

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				
Pre-procedure Exercise Therapy Y / N		<b>Labs Pre Procedure</b>		
Structured / Supervised	Home-Based / Informal	Creatinine_____mg/dl ND		
Completed	Completed	Hemoglobin_____g/dl ND		
Incomplete, Pt ref	Incomplete, Pt ref	BNP_____pg/mL No		
Incomplete, Pt terminated	Incomplete, Pt terminated	<b>Troponin Y / ND</b>		
ND	ND	I _____ Units_____ No		
<b>Exercise Counseling Y / N</b>		T _____ Units_____ No		
Structured/Supervised		I HS _____ Units_____ No		
Home Based/Informal		T HS _____ Units_____ No		
<b>Imaging Studies Within past 6 months</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_____			
<b>Vein Mapping</b>				
<input type="radio"/> Yes				
<input type="radio"/> Minimal Vein Dia _____				
<input type="radio"/> ND				
<input type="radio"/> No				
<b>Reason</b>				
<input type="radio"/> Prior vein mapping w/inadequate vein				
<input type="radio"/> Prior bil vein harvest				
<input type="radio"/> AKA				
<input type="radio"/> ND				
<b>Duplex Ultrasound Y / N Nml / Abn</b>				
<b>CTA Y / N Nml / Abn</b>				
<b>MRI/MRA Y / N Nml / Abn</b>				
<b>Contrast Cineangiography Y / N Nml / Abn</b>				
<b>Cardiac Stress Test Y / N Nml / Abn</b>				
<b>Electrocardiogram Y / N Nml / Abn</b>				
<b>Chest X-ray Y / N Nml / Abn</b>				
<b>Meds During Procedure</b>				
	Pre	During	Post	C/I
Aspirin				
Clopidogrel (Plavix)				
Prasugrel (Effient)				
Ticagrelor (Brilinta)				
IV Nitroglycerin				
IV Heparin/Unfractionated Heparin				
Protamine				
Bivalirudin (Angiomax)				
Thrombolytics				
<b>Infusions During Procedure</b>				
	Pre	During	Post	
<b>Sodium Bicarb Infusion</b>				
<b>Saline &lt;1 hr</b>				
<b>Saline 1-3 hrs</b>				
<b>Saline 3-6 hrs</b>				
<b>Saline &gt;6 hrs</b>				
<b>LR &lt;1 hr</b>				
<b>LR 1-3 hrs</b>				
<b>LR 3-6 hrs</b>				
<b>LR &gt;6 hrs</b>				
<b>Other &lt;1 hr</b>				
<b>Other 1-3 hrs</b>				
<b>Other 3-6 hrs</b>				
<b>Other &gt;6 hrs</b>				
<b>Indications: LE Revascularization</b>				
Claudication Y / N		Acute Limb Ischemia Y / N		Periph Aneurysm Repair Y / N
Rest Pain Y / N		Failed Endo Procedure Y / N		Symptomatic / Asx
Threatened Bypass Graft Y / N		Infection Y / N		Increased Stent Velocity Y / N
Symptomatic / Asx		Impaired Ability to Work Y / N		Symptomatic / Asx

