

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				

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 _____
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

Labs Pre Procedure	
Creatinine _____ mg/dl	ND
Hemoglobin _____ g/dl	ND
BNP _____ pg/mL	No
Troponin Y / ND	
I _____ Units _____	No
T _____ Units _____	No
I HS _____ Units _____	No
T HS _____ Units _____	No

Labs Post Procedure	
Peak Creatinine _____ mg/dL	ND
Nadir Hemoglobin _____ g/dL	ND

Labs Other	
Albumin _____ g/dl	ND

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				

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			

Indications: LE Revascularization Claudication Y / N Rest Pain Y / N Threatened Bypass Graft Y / N <input type="radio"/> Symptomatic <input type="radio"/> Asymptomatic Acute Limb Ischemia Y / N Failed Endovascular Procedure Y / N Infection Y / N Impaired Ability to Work Y / N Peripheral Aneurysm Repair Y / N <input type="radio"/> Symptomatic <input type="radio"/> Asymptomatic	Increased Stent Velocity Y / N <input type="radio"/> Symptomatic <input type="radio"/> Asymptomatic Increased Stent Graft Velocity Y / N <input type="radio"/> Symptomatic <input type="radio"/> Asymptomatic Wound (Wifl) 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	Ischemia (Wifl) Y / N <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 ≤0.39, TP <30 mmHg <input type="radio"/> ND Foot Infection (Wifl) Y / N <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 Comp from Prior Procedure Y / N Trauma Y / N PAES Y / N
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UE Revascularization Ulcer/Gangrene Y / N Acute Limb Ischemia Y / N Angina/Abnormal 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
Procedure Details 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 ○ Nml ○ Abn Concomitant endart Y / N 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 □ Chlorhexidine □ Alcohol □ Iodine □ Chlorhexidine + Iodine □ Chlorhexidine + Alcohol □ 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 □ Nonionic, low-osmolar □ Nonionic, Iso-osmolar □ Ionic, hyperosmolar □ Ionic, low-osmolar □ Investigational □ Gadolinium □ Carbon Dioxide (CO ₂) □ Unknown Total IV Contrast Used _____ml ND Total Heparin Dosage _____units ND Peak Intra-Op ACT _____Sec ND End of Procedure ACT _____Sec ND
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 □ Balloon □ Covered Stent □ Bare Metal Stent □ External Compression □ Reversal of Anticoagulation □ No Treatment ○ Unsuccessful TIA/Stroke Y / N Transfusion Y / N □ PRBC #Units _____ □ 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 Amputation Y / N RT LT Hip disarticulation AKA BKA Foot Metatarsal Digit Compartment Syndrome Y / N
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 Requirement for Dialysis Y / N

Date _____

Transfusion Y / N Date _____

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

Vessel Location _____

Lesion Segment Area

- Proximal
- Mid
- Distal
- Diffuse
- ND

Vessel Location _____

Lesion Segment Area

- Proximal
- Mid
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- ND

Vessel Location _____

Lesion Segment Area

- Proximal
- Mid
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- 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 | |

Bypass Graft Y / N

Type

- Synthetic
- Vein
- ND

Graft Origin _____

Graft Insertion _____

Lesion Length _____ mm

Heavy Calcium Y / N

Bypass Graft Y / N

Type

- Synthetic
- Vein
- ND

Graft Origin _____

Graft Insertion _____

Lesion Length _____ mm

Heavy Calcium Y / N

Bypass Graft Y / N

Type

- Synthetic
- Vein
- ND

Graft Origin _____

Graft Insertion _____

Lesion Length _____ mm

Heavy Calcium Y / N

<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>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>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>Sheath Size _____FR</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>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 _____FR</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>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 _____FR</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