

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																																																															
Structured / Supervised	Home-Based / Informal																																																														
Completed	Completed																																																														
Incomplete, Pt ref	Incomplete, Pt ref																																																														
Incomplete, Pt terminated	Incomplete, Pt terminated																																																														
ND	ND																																																														
Exercise Counseling Y / N																																																															
Structured/Supervised																																																															
Home Based/Informal																																																															
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 _____																																																													
Vein Mapping																																																															
<input type="radio"/> Yes																																																															
<input type="radio"/> Minimal Vein Dia _____																																																															
<input type="radio"/> ND																																																															
<input type="radio"/> No																																																															
Reason																																																															
<input type="radio"/> Prior vein mapping w/inadequate vein																																																															
<input type="radio"/> Prior bil vein harvest																																																															
<input type="radio"/> AKA																																																															
<input type="radio"/> ND																																																															
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																																																															
Meds During Procedure																																																															
Aspirin (PRE) Procedure G NG C/I																																																															
Clopidogrel (Plavix) (PRE) Procedure G NG C/I																																																															
Prasugrel (Effient) (PRE) Procedure G NG C/I																																																															
Ticagrelor (Brilinta) (PRE) Procedure G NG C/I																																																															
IV Nitroglycerin (DURING) Procedure G NG																																																															
IV Heparin/Unfractionated Heparin Pre During Post NG																																																															
Total Heparin Dosage (units) ND																																																															
Protamine (DURING) Procedure G NG																																																															
Thrombolytics Pre During Post NG																																																															
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																																																															
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																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Infusions During Procedure</th> <th style="width: 10%;">Pre</th> <th style="width: 10%;">During</th> <th style="width: 20%;">Post</th> </tr> </thead> <tbody> <tr> <td>Sodium Bicarb Infusion</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Saline <1 hr</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Saline 1-3 hrs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Saline 3-6 hrs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Saline >6 hrs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LR <1 hr</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LR 1-3 hrs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LR 3-6 hrs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LR >6 hrs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other <1 hr</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other 1-3 hrs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other 3-6 hrs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other >6 hrs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Crystalloids (ML)</td> <td></td> <td></td> <td style="text-align: center;">ND</td> </tr> </tbody> </table>				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				Crystalloids (ML)			ND
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Crystalloids (ML)			ND																																																												

Indications: LE Revascularization Claudication Y / N Rest Pain Y / N Periph Aneurysm Repair Y / N Symptomatic / Asx Increased Stent Velocity Y / N Symptomatic / Asx	Threatened Bypass Graft Y / N Symptomatic / Asx Acute Limb Ischemia Y / N Increased Stent Graft Velocity Y / N Symptomatic / Asx Complication from Prior Procedure Y / N	Failed Endo Procedure Y / N Infection Y / N Impaired Ability to Work Y / N Trauma Y / N PAES 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 Symptomatic / Asx	Complication from Prior Procedure Y / N Trauma Y / N
Procedure Details Graft Origin _____ Graft Insertion _____ Graft Insertion #2 _____ Redo Procedure Y / N Intra-op Vein Mapping Y / N Vein Graft Y / N <input type="radio"/> Reversed GSV <input type="radio"/> In Situ GSV <input type="radio"/> Non-reversed transposed GSV <input type="radio"/> Lesser saphenous <input type="radio"/> Cephalic <input type="radio"/> Basilic <input type="radio"/> Allograft <input type="radio"/> Composite <input type="radio"/> Other Vein Graft Harvest <input type="radio"/> Open <input type="radio"/> Endoscopic <input type="radio"/> Not Harvested # Vein Segments _____ Min. Vein Graft Dia. _____ Prosthetic Graft Y / N <input type="checkbox"/> Dacron <input type="checkbox"/> PTFE <input type="checkbox"/> Composite with vein Vein Cuff Y / N	Intra-Op Graft Patency Y / N <input type="checkbox"/> Doppler <input type="checkbox"/> Duplex <input type="checkbox"/> Angiogram <input type="radio"/> Nml <input type="radio"/> Abn Intra-Op Graft Revision Y / N Closure for Open Exposure <input type="checkbox"/> Suture <input type="checkbox"/> Absorbable <input type="checkbox"/> Permanent <input type="checkbox"/> Staples <input type="checkbox"/> Delayed <input type="checkbox"/> Other Initial Wound Vac Placement in OR Y / N <input type="radio"/> Incisional Wound Vac <input type="radio"/> Traditional Wound Vac Anesthesia Type <input type="radio"/> Local <input type="radio"/> Epidural <input type="radio"/> Regional <input type="radio"/> Spinal <input type="radio"/> General <input type="radio"/> Epidural + General <input type="radio"/> MAC Antibiotics Pre Procedure Y / N <input type="radio"/> Cefazolin <input type="radio"/> Redosed (Q4 hours) Y / N <input type="radio"/> Clindamycin <input type="radio"/> Redosed (Q6 hours) Y / N <input type="radio"/> On scheduled antibiotic <input type="radio"/> Other	Skin Prep <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 C / I to CHG & Alcohol Skin Prep Y / N Glucose peak _____mg/DL ND Nadir body temp _____C ND EBL _____ml ND ASA Class _____ Does not apply 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 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 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 <input type="radio"/> 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 <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
- 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 Req. for Dialysis Y / N **Date**_____

Transfusion Y / N **Date**_____

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

Locations

Vessel Location _____

Lesion Segment Area

- Proximal
- Mid
- Distal
- Diffuse
- 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 |

Vessel Location _____

Lesion Segment Area

- Proximal
- Mid
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PVI Procedure Performed

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asp-Ather | <input type="checkbox"/> Lys |
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| <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	

<input type="checkbox"/> CB	<input type="checkbox"/> Open Thromb
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<input type="checkbox"/> Inf-Cath	<input type="checkbox"/> Thromb-Asp
<input type="checkbox"/> IVUS	<input type="checkbox"/> Vasc Emb
<input type="checkbox"/> L-Ather	

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

Bypass Graft Y / N

Type

- Synthetic
- Vein
- ND

Graft Origin _____

Graft Insertion _____

Lesion Length _____ mm

Heavy Calcium Y / N

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In-stent restenosis Y / N

Thrombus Y / N

Pre/Post stenosis _____ / _____ %

Final balloon dia _____ mm

Stent Name _____

Stent Dia _____ mm

Stent Length _____ mm

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)

Vascular Access Site _____

Vascular Access Type

- Percutaneous
- Surgical Cut down

Vessel Accessed

- Native Artery
- Bypass Graft

Access Guidance Y / N

- Fluoroscopy
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- Hemostatic Patch
- FISH
- Vascade

Sheath removal _____ (hours)