

Procedure Information				
Procedure #	Physician	Fellow ID/Second Operator		
Procedure Date	Start Time	Procedure End Date	End Time	
Status of Procedure	<input type="radio"/> Elective <input type="radio"/> Urgent	<input type="radio"/> Emergent	Staged Procedure	Y / N
Consultations		Labs Pre Procedure		
Cardiology Consultation	Y / N	Creatinine_____mg/dl ND		
Pulmonary Consultation	Y / N	Hemoglobin_____g/dl ND		
Primary Care/ Internal Medicine	Y / N	BNP_____pg/mL No		
Hematology Consultation	Y / N	Troponin Y / ND		
Renal Consultation	Y / N	I _____ Units _____ No		
Pre-procedure Exercise Therapy	Y / N	T _____ Units _____ No		
<input type="radio"/> Structured / Supervised		I HS _____ Units _____ No		
<input type="radio"/> Home-Based / Informal		T HS _____ Units _____ No		
Imaging Studies Within past 6 months				
RT Pre-Procedure ABI	Y / N	Compressible	Y / N	Value _____
LT Pre-Procedure ABI	Y / N	Compressible	Y / N	Value _____
RT Pre-Procedure TBI	Y / N	Value _____		
LT Pre-Procedure TBI	Y / N	Value _____		
RT Pre Procedure Toe Pressure	Y / N	Value _____		
LT Pre Procedure Toe Pressure	Y / N	Value _____		
Vein Mapping	Y / N	Minimal Vein Dia	_____	ND
Duplex Ultrasound	Y / N	Nml / Abn		
CTA	Y / N	Nml / Abn		
MRI/MRA	Y / N	Nml / Abn		
Contrast Cineangiography	Y / N	Nml / Abn		
Cardiac Stress Test	Y / N	Nml / Abn		
Electrocardiogram	Y / N	Nml / Abn		
Chest X-ray	Y / N	Nml / Abn		
Meds During Procedure	Pre	During	Post	C/I
Aspirin				
Clopidogrel (Plavix)				
Prasugrel (Effient)				
Ticagrelor (Brilinta)				
IV Nitroglycerin				
IV Heparin/Unfractionated Heparin				
Protamine				
Bivalirudin (Angiomax)				
Thrombolytics				
Indications: LE Revascularization		Increased Stent Velocity Y / N	Ischemia (Wifi) Y / N	
Claudication Y / N		<input type="radio"/> Symptomatic	<input type="radio"/> Grade 1 ABI 0.60-0.79, TP 40-59 mmHg	
Rest Pain Y / N		<input type="radio"/> Asymptomatic	<input type="radio"/> Grade 2 ABI 0.40-0.59, TP 30-39 mmHg	
Threatened Bypass Graft Y / N		Increased Stent Graft Velocity Y / N	<input type="radio"/> Grade 3 ABI ≤0.39, TP <30 mmHg	
<input type="radio"/> Symptomatic		<input type="radio"/> Symptomatic	<input type="radio"/> ND	
<input type="radio"/> Asymptomatic		<input type="radio"/> Asymptomatic	Foot Infection (Wifi) Y / N	
Acute Limb Ischemia Y / N		Wound (Wifi) Y / N	<input type="radio"/> Grade 1 >2 manifestations of infection	
Failed Endovascular Procedure Y / N		<input type="radio"/> Grade 1 Minor tissue loss	<input type="radio"/> Grade 2 Deep tissue, gangrene, bone involved	
Infection Y / N		<input type="radio"/> Grade 2 Major tissue loss	<input type="radio"/> Grade 3 Infection with systemic toxicity	
Impaired Ability to Work Y / N		<input type="radio"/> Grade 3 Extensive ulcer / gangrene	<input type="radio"/> ND	
Periph Aneurysm Repair Y / N	Sympt/Asx	<input type="radio"/> ND	Complication from Prior Procedure Y / N	
			Trauma Y / N PAES Y / N	

Infusions During Procedure	Pre	During	Post
Sodium Bicarb Infusion			
Saline <1 hr			
Saline 1-3 hrs			
Saline 3-6 hrs			
Saline >6 hrs			
LR <1 hr			
LR 1-3 hrs			
LR 3-6 hrs			
LR >6 hrs			
Other <1 hr			
Other 1-3 hrs			
Other 3-6 hrs			
Other >6 hrs			