<b>Increased Stent Graft Velocity</b> Y / N Symptomatic / Asx <b>Wound (Wifl)</b> Y / N o Grade 1 Minor tissue loss o Grade 2 Major tissue loss o Grade 3 Extensive ulcer / gangrene o ND <b>Ischemia (Wifl)</b> Y / N o Grade 1 ABI 0.60-0.79, TP 40-59 mmHg o Grade 2 ABI 0.40-0.59, TP 30-39 mmHg o Grade 3 ABI $\leq$ 0.39, TP <30 mmHg o ND	<b>Foot Infection (Wifl)</b> Y / N o Grade 1 >2 manifestations of infection o Grade 2 Deep tissue, gangrene, bone involved o Grade 3 Infection with systemic toxicity o ND	<b>Complication from Prior Procedure</b> Y / N  <b>Trauma</b> Y / N  <b>PAES</b> Y / N
<b>UE Revascularization</b> <b>Ulcer/Gangrene</b> Y / N <b>Acute Limb Ischemia</b> Y / N <b>Angina/Abn Cardiac Stress Test</b> Y / N	<b>BP discrepancy</b> Y / N <b>Arm Claudication</b> Y / N <b>Periph aneurysm repair</b> Y / N Symptomatic / Asx	<b>Complication from Prior Procedure</b> Y / N  <b>Trauma</b> Y / N
<b>Procedure Details</b> <b>Graft Origin</b> _____ <b>Graft Insertion</b> _____ <b>Graft Insertion #2</b> _____ <b>Redo Procedure</b> Y / N <b>Intra-op Vein Mapping</b> Y / N <b>Vein Graft</b> Y / N o Reversed GSV o In Situ GSV o Non-reversed transposed GSV o Lesser saphenous o Cephalic o Basilic o Allograft o Composite o Other <b>Vein Graft Harvest</b> o Open o Endoscopic o Not Harvested <b># Vein Segments</b> _____ <b>Min. Vein Graft Dia.</b> _____ <b>Prosthetic Graft</b> Y / N <input type="checkbox"/> Dacron <input type="checkbox"/> PTFE <input type="checkbox"/> Composite with vein <b>Vein Cuff</b> Y / N	<b>Intra-Op Graft Patency</b> Y / N <input type="checkbox"/> Doppler <input type="checkbox"/> Duplex <input type="checkbox"/> Angiogram o Nml o Abn <b>Intra-Op Graft Revision</b> Y / N <b>Closure for Open Exposure</b> <input type="checkbox"/> Suture <input type="checkbox"/> Absorbable <input type="checkbox"/> Permanent <input type="checkbox"/> Staples <input type="checkbox"/> Delayed <input type="checkbox"/> Other <b>Anesthesia Type</b> o Local o Epidural o Regional o Spinal o General o Epidural + General o MAC <b>Antibiotics Pre Procedure</b> Y / N o Cefazolin o Redosed (Q4 hours) Y / N o Clindamycin o Redosed (Q6 hours) Y / N o On scheduled antibiotic o Other	<b>Skin Prep</b> <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 <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 <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 <sub>2</sub> ) <input type="checkbox"/> 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 <b>Death</b> Y / N o Cardiovascular o Hemorrhage o Multi System Organ Failure o Other (neuro, renal, liver, GI, CA) o Unknown Cause of Death  <b>Dissection (Not Repaired)</b> Y / N	<b>Embolus</b> Y / N Successful / Unsuccessful <b>Thrombus</b> Y / N <b>Stent/Graft Thrombosis</b> Y / N Successful / Unsuccessful	<b>Vessel Perforation</b> Y / N o 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 o Unsuccessful

<b>Myocardial Infarction</b> Y / N <b>Cardiac Arrest</b> Y / N <b>TIA/Stroke</b> Y / N <b>Transfusion</b> Y / N <input type="checkbox"/> PRBC #Units _____ <input type="checkbox"/> Platelets <input type="checkbox"/> FFP <input type="checkbox"/> Other	<b>Vascular Access Complications</b> 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	<b>Amputation</b> Y / N <b>RT LT</b> Hip disarticulation AKA BKA Foot Metatarsal Digit <b>Compartment Syndrome</b> Y / N
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<b>Outcomes Post Procedure</b> Y / N <b>Death</b> Y / N <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Multi System Organ Failure <input type="checkbox"/> Other (neuro, renal, liver, GI, CA) <input type="checkbox"/> Unknown of death <b>Comfort Care</b> Y / N Date _____ <b>Stay in ICU</b> Y / N _____ #days <b>Vasopressors Post-Op</b> Y / N <b>Respiratory</b> Y / None <input type="checkbox"/> Ventilator (cont. after leaving OR) <input type="checkbox"/> Reintubation (after initial extub) <input type="checkbox"/> <b>Myocardial Injury</b> 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 <b>Peak post-op troponin</b> Y / ND <b>I</b> _____ Units _____ No <b>T</b> _____ Units _____ No <b>I HS</b> _____ Units _____ No <b>T HS</b> _____ Units _____ No <b>Dysrhythmia</b> Y / N Date _____ <b>CHF</b> Y / N Date _____ <b>TIA/Stroke</b> Y / N Date _____	<b>Infection/Sepsis</b> Y / N Date _____ <input type="checkbox"/> Access site <input type="checkbox"/> Central line/IV <input type="checkbox"/> Blood <input type="checkbox"/> Graft infection <input type="checkbox"/> Pulmonary <input type="checkbox"/> UTI <input type="checkbox"/> Wound site <input type="checkbox"/> Unknown <b>New Req. for Dialysis</b> Y / N Date _____ <b>Transfusion</b> Y / N Date _____ <input type="checkbox"/> <b>PRBC #Units</b> _____ <input type="checkbox"/> <b>Hgb prior to txf</b> Y/N/ND <input type="checkbox"/> Hgb value _____ mg/dL <input type="checkbox"/> <b>Symptomatic prior to txf</b> Y/N <input type="checkbox"/> Angina <input type="checkbox"/> Hypotension <input type="checkbox"/> Tachycardia <input type="checkbox"/> EKG Changes <input type="checkbox"/> Shortness of Air <input type="checkbox"/> Bleeding <input type="checkbox"/> Cancer/Chronic Anemia <input type="checkbox"/> Platelets <input type="checkbox"/> FFP <input type="checkbox"/> Other <b>Vascular Access Complications</b> 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	<b>Compartment Syndrome</b> Y / N Date _____ <b>Embolus</b> Y / N Date _____ Successful / Unsuccessful <b>Thrombus</b> Y / N Date _____ <b>Stent / Graft Thrombosis</b> Y / N Date _____ Successful / Unsuccessful <b>Amputation</b> Y / N Date _____ <b>RT LT</b> Hip Disarticulation AKA BKA Foot Metatarsal digit <b>Return to OR</b> Y / N Date _____ <input type="checkbox"/> Bleeding <input type="checkbox"/> Renal Ischemia <input type="checkbox"/> Endoleak <input type="checkbox"/> Infection <input type="checkbox"/> Graft Revision <input type="checkbox"/> Other <b>Bowel Ischemia</b> Y / N Date _____ <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Surgical Treatment
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<b>Locations</b> <b>Vessel Location</b> _____ <b>Lesion Segment Area</b> <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal <input type="checkbox"/> Diffuse <input type="checkbox"/> ND <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">PVI Procedure Performed</th> </tr> <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> </table>	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	<b>Vessel Location</b> _____ <b>Lesion Segment Area</b> <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal <input type="checkbox"/> Diffuse <input type="checkbox"/> ND <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">PVI Procedure Performed</th> </tr> <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> </table>	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	<b>Vessel Location</b> _____ <b>Lesion Segment Area</b> <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal <input type="checkbox"/> Diffuse <input type="checkbox"/> ND <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">PVI Procedure Performed</th> </tr> <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> </table>	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
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<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
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**Bypass Graft** Y / N

**Type**

- Synthetic
- Vein
- ND

**Graft Origin** \_\_\_\_\_

**Graft Insertion** \_\_\_\_\_

**Lesion Length** \_\_\_\_\_ mm

**Heavy Calcium** Y / N

**In-stent restenosis** Y / N

**Thrombus** Y / N

**Pre/Post stenosis** \_\_\_\_\_ / \_\_\_\_\_ %

**Final balloon dia** \_\_\_\_\_ mm

**Stents**

**Stent Name** \_\_\_\_\_

**Stent Dia** \_\_\_\_\_ mm

**Stent Length** \_\_\_\_\_ mm

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**Vascular Access**

**Vascular Access Site** \_\_\_\_\_

**Vascular Access Type**

- Percutaneous
- Surgical Cut down

**Vessel Accessed**

- Native Artery
- Bypass Graft

**Access Guidance** Y / N

- Fluoroscopy
- Ultrasound

**Access Approach**

- Antegrade
- Retrograde
- Both

**Sheath Size** \_\_\_\_\_ French

**Sheath Removed** Y / N

- Manual (No device)
- Perclose
- Angioseal
- Mynx
- Starclose
- Surgical
- Exoseal
- Compression Device
- Boomerang
- Hemostatic Patch
- FISH
- Vascade

**Sheath removal** \_\_\_\_\_ (hours)

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