

Voluntary PVI Worksheet

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 <input type="checkbox"/> Staged Procedure Y / N				
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		
Meds During Procedure				
	Pre	During	Post	C/I
Aspirin				
Clopidogrel (Plavix)				
Prasugrel (Effient)				
Ticagrelor (Brilinta)				
IV / IA Nitroglycerin				
IV Heparin/Unfractionated Heparin				
Protamine				
Bivalirudin (Angiomax)				
Thrombolytics				
Labs Pre Procedure				
Creatinine	_____mg/dl	ND		
Hemoglobin	_____g/dl	ND		
Labs Post Procedure				
Peak Creatinine	_____mg/dL	ND		
Nadir Hemoglobin	_____g/dL	ND		
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				
Facilitation of Procedure Y / N				
Impaired Ability to Work Y / N				
Periph 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				
Complication from Prior Procedure Y / N				
Trauma Y / N				
UE Revascularization				
Ulcer/Gangrene Y / N				
Acute Limb Ischemia Y / N				
Angina/Abn Cardiac Stress Test Y / N				
BP discrepancy Y / N				
Arm Claudication Y / N				
Periph aneurysm repair Y / N				
<input type="radio"/> Symptomatic				
<input type="radio"/> Asymptomatic				
Complication from Prior Procedure Y / N				
Trauma Y / N				
Mesenteric Revascularization				
Mesenteric Ischemia				
<input type="radio"/> Acute				
<input type="radio"/> Chronic				
Complication from Prior Procedure Y / N				
Trauma Y / N				
Renal Revascularization				
Refractory Hypertension Y / N				
Renal Salvage Y / N				
CHF Y / N				
Transplant Renal Artery Stenosis Y / N				
Fibromuscular Dysplasia Y / N				
Complication from Prior Procedure Y / N				
Trauma Y / N				

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Endovascular Repair of Abdominal Aortic Stenosis Claudication Y / N Mesenteric Ischemia <input type="radio"/> Acute <input type="radio"/> Chronic	Renal Insufficiency / Hypertension Y / N Previous Surgery / Stenosis Y / N	Acute Limb Ischemia Y / N Complication from Prior Procedure Y / N Trauma Y / N
Procedure Details Pre-procedure Exercise Therapy Y / N <input type="radio"/> Structured / Supervised <input type="radio"/> Home-Based / Informal Hybrid Procedure Y / N	Contrast Types 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 ₂) <input type="checkbox"/> 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 <input type="radio"/> Cardiovascular <input type="radio"/> Hemorrhage <input type="radio"/> Multi System Organ Failure <input type="radio"/> Other (neuro, renal, liver, GI, CA) <input type="radio"/> Unknown Cause of Death Dissection (Not Repaired) Y / N Embolus Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful Thrombus Y / N Stent/Graft Thrombosis Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful	Vessel Perforation Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful TIA/Stroke Y / N Transfusion Y / N <input type="checkbox"/> PRBC #Units _____ <input type="checkbox"/> Platelets <input type="checkbox"/> FFP <input type="checkbox"/> Other Vascular Access Complications 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	Vascular Surgery Emergent Y / N <input type="checkbox"/> Artery Rupture <input type="checkbox"/> Access Site Complication <input type="checkbox"/> Bleeding <input type="checkbox"/> Bowel Ischemia <input type="checkbox"/> Limb Ischemia <input type="checkbox"/> Thrombosis / Embolus <input type="checkbox"/> Conversion to Open Procedure <input type="checkbox"/> Other Amputation Y / N LT RT Hip disarticulation AKA BKA Foot Metatarsal Digit Compartment Syndrome Y / N
Outcomes Post Procedure Y / N Death Y / N <input type="radio"/> Cardiovascular <input type="radio"/> Hemorrhage <input type="radio"/> Multi System Organ Failure <input type="radio"/> Other (neuro, renal, liver, GI, CA) <input type="radio"/> Unknown of death Comfort Care Y / N Date _____ Myocardial Injury Y / N Date _____ <input type="radio"/> Acute Myocardial Injury <input type="radio"/> Type 2 Myocardial Infarction <input type="radio"/> Type 1 NSTEMI <input type="radio"/> STEMI <input type="radio"/> ND Peak post-op troponin Y / ND I _____ Units _____ No T _____ Units _____ No I HS _____ Units _____ No T HS _____ Units _____ No Dysrhythmia Y / N	CHF Y / N TIA/Stroke Y / N Infection/Sepsis Y / N <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 New Req. for Dialysis Y / N Transfusion Y / N <input type="checkbox"/> PRBC #Units _____ <input type="checkbox"/> Hgb prior to txf Y/N/ND <input type="checkbox"/> Hgb value _____mg/dL <input type="checkbox"/> Platelets <input type="checkbox"/> FFP <input type="checkbox"/> Other	Vascular Access Complications 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 Compartment Syndrome Y / N Embolus Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful Thrombus Y / N Stent / Graft Thrombosis Y / N <input type="radio"/> Successful <input type="radio"/> Unsuccessful

