

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

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

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 Post Procedure

Peak Creatinine _____ mg/dl ND

Nadir Hemoglobin _____ g/dl ND

Labs Other

Albumin _____ g/dl ND

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

<i>Medication During Procedure</i>	Pre	During	Post			Pre	During	Post
Saline Infusion <1 hr					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 <1 hr								
LR Infusion 1-3 hrs								
LR Infusion ≥3-6 hrs								
LR Infusion >6 hrs								

<u>Indications</u>	<u>Lower Extremity Revascularization</u>	<u>Upper Extremity Revascularization</u>
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Claudication Rest Pain Threatened Bypass Graft <ul style="list-style-type: none"> ○ Symptomatic ○ Asymptomatic Acute Limb Ischemia Failed Endovascular Procedure Infection Pre-proc Exercise Therapy <ul style="list-style-type: none"> ○ Structured / Supervised ○ Home-Based / Informal Pre-proc Smoking Cessation <ul style="list-style-type: none"> <input type="checkbox"/> Physician advice Pt ref <input type="checkbox"/> NRT Pt ref <input type="checkbox"/> Referral to counseling <ul style="list-style-type: none"> <input type="checkbox"/> Pt ref <input type="checkbox"/> Local counseling svc <input type="checkbox"/> MI Quitline <input type="checkbox"/> Other counseling svc Impaired Ability to Work Peripheral Aneurysm Repair <ul style="list-style-type: none"> ○ Symptomatic ○ Asymptomatic Increased Stent Velocity <ul style="list-style-type: none"> ○ Symptomatic ○ Asymptomatic 	Increased Stent Graft Velocity Y / N <ul style="list-style-type: none"> ○ Symptomatic ○ Asymptomatic Wound (WIFI) Y / N / ND <ul style="list-style-type: none"> ○ Grade 1 Minor tissue loss ○ Grade 2 Major tissue loss ○ Grade 3 Extensive ulcer / gangrene Ischemia (WIFI) Y / N / ND <ul style="list-style-type: none"> ○ 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 Foot Infection (WIFI) Y / N / ND <ul style="list-style-type: none"> ○ Grade 0 None ○ Grade 1 >2 manifestations of infection ○ Grade 2 Deep tissue, gangrene, bone involved ○ Grade 3 Infection with systemic toxicity Complication from Prior Procedure Y / N Trauma Y / N PAES Y / N	Ulcer/Gangrene Y / N Acute Limb Ischemia Y / N Pre-procedure Smoking Cessation Y / N <ul style="list-style-type: none"> <input type="checkbox"/> Physician advice Pt ref <input type="checkbox"/> NRT Pt ref <input type="checkbox"/> Referral to counseling <ul style="list-style-type: none"> <input type="checkbox"/> Pt ref <input type="checkbox"/> Local counseling svc <input type="checkbox"/> MI Quitline <input type="checkbox"/> Other counseling svc Angina/Abnormal Cardiac Stress Test Y / N BP discrepancy Y / N Arm Claudication Y / N Peripheral aneurysm repair Y / N <ul style="list-style-type: none"> ○ Symptomatic ○ Asymptomatic Complication from Prior Procedure Y / N Trauma Y / N
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<u>Procedure Details</u> Graft Origin _____ Graft Insertion _____ Graft Insertion #2 _____ Redo Procedure Y / N Vein Graft Y / N <ul style="list-style-type: none"> ○ Reversed GSV ○ In Situ GSV ○ Non-reversed transposed GSV ○ Lesser saphenous ○ Cephalic ○ Basilic ○ Allograft ○ Composite ○ Other 	Vein Graft Harvest <ul style="list-style-type: none"> ○ Open ○ Endoscopic ○ Not Harvested # Vein Segments _____ Prosthetic Graft Y / N <ul style="list-style-type: none"> <input type="checkbox"/> Dacron <input type="checkbox"/> PTFE <input type="checkbox"/> Composite with vein Vein Cuff Y / N	Intra-Operative Graft Patency Y / N <ul style="list-style-type: none"> <input type="checkbox"/> Doppler <input type="checkbox"/> Duplex <input type="checkbox"/> Angiogram <ul style="list-style-type: none"> ○ Normal ○ Abnormal Intra-Op Graft Revision Y / N Closure for Open Exposure <ul style="list-style-type: none"> <input type="checkbox"/> Suture <ul style="list-style-type: none"> <input type="checkbox"/> Absorbable <input type="checkbox"/> Permanent <input type="checkbox"/> Staples <input type="checkbox"/> Delayed <input type="checkbox"/> Other
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<p>Anesthesia Type</p> <ul style="list-style-type: none"> <input type="radio"/> Local <input type="radio"/> Epidural <input type="radio"/> Regional <input type="radio"/> Spinal <input type="radio"/> General <input type="radio"/> Epidural + General <input type="radio"/> MAC <p>Antibiotics Pre Procedure Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Cefazolin <ul style="list-style-type: none"> <input type="radio"/> Redosed (Q4 hours) Y / N <input type="radio"/> Clindamycin <ul style="list-style-type: none"> <input type="radio"/> Redosed (Q6 hours) Y / N <input type="radio"/> On scheduled antibiotic <input type="radio"/> Other 	<p>Skin Preparation Y / N</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 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.

