

Procedure Information
Procedure # Physician Fellow ID/Second Operator
Procedure Date Start Time Procedure End Date End Time
Status of Procedure Elective Urgent Emergent

Patient History
Significant Valve Disease Y / N

- MI/MR
- MS
- AI
- AS

Mechanical Aortic or Mitral Valve Y / N

Angina CCS Class III or IV within 6 weeks Y / N

Peripheral Arterial Disease (PAD) Y / N

Home O2 Therapy Y / N

Major surgery planned within next 8 weeks

- Cardiac
- Vascular
- Other

Previous Neck Radiation Y / N

Prior Neck Surgery (other than CEA) Y / N

Tracheostomy Present Y / N

Previous Laryngeal Nerve Palsy Y / N RT LT

Two or More Major Coronary Arteries with Stenosis $\geq 70\%$ (LAD, LCX, RCA) Y / N

Left Main Coronary Artery Stenosis $\geq 50\%$ Y / N

MI within 6 weeks Y / N

NYHA Functional Class III or IV w/in 6 weeks Y / N

Permanent Pacemaker or ICD Y / N

Dementia or Alzheimer's Disease Y / N

History of Seizure or Known Seizure Disorder Y / N

Previous Carotid Intervention Y / N

RT LT CEA CAS
Carotid Intervention Timeframe

- ≤ 30 days ago
- 31-180 days ago
- ≥ 181 days ago

Neurologic Event(s) prior to procedure Y / N

TIA – RT LT Retinal Hemispheric
Vertebrobasilar Unknown
TIA Timeframe

- ≤ 30 days ago
- 31-180 days ago
- ≥ 181 days ago

Ischemic Stroke – RT LT Retinal Hemispheric
Vertebrobasilar Unknown
Ischemic Stroke Timeframe

- ≤ 30 days ago
- 31-180 days ago
- ≥ 181 days ago

Intracranial Hemorrhage or Hemorrhagic Stroke –
Intraparenchymal Subarachnoid Subdural
Intracranial Hemorrhage Timeframe

- ≤ 30 days ago
- 31-180 days ago
- ≥ 181 days ago

Acute Evolving Stroke Y / N

Transient Monocular Blindness Y / N

Imaging Studies Within past 6 months
Cardiac Stress Test Y / N

- Nml
- Abn

Electrocardiogram Y / N

- Nml
- Abn

Carotid Duplex Ultrasound (PRE) Y / N

Right
PSV _____ cm/sec ND
EDV _____ cm/sec ND
ICA/CCA Ratio _____ ND

Left
PSV _____ cm/sec ND
EDV _____ cm/sec ND
ICA / CCA Ratio _____ ND

MRA Angio Performed Y / N

MRA CCA Highest % Stenosis
RT _____ % ND
LT _____ % ND

MRA ICA Highest % Stenosis
RT _____ % ND
LT _____ % ND

CTA Angio Performed Y / N

CTA CCA Highest % Stenosis
RT _____ % ND
LT _____ % ND

CTA ICA Highest % Stenosis
RT _____ % ND
LT _____ % ND

Carotid Angio Performed Y / N

Carotid Angio CCA Highest % Stenosis
RT _____ % ND
LT _____ % ND

Carotid Angio ICA Highest % Stenosis
RT _____ % ND
LT _____ % ND

Labs Pre Procedure Creatinine _____ mg/dl ND Hemoglobin _____ g/dl ND BNP _____ pg/ml ND 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
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Medications During Procedure	Pre	During	Post	C / I		Pre	During	Post
Aspirin					Sodium Bicarbonate Infusion			
Clopidogrel (Plavix)					Saline <1 hr			
Prasugrel (Effient)					Saline 1-3 hrs			
Ticagrelor (Brilinta)					Saline 3-6 hrs			
Atropine					Saline >6 hrs			
IV Nitroglycerin					LR <1 hr			
IV Heparin/Unfractionated Heparin					LR 1-3 hrs			
Protamine					LR ≥3-6 hrs			
Bivalirudin (Angiomax)					LR >6 hrs			
Thrombolytics					Other <1 hr			
					Other 1-3 hrs			
					Other ≥3-6 hrs			
					Other >6 hrs			

