

Procedure Information				
Procedure #	Physician	Fellow ID/Second Operator		
Procedure Date	Start Time	Procedure End Date	End Time	
Status of Procedure	<input type="radio"/> Urgent	<input type="radio"/> Emergent	Staged Procedure	Y / N
<b>Consultations</b>			<b>Labs Pre Procedure</b>	
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
			T _____ Units_____	No
			I HS _____ Units_____	No
			T HS _____ Units_____	No
<b>Imaging Studies Within past 6 months</b>			<b>Labs Post Procedure</b>	
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 Diameter	_____	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		
<b>Meds During Procedure</b>		<b>Pre</b>	<b>During</b>	<b>Post</b>
Aspirin				C/I
Clopidogrel (Plavix)				
Prasugrel (Effient)				
Ticagrelor (Brilinta)				
IV Nitroglycerin				
IV Heparin/Unfractionated Heparin				
Protamine				
Bivalirudin (Angiomax)				
Thrombolytics				
<b>Indications: LE Revascularization</b>		<b>Increased Stent Velocity</b> Y / N		<b>Ischemia (Wifl)</b> Y / N
Claudication	Y / N	<input type="radio"/> Symptomatic <input type="radio"/> Asymptomatic		<input type="radio"/> Grade 1 ABI 0.60-0.79, TP 40-59 mmHg <input type="radio"/> Grade 2 ABI 0.40-0.59, TP 30-39 mmHg <input type="radio"/> Grade 3 ABI $\leq$ 0.39, TP <30 mmHg <input type="radio"/> ND
Rest Pain	Y / N	<b>Increased Stent Graft Velocity</b> Y / N		<b>Foot Infection (Wifl)</b> Y / N
Threatened Bypass Graft	Y / N	<input type="radio"/> Symptomatic <input type="radio"/> Asymptomatic		<input type="radio"/> Grade 1 >2 manifestations of infection <input type="radio"/> Grade 2 Deep tissue, gangrene, bone involved <input type="radio"/> Grade 3 Infection with systemic toxicity <input type="radio"/> ND
Acute Limb Ischemia	Y / N	<b>Wound (Wifl)</b> Y / N		<b>Comp from Prior Procedure</b> Y / N
Failed Endovascular Procedure	Y / N	<input type="radio"/> Grade 1 Minor tissue loss <input type="radio"/> Grade 2 Major tissue loss <input type="radio"/> Grade 3 Extensive ulcer / gangrene <input type="radio"/> ND		Trauma Y / N
Infection	Y / N			PAES Y / N
Impaired Ability to Work	Y / N			
Peripheral Aneurysm Repair	Y / N			
<input type="radio"/> Symptomatic <input type="radio"/> Asymptomatic				

Infusions During Procedure	Pre	During	Post
<b>Sodium Bicarb Infusion</b>			
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			

<b>UE Revascularization</b> Ulcer/Gangrene Y / N Acute Limb Ischemia Y / N Angina/Abnormal Cardiac Stress Test Y / N	<b>BP discrepancy</b> Y / N <b>Arm Claudication</b> Y / N <b>Periph aneurysm repair</b> Y / N ○ Symptomatic ○ Asymptomatic	<b>Complication from Prior Procedure</b> Y / N Trauma Y / N
<b>Procedure Details</b> Timeframe: Sxs to Incision _____ ND Timeframe: Pres to Incision _____ ND Prior lytic Procedure Y / N Vessel Location _____ Vessel closure ○ Primary ○ Patch ○ ND Completion angio Y / N ○ Nnl ○ Abn Concomitant endart Y / N Anesthesia Type ○ Local ○ Epidural ○ Regional ○ Spinal ○ General ○ Epidural + General ○ MAC	<b>Antibiotics Pre Procedure</b> Y / N ○ Cefazolin ○ Redosed (Q4 hours) Y / N ○ Clindamycin ○ Redosed (Q6 hours) Y / N ○ On scheduled antibiotic ○ Other <b>Skin Prep</b> □ Chlorhexidine □ Alcohol □ Iodine □ Chlorhexidine + Iodine □ Chlorhexidine + Alcohol □ Iodine + Alcohol <b>C/I to CHG &amp; Alcohol Skin Prep</b> Y / N <b>Glucose peak</b> _____mg/DL ND <b>Nadir body temp</b> _____C ND <b>Crystalloids</b> _____ml ND	<b>EBL</b> _____mL ND <b>ASA Class</b> _____ Does not apply <b>Contrast Types</b> Y / None □ Nonionic, low-osmolar □ Nonionic, Iso-osmolar □ Ionic, hyperosmolar □ Ionic, low-osmolar □ Investigational □ Gadolinium □ Carbon Dioxide (CO <sub>2</sub> ) □ Unknown <b>Total IV Contrast Used</b> _____ml ND <b>Total Heparin Dosage</b> _____units ND <b>Peak Intra-Op ACT</b> _____Sec ND <b>End of Procedure ACT</b> _____Sec ND