<p>Vessel Location _____</p> <p>Lesion Segment Area</p> <ul style="list-style-type: none"> <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>PVI Procedure Performed</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Asp-Ather</td> <td><input type="checkbox"/> Lys</td> </tr> <tr> <td><input type="checkbox"/> M-Throm</td> <td><input type="checkbox"/> ND</td> </tr> <tr> <td><input type="checkbox"/> BA</td> <td><input type="checkbox"/> NW</td> </tr> <tr> <td><input type="checkbox"/> Cryo-B</td> <td><input type="checkbox"/> Oth-Ather</td> </tr> <tr> <td><input type="checkbox"/> CTO Device</td> <td><input type="checkbox"/> Open Endart</td> </tr> <tr> <td><input type="checkbox"/> CB</td> <td><input type="checkbox"/> Open Thromb</td> </tr> <tr> <td><input type="checkbox"/> D-Ather</td> <td><input type="checkbox"/> R-Ather</td> </tr> <tr> <td><input type="checkbox"/> DPD-B</td> <td><input type="checkbox"/> Re-Ent-Cath</td> </tr> <tr> <td><input type="checkbox"/> DPD-F</td> <td><input type="checkbox"/> Research</td> </tr> <tr> <td><input type="checkbox"/> DCB</td> <td><input type="checkbox"/> S-BA</td> </tr> <tr> <td><input type="checkbox"/> FW</td> <td><input type="checkbox"/> Stent</td> </tr> <tr> <td><input type="checkbox"/> Inf-Cath</td> <td><input type="checkbox"/> Thromb-Asp</td> </tr> <tr> <td><input type="checkbox"/> IVUS</td> <td><input type="checkbox"/> Vasc Emb</td> </tr> <tr> <td><input type="checkbox"/> L-Ather</td> <td></td> </tr> </table> </div>	<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		<p>Vessel Location _____</p> <p>Lesion Segment Area</p> <ul style="list-style-type: none"> <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND <div style="border: 1px solid black; 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<p>Bypass Graft Y / N</p> <p>Type</p> <ul style="list-style-type: none"> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</p> <p>In-stent restenosis Y / N</p> <p>Thrombus Y / N</p> <p>Pre/Post stenosis _____ / _____ %</p> <p>Final balloon dia _____ mm</p> <p>Stents</p> <p>Stent Name _____</p> <p>Stent Dia _____ mm</p>	<p>Bypass Graft Y / N</p> <p>Type</p> <ul style="list-style-type: none"> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</p> <p>In-stent restenosis Y / N</p> <p>Thrombus Y / N</p> <p>Pre/Post stenosis _____ / _____ %</p> <p>Final balloon dia _____ mm</p> <p>Stent Name _____</p> <p>Stent Dia _____ mm</p>	<p>Bypass Graft Y / N</p> <p>Type</p> <ul style="list-style-type: none"> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</p> <p>In-stent restenosis Y / N</p> <p>Thrombus Y / N</p> <p>Pre/Post stenosis _____ / _____ %</p> <p>Final balloon dia _____ mm</p> <p>Stent Name _____</p> <p>Stent Dia _____ mm</p>
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Stent Dia _____ mm Stent Length _____ mm	Stent Length _____ mm	Stent Length _____ mm
<u>Vascular Access</u>		
Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound Access Approach <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde Sheath Size _____ French Sheath Removed Y / N <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 Sheath removal <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours	Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound Access Approach <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde Sheath Size _____ French Sheath Removed Y / N <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 Sheath removal <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours	Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound Access Approach <input type="radio"/> Antegrade <input type="radio"/> Both <input type="radio"/> Retrograde Sheath Size _____ French Sheath Removed Y / N <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 Sheath removal <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours
<u>Outcomes During Procedure</u>		
Death Y / N <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 Dissection (Not Repaired) Y / N Myocardial Infarction Y / N Cardiac Arrest Y / N Embolus Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful Thrombus Y / N	<input type="checkbox"/> No Outcomes During Procedure Stent/Graft Thrombosis Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful Vessel Perforation Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful TIA/Stroke Y / N Transfusion Y / N <input type="checkbox"/> PRBC #Units _____ <input type="checkbox"/> Platelets <input type="checkbox"/> FFP <input type="checkbox"/> Other	Vascular Access Complications Y / N <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 Amputation Y / N LT RT Hip disarticulation AKA BKA Foot Metatarsal Digit Compartment Syndrome Y / N
<u>Outcomes Post Procedure</u>		
Death Y / N <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 Comfort Care Implemented Y / N Date _____	<input type="checkbox"/> No Outcomes Post Procedure Stay in ICU Y / N _____ #days Vasopressors Post-Op Y / N Respiratory <input type="checkbox"/> Ventilator (cont. after leaving OR) <input type="checkbox"/> Reintubation (after initial intub) <input type="checkbox"/> None	Myocardial Injury Y / N Date _____ <input type="radio"/> Acute MI <input type="radio"/> Type 2 MI <input type="radio"/> Type 1 NSTEMI <input type="radio"/> STEMI <input type="radio"/> ND

I Peak post-operative troponin Y / NDI _____ **Units** _____ NoT _____ **Units** _____ NoI HS _____ **Units** _____ NoT 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 txf 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 RT**

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