Procedure Indications and Anatomic Variables Urgent Cardiac Surgery w/in 30 days Y / N Concurrent with CABG Y / N Target Lesion Symp w/in Past 6 Mos Y / N Syncope Y / N Restenosis in Target Vessel after Prior CAS Y / N Restenosis in Target Vessel after Prior CEA Y / N Contralateral Carotid Artery Occl Y / N	FMD of Carotid Artery Y / N Spontaneous Carotid Artery Diss Y / N Lesion Diff to Access Surgically Y / N ○ High Cervical ○ Low Intrathoracic Aortic Arch Type I II III Unknown Bovine Arch Y / N Contrast Volume _____ ml / ND	Procedural Arterial Access Site <input type="radio"/> Femoral <input type="radio"/> Brachial/Rad/Axillary <input type="radio"/> Direct Carotid Puncture <input type="radio"/> Other Vascular Closure Type <input type="checkbox"/> Manual: No device or mechanical type <input type="checkbox"/> Perclose <input type="checkbox"/> Angioseal <input type="checkbox"/> Mynx <input type="checkbox"/> Starclose <input type="checkbox"/> Exoseal <input type="checkbox"/> Surgical <input type="checkbox"/> Celt <input type="checkbox"/> Radial Compression Band
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Procedure Details Target Carotid Vessel RT LT TCAR Y / N Anesthesia <input type="radio"/> Local <input type="radio"/> General <input type="radio"/> MAC	Target Lesion Location <input type="radio"/> Isolated CCA <input type="radio"/> Isolated ICA <input type="radio"/> Bifurcation Visible Thrombus Present Y / N Ulceration Y / N	Calcification <input type="radio"/> None <input type="radio"/> Mild to Moderate <input type="radio"/> Dense and Concentric Lesion Length _____ mm / ND Pre proc % Stenosis _____ % / ND
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Procedure Details cont. 2nd Lesion Pre proc % Stenosis _____ % / No Lesion Treatment Incomplete/Aborted Y / N <input type="checkbox"/> Failure to gain vascular access <input type="checkbox"/> Failure to confirm significant stenosis <input type="checkbox"/> Unable to place guiding cath/ sheath <input type="checkbox"/> Unable to cross guide wire <input type="checkbox"/> Unable to cross balloon <input type="checkbox"/> Unable to deploy EPD <input type="checkbox"/> Unable to deliver stent <input type="checkbox"/> Unable to deploy stent <input type="checkbox"/> Difficult to access due to tortuosity <input type="checkbox"/> Hypotension <input type="checkbox"/> Hypertension <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Cardiac ischemia <input type="checkbox"/> Other	EPD Attempted Y / N Predilation prior to EPD Deployment Y / N EPD Successfully Deployed Y / N EPD Manufacturer Name _____ EPD Model Name _____ Stent(s) Implanted Y / N Predilation Prior to Attempted Stent Implant Y / N Stent Tapered Y / N Stent dia _____ mm / No Stent length _____ mm / No Malposition Y / N Stent Manuf Name _____ Stent Model Name _____	Ballooning/Post dilation Performed Y / N Balloon dia _____ mm / ND Max Inflation Pressure _____ atm / ND Final Min Luminal Dia _____ mm / ND Final % Stenosis _____ % / ND
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Outcomes 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		Death Y / N <input type="checkbox"/> During procedure <input type="checkbox"/> Post procedure Cause of Death <input type="checkbox"/> Neurologic (Due to a new or progressive neuro event) <input type="checkbox"/> Cardiac (Due to a fatal arrhythmia, MI or heart failure) <input type="checkbox"/> Pulmonary (Due to a pulmonary complication) <input type="checkbox"/> Vascular (D/T major blood loss or other vascular complication) <input type="checkbox"/> Infection (Due to infection) <input type="checkbox"/> Renal Failure (Due to renal failure) <input type="checkbox"/> Other (Due to other cause)
Filter Spasm Y / N Slow Flow Y / N <input type="checkbox"/> After stent deployment <input type="checkbox"/> After post dilation <input type="checkbox"/> Aspiration was performed <input type="checkbox"/> Aspirate had visible debris <input type="checkbox"/> Patient had neurological changes during slow flow	Myocardial Injury Y / N Date _____ <input type="checkbox"/> Acute Myocardial Injury <input type="checkbox"/> Type 2 Myocardial Infarction <input type="checkbox"/> Type 1 NSTEMI <input type="checkbox"/> STEMI <input type="checkbox"/> ND	
New Stroke Y / N RT LT Hemispheric/Retinal Vertebrobasilar Unknown Occurred Resolved	Peak post-op troponin value Y / ND I _____ Units _____ No T _____ Units _____ No I HS _____ Units _____ No T HS _____ Units _____ No	
New TIA Y / N RT LT Hemispheric/Retinal Vertebrobasilar Unknown		