



BMC2 Vascular Surgery Open Thrombectomy Worksheet

Procedure Information for Vascular Intervention

Physician _____ Fellow ID/Second Operator _____

Procedure Date _____ Start Time _____ Procedure End Date _____ End Time _____

Status of Procedure 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
 I 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

Medication During Procedure

	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								

<u>Medication During Procedure</u>	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: Lower Extremity Revascularization</u>			<u>Upper Extremity Revascularization</u>		
Claudication	Y / N	Wound (Wifl)	Y / N	Ulcer/Gangrene	Y / N
Rest Pain	Y / N	○ Grade 1 Minor tissue loss/shallow ulceration		Acute Limb Ischemia	Y / N
Threatened Bypass Graft	Y / N	○ Grade 2 Major tissue loss		Angina/Abnormal Cardiac Stress Test	Y / N
○ Symptomatic		○ Grade 3 Extensive ulcer / gangrene		BP discrepancy	Y / N
○ Asymptomatic		○ ND		Arm Claudication	Y / N
Acute Limb Ischemia	Y / N	Ischemia (Wifl)	Y / N	Peripheral aneurysm repair	Y / N
Failed Endovascular Procedure	Y / N	○ Grade 1 ABI 0.60-0.79, TP 40-59 mmHg		○ Symptomatic	
Infection	Y / N	○ Grade 2 ABI 0.40-0.59, TP 30-39 mmHg		○ Asymptomatic	
Pre-procedure Exercise Therapy	Y / N	○ Grade 3 ABI ≤0.39, TP <30 mmHg		Complication from Prior Procedure	Y / N
○ Structured / Supervised		○ ND		Trauma	Y / N
○ Home-Based / Informal		Foot Infection (Wifl)	Y / N	Pre-procedure Smoking Cessation	Y / N
Impaired Ability to Work	Y / N	○ Grade 1 >2 manifestations of infection		□ Physician delivered advice	
Peripheral Aneurysm Repair	Y / N	○ Grade 2 Deep tissue, gangrene, bone involved		□ Pt ref	
○ Symptomatic		○ Grade 3 Infection with systemic toxicity		□ NRT	
○ Asymptomatic		○ ND		□ Pt ref	
Increased Stent Velocity	Y / N	Complication from Prior Procedure	Y / N	□ Referral to counseling	
○ Symptomatic		Trauma	Y / N	□ Pt ref	
○ Asymptomatic		PAES	Y / N	□ Local counseling svc	
Increased Stent Graft Velocity	Y / N	Pre-procedure Smoking Cessation	Y / N	□ MI Quitline	
○ Symptomatic		□ Physician delivered advice Pt ref		□ Other counseling svc	
○ Asymptomatic		□ NRT Pt ref			
		□ Referral to counseling Pt ref			
		□ Local counseling service			
		□ MI Quitline			
		□ Other counseling service			

<u>Procedure Details</u>		Completion angio Y / N	Antibiotics Pre Procedure Y / N
Timeframe Symptoms to incision	_____hrs ND	○ Normal	○ Cefazolin
Timeframe Presentation to incision	_____hrs ND	○ Abnormal	○ Redosed (Q4 hours) Y / N
Prior lytic procedure	Y / N	Concomitant Endarterectomy Y / N	○ Clindamycin
Vessel Location _____		Anesthesia Type	○ Redosed (Q6 hours) Y / N
Vessel Closure		○ Local	○ On scheduled antibiotic
○ Primary		○ Epidural	○ Other
○ Patch		○ Regional	Skin Preparation
○ ND		○ Spinal	□ Chlorhexidine
		○ General	□ Alcohol
		○ Epidural & General	□ Iodine
		○ MAC	□ Chlorhexidine + Iodine
			□ Chlorhexidine + Alcohol
			□ 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>EBL _____ 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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<p>Locations Choose Vessel Location from drop down menu on website.</p>																																																																																						
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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>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>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>
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<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>

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 Both
- Retrograde

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

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

Outcomes During Procedure

Death Y / N

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

Dissection (Not Repaired) Y / N

Myocardial Infarction Y / N

Cardiac Arrest Y / N

Embolus Y / N

- Successful
- Unsuccessful

No Outcomes During Procedure

Thrombus Y / N

Stent/Graft Thrombosis Y / N

- Successful
- Unsuccessful

Vessel Perforation Y / N

- Successful
- Unsuccessful

TIA/Stroke Y / N

Transfusion Y / N

- PRBC #Units _____
- 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

No Outcomes Post Procedure

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

Peak post-operative troponin 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**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

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- 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