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Procedure Location 1 Vessel Location _____ Lesion Segment Area <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND <div style="border: 1px solid black; padding: 2px;"> 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 </div>	Procedure Location 2 Vessel Location _____ Lesion Segment Area <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND <div style="border: 1px solid black; padding: 2px;"> 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 </div>	Procedure Location 3 Vessel Location _____ Lesion Segment Area <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND <div style="border: 1px solid black; padding: 2px;"> 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 </div>
Bypass Graft Y / N Type <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> 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 Stent Stent Name _____ Stent Dia _____ mm Stent Length _____ mm	Bypass Graft Y / N Type <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> 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 Stent Stent Name _____ Stent Dia _____ mm Stent Length _____ mm	Bypass Graft Y / N Type <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> 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 Stent Stent Name _____ Stent Dia _____ mm Stent Length _____ mm
Procedure Location 4 Vessel Location _____ Lesion Segment Area <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal	Procedure Location 5 Vessel Location _____ Lesion Segment Area <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal	Procedure Location 6 Vessel Location _____ Lesion Segment Area <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal

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<ul style="list-style-type: none"> <input type="radio"/> Diffuse <input type="radio"/> ND <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>PVI Procedure Performed</p> <table style="width: 100%; border: none;"> <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> <tr> <td><input type="checkbox"/> CB</td> <td><input type="checkbox"/> Open Thromb</td> </tr> <tr> <td><input type="checkbox"/> D-Ather</td> <td><input type="checkbox"/> R-Ather</td> </tr> <tr> <td><input type="checkbox"/> DPD-B</td> <td><input type="checkbox"/> Re-Ent-Cath</td> </tr> <tr> <td><input type="checkbox"/> DPD-F</td> <td><input type="checkbox"/> Research</td> </tr> <tr> <td><input type="checkbox"/> DCB</td> <td><input type="checkbox"/> S-BA</td> </tr> <tr> <td><input type="checkbox"/> FW</td> <td><input type="checkbox"/> Stent</td> </tr> <tr> <td><input type="checkbox"/> Inf-Cath</td> <td><input type="checkbox"/> Thromb-Asp</td> </tr> <tr> <td><input type="checkbox"/> IVUS</td> <td><input type="checkbox"/> Vasc Emb</td> </tr> <tr> <td><input type="checkbox"/> L-Ather</td> <td></td> </tr> </table> </div>	<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		<ul style="list-style-type: none"> <input type="radio"/> Diffuse <input type="radio"/> ND <div style="border: 1px solid black; 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<p>Bypass Graft Y / N</p> <p>Type</p> <ul style="list-style-type: none"> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</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</p> <p>Stent Name _____</p> <p>Stent Dia _____ mm</p> <p>Stent Length _____ mm</p>	<p>Bypass Graft Y / N</p> <p>Type</p> <ul style="list-style-type: none"> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</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</p> <p>Stent Name _____</p> <p>Stent Dia _____ mm</p> <p>Stent Length _____ mm</p>	<p>Bypass Graft Y / N</p> <p>Type</p> <ul style="list-style-type: none"> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND <p>Graft Origin _____</p> <p>Graft Insertion _____</p> <p>Lesion Length _____ mm</p> <p>Heavy Calcium Y / N</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</p> <p>Stent Name _____</p> <p>Stent Dia _____ mm</p> <p>Stent Length _____ mm</p>																																																																																				
<p>Vascular Access 1</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 _____ French</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 	<p>Vascular Access 2</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 _____ French</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 	<p>Vascular Access 3</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 _____ French</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 																																																																																				

Voluntary PVI Worksheet

<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 Sheath removal <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours	<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 Sheath removal <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours	<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 Sheath removal <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours
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Vascular Access 4 Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound Access Approach <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> Both Sheath Size _____ French Sheath Removed Y / N <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 Sheath removal <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours	Vascular Access 5 Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound Access Approach <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> Both Sheath Size _____ French Sheath Removed Y / N <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 Sheath removal <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours	Vascular Access 6 Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound Access Approach <input type="radio"/> Antegrade <input type="radio"/> Retrograde <input type="radio"/> Both Sheath Size _____ French Sheath Removed Y / N <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 Sheath removal <input type="radio"/> 0-3 hours <input type="radio"/> 3-24 hours <input type="radio"/> >24 hours
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Vascular Access 7 Vascular Access Site _____ Vascular Access Type <input type="radio"/> Percutaneous <input type="radio"/> Surgical Cut down Vessel Accessed <input type="radio"/> Native Artery <input type="radio"/> Bypass Graft Access Guidance Y / N <input type="radio"/> Fluoroscopy <input type="radio"/> Ultrasound

Voluntary PVI Worksheet

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

- 0-3 hours
- 3-24 hours
- >24 hours