<b>Outcomes During Procedure</b> 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	<b>Vessel Perforation</b> Y / N ○ Successful Y / No Treatment □ Balloon □ Covered Stent □ Bare Metal Stent □ External Compression □ Reversal of Anticoagulation □ No Treatment ○ Unsuccessful <b>TIA/Stroke</b> Y / N <b>Transfusion</b> Y / N □ PRBC #Units _____ □ Platelets □ FFP □ Other	<b>Vascular Access Complications</b> 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 <b>Amputation</b> Y / N <b>RT LT</b> Hip disarticulation AKA BKA Foot Metatarsal Digit <b>Compartment Syndrome</b> Y / N
<b>Outcomes Post Procedure</b> 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	<b>Respiratory</b> Y / None □ Ventilator (cont. after leaving OR) □ Reintubation (after initial extub) <b>Myocardial Injury</b> Y / N Date _____ ○ Acute Myocardial Injury ○ Type 2 Myocardial Infarction ○ Type 1 NSTEMI ○ STEMI ○ ND	<b>Peak post-op troponin</b> Y / ND <b>I</b> _____ <b>Units</b> _____ No <b>T</b> _____ <b>Units</b> _____ No <b>I HS</b> _____ <b>Units</b> _____ No <b>T HS</b> _____ <b>Units</b> _____ No <b>Dysrhythmia</b> Y / N <b>Date</b> _____ <b>CHF</b> Y / N <b>Date</b> _____ <b>TIA/Stroke</b> Y / N <b>Date</b> _____

<p><b>Infection/Sepsis</b> Y / N Date _____</p> <p><input type="checkbox"/> Access site</p> <p><input type="checkbox"/> Central line/IV</p> <p><input type="checkbox"/> Blood</p> <p><input type="checkbox"/> Graft infection</p> <p><input type="checkbox"/> Pulmonary</p> <p><input type="checkbox"/> UTI</p> <p><input type="checkbox"/> Wound site</p> <p><input type="checkbox"/> Unknown</p> <p><b>New Requirement for Dialysis</b> Y / N</p> <p>Date _____</p> <p><b>Transfusion</b> Y / N Date _____</p> <p><input type="checkbox"/> <b>PRBC #Units</b> _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hgb prior to txf Y/N/ND</li> <li><input type="checkbox"/> Hgb value _____mg/dL</li> <li><input type="checkbox"/> Sympto prior to txf Y/N             <ul style="list-style-type: none"> <li><input type="checkbox"/> Angina</li> <li><input type="checkbox"/> Hypotension</li> <li><input type="checkbox"/> Tachycardia</li> <li><input type="checkbox"/> EKG Changes</li> <li><input type="checkbox"/> Shortness of Air</li> <li><input type="checkbox"/> Bleeding</li> <li><input type="checkbox"/> Cancer/Chronic Anemia</li> </ul> </li> </ul> <p><input type="checkbox"/> Platelets</p> <p><input type="checkbox"/> FFP</p> <p><input type="checkbox"/> Other</p>	<p><b>Vascular Access Complications</b> Y / N</p> <p><input type="checkbox"/> Retroperitoneal hematoma</p> <p><input type="checkbox"/> Pseudo-aneurysm</p> <p><input type="checkbox"/> Hematoma at access site</p> <p><input type="checkbox"/> Bleeding at access site</p> <p><input type="checkbox"/> AV fistula</p> <p><input type="checkbox"/> Acute thrombosis</p> <p><input type="checkbox"/> Surgical repair of the vascular access site</p> <p><input type="checkbox"/> Other</p> <p><b>Compartment Syndrome</b> Y / N</p> <p>Date _____</p> <p><b>Embolus</b> Y / N Date _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Successful</li> <li><input type="checkbox"/> Unsuccessful</li> </ul> <p><b>Thrombus</b> Y / N Date _____</p> <p><b>Stent / Graft Thrombosis</b> Y / N</p> <p>Date _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Successful</li> <li><input type="checkbox"/> Unsuccessful</li> </ul>	<p><b>Amputation</b> Y / N</p> <p>Date _____</p> <p><b>RT LT</b></p> <p>Hip Disarticulation</p> <p>AKA BKA Foot Metatarsal digit</p> <p><b>Return to OR</b> Y / N</p> <p>Date _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bleeding</li> <li><input type="checkbox"/> Renal Ischemia</li> <li><input type="checkbox"/> Endoleak</li> <li><input type="checkbox"/> Infection</li> <li><input type="checkbox"/> Graft Revision</li> <li><input type="checkbox"/> Other</li> </ul> <p><b>Bowel Ischemia</b> Y / N</p> <p>Date _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Treatment</li> <li><input type="checkbox"/> Surgical Treatment</li> </ul>
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<p><b>Vessel Location</b> _____</p> <p><b>Lesion Segment Area</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proximal</li> <li><input type="checkbox"/> Mid</li> <li><input type="checkbox"/> Distal</li> <li><input type="checkbox"/> Diffuse</li> <li><input type="checkbox"/> ND</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><b>PVI Procedure Performed</b></p> <table style="width:100%; border: none;"> <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><b>Vessel Location</b> _____</p> <p><b>Lesion Segment Area</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proximal</li> <li><input type="checkbox"/> Mid</li> <li><input type="checkbox"/> Distal</li> <li><input type="checkbox"/> Diffuse</li> <li><input type="checkbox"/> ND</li> </ul> <div style="border: 1px solid black; 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<p><b>Bypass Graft</b> Y / N</p> <p><b>Type</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Synthetic</li> <li><input type="checkbox"/> Vein</li> <li><input type="checkbox"/> ND</li> </ul> <p><b>Graft Origin</b> _____</p> <p><b>Graft Insertion</b> _____</p> <p><b>Lesion Length</b> _____ mm</p> <p><b>Heavy Calcium</b> Y / N</p>	<p><b>Bypass Graft</b> Y / N</p> <p><b>Type</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Synthetic</li> <li><input type="checkbox"/> Vein</li> <li><input type="checkbox"/> ND</li> </ul> <p><b>Graft Origin</b> _____</p> <p><b>Graft Insertion</b> _____</p> <p><b>Lesion Length</b> _____ mm</p> <p><b>Heavy Calcium</b> Y / N</p>	<p><b>Bypass Graft</b> Y / N</p> <p><b>Type</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Synthetic</li> <li><input type="checkbox"/> Vein</li> <li><input type="checkbox"/> ND</li> </ul> <p><b>Graft Origin</b> _____</p> <p><b>Graft Insertion</b> _____</p> <p><b>Lesion Length</b> _____ mm</p> <p><b>Heavy Calcium</b> Y / N</p>
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<b>In-stent restenosis</b> Y / N <b>Thrombus</b> Y / N <b>Pre/Post stenosis</b> _____/_____% <b>Final balloon dia</b> _____mm <b>Stents</b> <b>Stent Name</b> _____ <b>Stent Dia</b> _____mm <b>Stent Length</b> _____mm	<b>In-stent restenosis</b> Y / N <b>Thrombus</b> Y / N <b>Pre/Post stenosis</b> _____/_____% <b>Final balloon dia</b> _____mm <b>Stent Name</b> _____ <b>Stent Dia</b> _____mm <b>Stent Length</b> _____mm	<b>In-stent restenosis</b> Y / N <b>Thrombus</b> Y / N <b>Pre/Post stenosis</b> _____/_____% <b>Final balloon dia</b> _____mm <b>Stent Name</b> _____ <b>Stent Dia</b> _____mm <b>Stent Length</b> _____mm
<b>Vascular Access</b> <b>Vascular Access Site</b> _____ <b>Vascular Access Type</b> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <b>Vessel Accessed</b> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <b>Access Guidance</b> Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <b>Access Approach</b> <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> Both <b>Sheath Size</b> _____FR <b>Sheath Removed</b> Y / N <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 <b>Sheath removal</b> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours	<b>Vascular Access</b> <b>Vascular Access Site</b> _____ <b>Vascular Access Type</b> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <b>Vessel Accessed</b> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <b>Access Guidance</b> Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <b>Access Approach</b> <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> Both <b>Sheath Size</b> _____FR <b>Sheath Removed</b> Y / N <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 <b>Sheath removal</b> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours	<b>Vascular Access</b> <b>Vascular Access Site</b> _____ <b>Vascular Access Type</b> <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down <b>Vessel Accessed</b> <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft <b>Access Guidance</b> Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound <b>Access Approach</b> <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> Both <b>Sheath Size</b> _____FR <b>Sheath Removed</b> Y / N <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 <b>Sheath removal</b> <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours