

Voluntary PVI Discharge Worksheet

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)/ Aflutter Y / N Renal Failure Currently Requiring Dialysis Y / N Renal Transplant Y / N
Prior PVI Procedure 1	Prior PVI Procedure 2
Prior Procedure Date Artery Location PTA Y / N Stent Y / N	Prior Procedure Date Artery Location PTA Y / N Stent Y / N

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

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Endarterectomy Date Endarterectomy Location Aneurysm Repair Y / N Aneurysm Repair Date Aneurysm Repair Location Amputation Y / N Amputation Date Amputation Point					
Home meds PTA	Given	Contraindicated	Meds at DC	Given	Contraindicated
ACE-I			ACE-I		
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 Do not enter if DC Status is Death <input type="checkbox"/> Physician delivered advice Pt ref <input type="checkbox"/> Pharmacotherapy 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 Do not enter if DC Status is Death Opioid Education Y / N Do not enter if DC Status is Death Discharged with opioid: Y / N Do not enter if DC Status is Death		
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 _____		