment Syndrome Y / N
Outcomes Post Procedure
Death Y / N

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

Comfort Care Implemented Y / N
Date_____

Stay in ICU Y / N _____ #days

Vasopressors Post-Op Y / N
Respiratory

- Ventilator (cont. after leaving OR)
- Reintubation (after initial intub)
- None

Myocardial Injury Y / N
Date_____

- Acute MI
- Type 2 MI
- Type 1 NSTEMI
- STEMI
- ND

 No Outcomes Post Procedure
Peak post-operative troponin value

Y / ND

I _____ **Units** _____ **No**
T _____ **Units** _____ **No**
I HS _____ **Units** _____ **No**
T HS _____ **Units** _____ **No**
Dysrhythmia Y / N **Date**_____

CHF Y / N **Date**_____

TIA/Stroke Y / N **Date**_____

Infection/Sepsis Y / N **Date**_____

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

New Requirement for Dialysis Y / N
Date_____

Transfusion Y / N

- PRBC
- #Units_____

Date_____

- 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

Date_____

LT RLT

Hip disarticulation

AKA BKA Foot Metatarsal Digit

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
- Placement to another facility
- EVAR & another surgical proc, same DC
- Persistent hypotension
- FEVAR
- Other