

Voluntary PVI Discharge Worksheet for REDCap

Patient information Date of Admission Date of Discharge Discharge Status <input type="radio"/> Home <input type="radio"/> Rehab <input type="radio"/> Other acute care hospital <input type="radio"/> Nursing home / Extended care <input type="radio"/> Hospice / Comfort care <input type="radio"/> Left AMA <input type="radio"/> Death <input type="radio"/> Assisted Living <input type="radio"/> Homeless <input type="radio"/> Other Case Number Study Number DOB Gender F / M Zip Code	Height (cm) Weight (kg) Pre Admission Living Location <input type="radio"/> Home <input type="radio"/> Rehab <input type="radio"/> Nursing home / Extended care <input type="radio"/> Assisted Living <input type="radio"/> Other Race <input type="radio"/> White (Caucasian) <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Other Ethnicity <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> ND
Patient History / Comorbidity Ambulation Pre-Procedure <input type="radio"/> Ambulatory <input type="radio"/> Ambulates w/assistance <input type="radio"/> Wheelchair <input type="radio"/> Bedridden <input type="radio"/> ND Ever Smoked Y / N Current Smoker Y / N Smoked w/in 30 D before admit? (Circle all that apply) Cigars Pipe (tobacco) Cigarettes Marijuana Chew (tobacco) Smokeless Pre-procedure smoking cessation Y / N <input type="checkbox"/> Physician delivered advice Pt ref <input type="checkbox"/> NRT Pt ref <input type="checkbox"/> Referral to smoking counseling svcs Pt ref <input type="checkbox"/> Local Counseling svc <input type="checkbox"/> MI Quitline <input type="checkbox"/> Other counseling svc Former Smoker Y / N Smoked any time in the past? (Circle all that apply) Cigars Pipe (tobacco) Cigarettes Marijuana Chew (tobacco) Smokeless Family h/o Premature CAD Y / N Hyperlipidemia Y / N HTN Y / N	Diabetes Mellitus Y / N <input type="radio"/> None <input type="radio"/> Diet only <input type="radio"/> Oral agent <input type="radio"/> Insulin <input type="radio"/> Other Prior CHF Y / N Ejection Fraction _____% ND Significant Valve Disease Y / N COPD Y / N CVD or TIA Y / N CAD Y / N Prior PCI Y / N <input type="radio"/> ≤30 days prior to procedure <input type="radio"/> >30 days-6 mos prior to procedure <input type="radio"/> >6 months prior to procedure <input type="radio"/> ND Previous MI Y / N <input type="radio"/> ≤30 days prior to procedure <input type="radio"/> >30 days-6 mos prior to procedure <input type="radio"/> >6 months prior to procedure <input type="radio"/> ND Prior CABG Y / N <input type="radio"/> ≤30 days prior to procedure <input type="radio"/> >30 days-6 mos prior to procedure <input type="radio"/> >6 months prior to procedure <input type="radio"/> ND Current/Recent GI Bleed Y / N Atrial Fibrillation (AF)/Flutter Y / N Renal Failure Currently Requiring Dialysis Y / N Renal Transplant Y / N
Prior PVI Procedure 1	Prior PVI Procedure 2
Prior Procedure Date	Prior Procedure Date
Artery Location	Artery Location
PTA Y / N	PTA Y / N
Stent Y / N	Stent Y / N

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Atherectomy Y/N	Atherectomy Y/N
Thrombolysis Y/N	Thrombolysis Y/N
Other PVI Y/N	Other PVI Y/N
Prior PVI Procedure 3	Prior PVI Procedure 4
Prior Procedure Date	Prior Procedure Date
Artery Location	Artery Location
PTA Y/N	PTA Y/N
Stent Y/N	Stent Y/N
Atherectomy Y/N	Atherectomy Y/N
Thrombolysis Y/N	Thrombolysis Y/N
Other PVI Y/N	Other PVI Y/N
Prior PVI Procedure 5	
Prior Procedure Date	
Artery Location	
PTA Y/N	
Stent Y/N	
Atherectomy Y/N	
Thrombolysis Y/N	
Prior VS Procedure 1	Prior VS Procedure 2
Bypass Y/N	Bypass Y/N
Bypass Date	Bypass Date
Bypass Origin	Bypass Origin
Insertion Point	Insertion Point
Insertion Point #2	Insertion Point #2
Type of Graft Vein / Synthetic / ND	Type of Graft Vein / Synthetic / ND
Endarterectomy Y/N	Endarterectomy Y/N
Endarterectomy Date	Endarterectomy Date
Endarterectomy Location	Endarterectomy Location
Aneurysm Repair Y/N	Aneurysm Repair Y/N
Aneurysm Repair Date	Aneurysm Repair Date
Aneurysm Repair Location	Aneurysm Repair Location
Amputation Y/N	Amputation Y/N
Amputation Date	Amputation Date
Amputation Point	Amputation Point
Prior VS Procedure 3	Prior VS Procedure 4
Bypass Y/N	Bypass Y/N
Bypass Date	Bypass Date
Bypass Origin	Bypass Origin
Insertion Point	Insertion Point
Insertion Point #2	Insertion Point #2
Type of Graft Vein / Synthetic / ND	Type of Graft Vein / Synthetic / ND
Endarterectomy Y/N	Endarterectomy Y/N
Endarterectomy Date	Endarterectomy Date
Endarterectomy Location	Endarterectomy Location
Aneurysm Repair Y/N	Aneurysm Repair Y/N
Aneurysm Repair Date	Aneurysm Repair Date
Aneurysm Repair Location	Aneurysm Repair Location
Amputation Y/N	Amputation Y/N
Amputation Date	Amputation Date
Amputation Point	Amputation Point
Prior VS Procedure 5	Labs
Bypass Y/N	Hb A1C _____ ND
Bypass Date	HDL Cholesterol _____mg/dL ND
Bypass Origin	LDL Cholesterol _____mg/dL ND NC
Insertion Point	Discharge Creatinine_____mg/dL ND
Insertion Point #2	Post Discharge Creatinine____mg/dL ND

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Type of Graft Vein / Synthetic / ND			Discharge Hemoglobin _____g/dL ND			
Endarterectomy Y / N						
Endarterectomy Date						
Endarterectomy Location						
Aneurysm Repair Y / N						
Aneurysm Repair Date						
Aneurysm Repair Location						
Amputation Y / N						
Amputation Date						
Amputation Point						
Home meds PTA						Meds at DC
ACE-I	Given	Contraindicated	ACE-I	Given	Contraindicated	
ARBs			ARBs			
Apixaban (Eliquis)			Apixaban (Eliquis)			
Dose mg			Dose mg			
Aspirin			Aspirin			
Beta Blockers			Beta Blockers			
CCBs			CCBs			
Cilostazol (Pletal)			Cilostazol (Pletal)			
Clopidogrel (Plavix)			Clopidogrel (Plavix)			
Dabigatran (Pradaxa)			Dabigatran (Pradaxa)			
Dose mg			Dose mg			
Edoxaban (Savaysa)			Edoxaban (Savaysa)			
Dose mg			Dose mg			
Fondaparinux (Arixtra)			Fondaparinux (Arixtra)			
Other Cholesterol Lowering Agents			Other Cholesterol Lowering Agents			
Prasugrel (Effient)			Prasugrel (Effient)			
PSCK9 Inhibitor			PSCK9 Inhibitor			
Rivaroxaban (Xarelto)			Rivaroxaban (Xarelto)			
Dose mg			Dose mg			
Statins			Statins			
Thiazides			Thiazides			
Ticagrelor			Ticagrelor			
Warfarin/Coumadin			Warfarin/Coumadin			
Discharge Education						
Smoking Cessation Counseling Y / N <input type="checkbox"/> Physician delivered advice Pt ref <input type="checkbox"/> NRT Pt ref <input type="checkbox"/> Referral to smoking counseling svcs Pt ref <input type="checkbox"/> Local Counseling svc <input type="checkbox"/> MI Quitline <input type="checkbox"/> Other counseling svc			Exercise Counseling Y / N Opioid Education Y / N Discharged with opioid: Y / N			
Michigan OPEN Pre-operative opioid use Y / N Name of opioid #1 _____ Opioid Dose prescribed _____ ND Unit mg ml mcg/hr mg/ml mcg/ml other Name of opioid #2 _____ Opioid Dose prescribed _____ ND Unit mg mL mcg/hr mg/mL mcg/mL other			Name of opioid #1 _____ Opioid Dose prescribed _____ Unit mg m mcg/hr mg/ml mcg/ml other Quantity _____ ND Refills available Y / N/ ND Number of refills _____ Name of opioid #2 _____ Opioid Dose prescribed _____ Unit mg mL mcg/hr mg/mL mcg/mL other Quantity _____ ND Refills available Y / N/ ND Number of refills _____			