

Voluntary PVI Discharge Data Worksheet

Patient Information

Date of Admission _____ **Date of Discharge** _____

Discharge Status

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Home <input type="radio"/> Rehabilitation <input type="radio"/> Other acute care hospital <input type="radio"/> Nursing home / extended care <input type="radio"/> Hospice / Comfort care | <ul style="list-style-type: none"> <input type="radio"/> Left against medical advice <input type="radio"/> Death <input type="radio"/> Assisted living <input type="radio"/> Homeless <input type="radio"/> Other |
|---|--|

Case # _____

Gender F / M

Height _____ cm

Study # _____

Zip Code _____

Weight _____ kg

Date of Birth _____

Pre Admission Living Location

Race

Ethnicity

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Home <input type="radio"/> Rehabilitation <input type="radio"/> Nursing home/ Extended Care <input type="radio"/> Assisted Living <input type="radio"/> Other | <ul style="list-style-type: none"> <input type="radio"/> White (Caucasian) <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Other | <ul style="list-style-type: none"> <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> ND |
|---|---|--|

Patient History / Comorbidity

Ambulation Pre-Procedure

Y / N

- Ambulatory
- Ambulates w/assistance
- Wheelchair
- Bedridden
- ND

Ever Smoked

Y / N

Current Smoker

Y / N

Smoked w/in 30 days before admission?

- Cigars
- Cigarettes
- Chew (tobacco)
- Pipe (tobacco)
- Marijuana
- Smokeless (vaping, e-cigarette)

Former Smoker

Y / N

Smoked any time in the past?

- Cigars
- Cigarettes
- Chew (tobacco)
- Pipe (tobacco)
- Marijuana
- Smokeless (vaping, e-cigarette)

Family History of Premature CAD

Y / N

Hyperlipidemia

Y / N

Hypertension

Y / N

Diabetes Mellitus

Y / N

Diabetes Therapy

- None
- Diet only
- Oral agent
- Insulin
- Other

Hb A1C _____

Y / ND

Prior CHF

Y / N

Ejection Fraction _____ %

ND

Significant Valve Disease

Y / N

Chronic Lung Disease (COPD)

Y / N

CVD or TIA

Y / N

History of CAD

Y / N

Prior PCI

Y / N

- ≤30 days prior to procedure
- >30 days -6 months prior to procedure
- >6 months prior to procedure
- ND

Previous MI

Y / N

- ≤30 days prior to procedure
- >30 days -6 mos prior to procedure
- >6 months prior to procedure
- ND

Prior CABG

Y / N

- ≤30 days prior to procedure
- >30 days -6 mos prior to procedure
- >6 months prior to procedure
- ND

Current/Recent GI Bleed

Y / N

Atrial Fibrillation (AF)/ Aflutter

Y / N

Renal Failure Currently Requiring

Y / N

Dialysis

Renal Transplant

Y / N

HDL Cholesterol _____ mg/dl

ND

LDL Cholesterol _____ mg/dl

ND NC

Voluntary PVI Discharge Data Worksheet

<p><u>Prior PVI Procedures</u></p> <p>Prior PVI Procedure Date _____</p> <p>Artery Location _____</p> <p>PTA (percutaneous transluminal angioplasty) Y / N</p> <p>Stent Y / N</p> <p>Atherectomy Y / N</p> <p>Thrombolysis Y / N</p> <p>Other Peripheral Intervention Y / N</p>	<p><u>Prior VS Procedures</u></p> <p>Bypass Y / N</p> <p>Bypass Date _____</p> <p>Bypass Origin _____</p> <p>Insertion Point _____</p> <p>Insertion Point #2 _____</p> <p>Type of Graft Vein / Synthetic / ND</p> <p>Endarterectomy Y / N</p> <p>Endarterectomy Date _____</p> <p>Endarterectomy Location _____</p> <p>Aneurysm Repair Y / N</p> <p>Aneurysm Repair Date _____</p> <p>Aneurysm Repair Location _____</p> <p>Amputation Y / N</p> <p>Amputation Date _____</p> <p>Amputation Point _____</p>
<p>Prior PVI Procedure Date _____</p> <p>Artery Location _____</p> <p>PTA (percutaneous transluminal angioplasty) Y / N</p> <p>Stent Y / N</p> <p>Atherectomy Y / N</p> <p>Thrombolysis Y / N</p> <p>Other Peripheral Intervention Y / N</p>	<p>Bypass Y / N</p> <p>Bypass Date _____</p> <p>Bypass Origin _____</p> <p>Insertion Point _____</p> <p>Insertion Point #2 _____</p> <p>Type of Graft Vein / Synthetic / ND</p> <p>Endarterectomy Y / N</p> <p>Endarterectomy Date _____</p> <p>Endarterectomy Location _____</p> <p>Aneurysm Repair Y / N</p> <p>Aneurysm Repair Date _____</p> <p>Aneurysm Repair Location _____</p> <p>Amputation Y / N</p> <p>Amputation Date _____</p> <p>Amputation Point _____</p>
<p>Prior PVI Procedure Date _____</p> <p>Artery Location _____</p> <p>PTA (percutaneous transluminal angioplasty) Y / N</p> <p>Stent Y / N</p> <p>Atherectomy Y / N</p> <p>Thrombolysis Y / N</p> <p>Other Peripheral Intervention Y / N</p>	<p>Bypass Y / N</p> <p>Bypass Date _____</p> <p>Bypass Origin _____</p> <p>Insertion Point _____</p> <p>Insertion Point #2 _____</p> <p>Type of Graft Vein / Synthetic / ND</p> <p>Endarterectomy Y / N</p> <p>Endarterectomy Date _____</p> <p>Endarterectomy Location _____</p> <p>Aneurysm Repair Y / N</p> <p>Aneurysm Repair Date _____</p> <p>Aneurysm Repair Location _____</p> <p>Amputation Y / N</p> <p>Amputation Date _____</p> <p>Amputation Point _____</p>

Voluntary PVI Discharge Data Worksheet

	Aneurysm Repair Date _____ Aneurysm Repair Location _____ Amputation Y / N _____ Amputation Date _____ Amputation Point _____	
<u>Labs at Discharge</u>		
Discharge Creatinine _____mg/dl ND	Post Discharge Creatinine _____mg/dl ND	Discharge Hemoglobin _____g/dl ND
<u>Home medications prior to admission</u>	Given	C/I
Beta Blockers		
ACE Inhibitors		
Angiotensin II Receptor Antagonist (ARBs)		
Calcium Channel Blockers		
Thiazides		
Statins		
Aspirin		
Clopidogrel (Plavix)		
Prasugrel (Effient)		
Dabigatran (Pradaxa) Dose mg		
Ticagrelor (Brilinta)		
Cilostazol (Pletal)		
Edoxaban (Savaysa) Dose mg		
Other Cholesterol Lowering Agents		
Fondaparinux (Arixtra)		
Rivaroxaban (Xarelto) Dose mg		
Apixaban (Eliquis) Dose mg		
Warfarin/Coumadin		
PSCK9 Inhibitor		
<u>Medications at Discharge</u>	Given	C/I
Beta Blockers		
ACE Inhibitors		
Angiotensin II Receptor Antagonist (ARBs)		
Calcium Channel Blockers		
Thiazides		
Statins		
Aspirin		
Clopidogrel (Plavix)		
Prasugrel (Effient)		
Dabigatran (Pradaxa) Dose mg		
Ticagrelor (Brilinta)		
Cilostazol (Pletal)		
Edoxaban (Savaysa) Dose mg		
Other Cholesterol Lowering Agents		
Fondaparinux (Arixtra)		
Rivaroxaban (Xarelto) Dose mg		
Apixaban (Eliquis) Dose mg		
Warfarin/Coumadin		
PSCK9 Inhibitor		
<u>Discharge</u>		
Smoking Cessation Counseling Y / N	Exercise Counseling Y / N	Opioid Education Y / N
<input type="checkbox"/> Physician delivered advice <ul style="list-style-type: none"> <input type="checkbox"/> Pt ref <input type="checkbox"/> NRT <ul style="list-style-type: none"> <input type="checkbox"/> Pt ref <input type="checkbox"/> Referral to smoking counseling services <ul style="list-style-type: none"> <input type="checkbox"/> Pt ref <ul style="list-style-type: none"> <input type="checkbox"/> Local counseling service <input type="checkbox"/> Michigan Quitline <input type="checkbox"/> Other counseling service 		

Voluntary PVI Discharge Data Worksheet

Michigan OPEN

Pre-operative opioid use Y / N

- Hydrocodone (Norco, Vicodin, Lortab, Lorcet)
- Oxycodone (OxyContin, Percocet, Roxicodone)
- Codeine (Tylenol 2, 3, or 4)
- Tramadol (Ultram, Ultram ER)
- Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc.)

Opioid 1 Dose _____ ND

Unit mg ml mcg/hr mg/ml mcg/ml other

Opioid 2 Dose _____ ND

Unit mg ml mcg/hr mg/ml mcg/ml other

Discharged with opioid Y / N

- Hydrocodone (Norco, Vicodin, Lortab, Lorcet)
- Oxycodone (OxyContin, Percocet, Roxicodone)
- Codeine (Tylenol 2, 3, or 4)
- Tramadol (Ultram, Ultram ER)
- Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc.)

Opioid 1 Dose _____

Unit mg ml mcg/hr mg/ml mcg/ml other

Quantity _____ ND

Refills available Y / N/ ND

Number of refills _____

Opioid 2 Dose _____

Unit mg mL mcg/hr mg/ml mcg/ml other

Quantity _____ ND

Refills available Y / N/ ND

Number of refills _____