UE Revascularization Ulcer/Gangrene Y/N Acute Limb Ischemia Y/N Angina/Abn Cardiac Stress Test Y/N	BP discrepancy Y/N Arm Claudication Y/N Periph aneurysm repair Y/N ○ Symptomatic ○ Asymptomatic	Complication from Prior Procedure Y/N Trauma Y/N
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Procedure Details Graft Origin _____ Graft Insertion _____ Graft Insertion #2 _____ Redo Procedure Y/N Vein Graft Y/N ○ Reversed GSV ○ In Situ GSV ○ Non-reversed transposed GSV ○ Lesser saphenous ○ Cephalic ○ Basilic ○ Allograft ○ Composite ○ Other Vein Graft Harvest ○ Open ○ Endoscopic ○ Not Harvested # Vein Segments _____ Prosthetic Graft Y/N <input type="checkbox"/> Dacron <input type="checkbox"/> PTFE <input type="checkbox"/> Composite with vein Vein Cuff Y/N	Intra-Op Graft Patency Y/N <input type="checkbox"/> Doppler <input type="checkbox"/> Duplex <input type="checkbox"/> Angiogram ○ Nnl ○ Abn Intra-Op Graft Revision Y/N Closure for Open Exposure <input type="checkbox"/> Suture <input type="checkbox"/> Absorbable <input type="checkbox"/> Permanent <input type="checkbox"/> Staples <input type="checkbox"/> Delayed <input type="checkbox"/> Other Anesthesia Type ○ Local ○ Epidural ○ Regional ○ Spinal ○ General ○ Epidural + General ○ MAC Antibiotics Pre Procedure Y/N ○ Cefazolin ○ Redosed (Q4 hours) Y/N ○ Clindamycin ○ Redosed (Q6 hours) Y/N ○ On scheduled antibiotic ○ Other	Skin Prep <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 C / I to CHG & Alcohol Skin Prep Y/N Glucose peak _____mg/DL ND Nadir body temp _____C ND Crystalloids _____ml ND EBL _____ml ND ASA Class _____ Does not apply Contrast Types Y / 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"/> Investigational <input type="checkbox"/> Gadolinium <input type="checkbox"/> Carbon Dioxide (CO ₂) <input type="checkbox"/> Unknown Total IV Contrast Used _____mL ND Total Heparin Dosage _____units ND Peak Intra-Op ACT _____Sec ND End of Procedure ACT _____Sec ND
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Outcomes During Procedure Y/N 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 Thrombus Y/N Stent/Graft Thrombosis Y/N ○ Successful ○ Unsuccessful	Vessel Perforation Y/N ○ Successful Y / No Treatment <input type="checkbox"/> Balloon <input type="checkbox"/> Covered Stent <input type="checkbox"/> Bare Metal Stent <input type="checkbox"/> External Compression <input type="checkbox"/> Reversal of Anticoagulation <input type="checkbox"/> No Treatment ○ 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 RT LT Hip disarticulation AKA BKA Foot Metatarsal Digit Compartment Syndrome Y/N
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Outcomes Post Procedure Y / N

- Death Y / N**
- Cardiovascular
 - Hemorrhage
 - Multi System Organ Failure
 - Other (neuro, renal, liver, GI, CA)
 - Unknown of death

Comfort Care Y / N Date_____

Stay in ICU Y / N _____#days

Vasopressors Post-Op Y / N

Respiratory Y / None

- Ventilator (cont. after leaving OR)
- Reintubation (after initial extub)

Myocardial Injury Y / N Date_____

- Acute Myocardial Injury
- Type 2 Myocardial Infarction
- Type 1 NSTEMI
- STEMI
- ND

Peak post-op 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 Req. for Dialysis Y / N Date_____

Transfusion Y / N Date_____

- PRBC #Units_____**
 - Hgb prior to txf Y/N/ND**
 - Hgb value _____mg/dL
 - Symptomatic prior to 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_____

RT LT

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

Locations

Vessel Location _____

Lesion Segment Area

- Proximal
- Mid
- 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 | |

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| <input type="checkbox"/> L-Ather | |

<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>Stent Length _____ 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>Stent Length _____ 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>Stent Length _____ mm</p>
<p>Vascular Access</p> <p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> Both 	<p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> Both 	<p>Vascular Access Site _____</p> <p>Vascular Access Type</p> <ul style="list-style-type: none"> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <p>Vessel Accessed</p> <ul style="list-style-type: none"> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <p>Access Guidance Y / N</p> <ul style="list-style-type: none"> <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <p>Access Approach</p> <ul style="list-style-type: none"> <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> Both
<p>Sheath Size _____ French</p> <p>Sheath Removed Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manual (No device) <input type="checkbox"/> Perclose <input type="checkbox"/> Angioseal <input type="checkbox"/> Mynx <input type="checkbox"/> Starclose <input type="checkbox"/> Surgical <input type="checkbox"/> Exoseal <input type="checkbox"/> Compression Device <input type="checkbox"/> Boomerang <input type="checkbox"/> Hemostatic Patch <input type="checkbox"/> FISH <input type="checkbox"/> Vascade <p>Sheath removal</p> <ul style="list-style-type: none"> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours 	<p>Sheath Size _____ French</p> <p>Sheath Removed Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manual (No device) <input type="checkbox"/> Perclose <input type="checkbox"/> Angioseal <input type="checkbox"/> Mynx <input type="checkbox"/> Starclose <input type="checkbox"/> Surgical <input type="checkbox"/> Exoseal <input type="checkbox"/> Compression Device <input type="checkbox"/> Boomerang <input type="checkbox"/> Hemostatic Patch <input type="checkbox"/> FISH <input type="checkbox"/> Vascade <p>Sheath removal</p> <ul style="list-style-type: none"> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours 	<p>Sheath Size _____ French</p> <p>Sheath Removed Y / N</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manual (No device) <input type="checkbox"/> Perclose <input type="checkbox"/> Angioseal <input type="checkbox"/> Mynx <input type="checkbox"/> Starclose <input type="checkbox"/> Surgical <input type="checkbox"/> Exoseal <input type="checkbox"/> Compression Device <input type="checkbox"/> Boomerang <input type="checkbox"/> Hemostatic Patch <input type="checkbox"/> FISH <input type="checkbox"/> Vascade <p>Sheath removal</p> <ul style="list-style-type: none"> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours