

	30-Day Follow-Up				1-Year Follow-Up			
Contact Date								
Ambulation	Independent Ambulates w/assistance Wheelchair	Bedridden ND			Independent Ambulates w/assistance Wheelchair	Bedridden ND		
Current Living Status	Home Rehab Other acute care Nsg Home/Extended Care Hospice/Comfort care Assisted Living Homeless	In Hospital Dead Date of Death Cause of Death Cardiovascular Operation Related Unknown/Other ND			Home Rehab Other acute care Nsg Home/Extended Care Hospice/Comfort care Assisted Living Homeless	In Hospital Dead Date of Death Cause of Death Cardiovascular Operation Related Unknown/Other ND		
Readmission to Hosp	Yes	No	ND	Date	Yes	No	ND	Date
	Lymph leak	Wound infection/dehis	Graft infection	Anticoag complication Thromb/lysis Other	Lymph leak	Wound infection/dehis	Graft infection	Anticoag complication Thromb/lysis Other
SBP	ND				ND			
DBP	ND				ND			
Smoking	Yes	No	ND		Yes	No	ND	
ACE-I	Yes	No	ND	C/I	Yes	No	ND	C/I
Anticoagulant	Yes	No	ND		Yes	No	ND	
Antiplatelets	Yes	No	ND	C/I	Yes	No	ND	C/I
ARBs	Yes	No	ND		Yes	No	ND	
Aspirin	Yes	No	ND	C/I	Yes	No	ND	C/I
Beta Blocker	Yes	No	ND	C/I	Yes	No	ND	C/I
CCB	Yes	No	ND	C/I	Yes	No	ND	C/I
Other Cholesterol Lowering Agents	Yes	No	ND		Yes	No	ND	
Statin	Yes	No	ND	C/I	Yes	No	ND	C/I
Thiazides	Yes	No	ND	C/I	Yes	No	ND	C/I
Procedure Types								
OAAA Subsequent Operations	Yes	No			Yes	No		
	Incision	Graft	Intestine	Leg Ischemia	Incision	Graft	Intestine	Leg Ischemia
	Date				Date			
EVAR 1-Yr RF Replacement Therapy					Yes	No		
					Date			
EVAR 1-Yr Creatinine					Yes	No		
					Cr Value	Date		
EVAR Imaging Performed	Yes	No			Yes	No		
	Date				Date			
EVAR Current AAA Dia	Yes	No			Yes	No		
	Diameter				Diameter			
EVAR Current Endoleak	Yes	No			Yes	No		
	1	2	3	Indeterminate	1	2	3	Indeterminate
EVAR Addl Procedure	Yes	No			Yes	No		
	Endoleak	Sac Growth	Migration		Endoleak	Sac Growth	Migration	
	Limb Occlusion	Symptoms-Rupture			Limb Occlusion	Symptoms-Rupture		
	Date				Date			
EVAR Conversion to Open	Yes	No			Yes	No		
	Endoleak	Sac Growth	Migration		Endoleak	Sac Growth	Migration	
	Infection	Symptoms-Rupture			Infection	Symptoms-Rupture		
	Date				Date			

	30-Day Follow-Up	1-Year Follow-Up
Open Bypass ABI	Yes No RT Value LT Value	Yes No RT Value LT Value
Open Bypass TBI	Yes No RT Value LT Value	Yes No RT Value LT Value
Open Bypass Toe Pressure	Yes No RT Value LT Value	Yes No RT Value LT Value
Open Bypass Revision	Yes No Surgical Percutaneous Date	Yes No Surgical Percutaneous Date
Open Bypass Patent	Yes No	Yes No
Open Bypass Pulses	Yes No Palpable graft pulse Palpable distal pulse ABI increase >0.15 Duplex	Yes No Palpable graft pulse Palpable distal pulse ABI increase >0.15 Duplex
OT Repeat Proc	Yes No Surgical Percutaneous Date	Yes No Surgical Percutaneous Date
OT Addl Vascular Procedure	Yes No Surgical Percutaneous Date	Yes No Surgical Percutaneous Date
OT Vessel Patent	Yes No	Yes No
Wound Complication	Yes No ND Date	Yes No ND Date
Amputation	Yes No ND Da LT RT AKA BKA Foot Metatarsal digit Hip Disarticulation	Yes No ND LT RT AKA BKA Foot Metatarsal digit Hip Disarticulation
MI	Yes No ND Date	Yes No ND Date
TIA/Stroke	Yes No ND Date	Yes No ND Date
RF / Dialysis	Yes No ND Date	
Transfusion	Yes No ND Date	
Still Taking Opioid	No Same as DC New opioid/dose	
Type of Opioid	Hydrocodone (Norco, Vicodin, Lortab, Lorcet) Oxycodone (OxyContin, Percocet, Roxicodone) Codeine (Tylenol 2, 3, or 4) Tramadol (Ultram, Ultram ER) Other (Fentanyl, Morphine, Dilaudid)	
Opioid 1 Dose/Unit	Dose_____ mg ml mcg/hr mg/ml mcg/ml Other	
Opioid 2 Dose/Unit	Dose_____ mg ml mcg/hr mg/ml mcg/ml Other	
Prescribing Provider	Procedural physician/surgeon Pain specialist PCP Oncologist Other surgical physician Other	
Refills Requested	Yes No Refills Given Yes No	
Refill Prescribing Provider	Procedural physician/surgeon Pain specialist PCP Oncologist Other surgical physician Other	