

	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 Select all that apply	Yes	No	ND	Date	Yes	No	ND	Date
	Lymph leak			Anticoag complication	Lymph leak			Anticoag complication
	SSI			Thrombectomy/lysis	SSI			Thrombectomy/lysis
	Dehiscence			Other	Dehiscence			Other
	Graft infection				Graft infection			
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 Select all that apply	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 Select all that apply	Yes	No			Yes	No		
	Endoleak	Sac Growth	Migration		Endoleak	Sac Growth	Migration	
	Limb Occlusion	Symptoms-Rupture			Limb Occlusion	Symptoms-Rupture		
	Date				Date			
Open Bypass ABI	Yes	No			Yes	No		
	RT Value	LT Value			RT Value	LT Value		
Open Bypass TBI	Yes	No			Yes	No		
	RT Value	LT Value			RT Value	LT Value		

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Open Bypass Toe Pressure	Yes No RT Value LT Value	Yes No RT Value LT Value
Open Bypass Revision Select all that apply	Yes No Surgical Percutaneous Date	Yes No Surgical Percutaneous Date
Open Bypass Patent	Yes No	Yes No
Open Bypass Pulses Select all that apply	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
Open Bypass SSI	No Superficial Deep Organ Space	No Superficial Deep Organ Space
Graft Involved	Yes No Do not answer if Open Bypass SSI is No	Yes No Do not answer if Open Bypass SSI is No
Open Bypass Re-operation Select all that apply	Yes No ND Date Lymph leak Anticoag complication SSI Thrombectomy/lysis Dehiscence Other Graft infection	Yes No ND Date Lymph leak Anticoag complication SSI Thrombectomy/lysis Dehiscence Other Graft infection
OT Repeat Proc Select all that apply	Yes No Surgical Percutaneous Date	Yes No Surgical Percutaneous Date
OT Addl Vascular Procedure Select all that apply	Yes No Surgical Percutaneous Date	Yes No Surgical Percutaneous Date
OT Vessel Patent	Yes No	Yes No
Amputation	Yes No ND 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 Select all that apply	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	