

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		
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

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

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

Indications: LE Revascularization Claudication Y/N Rest Pain Y/N Threatened Bypass Graft Y/N o Symptomatic / Asx Acute Limb Ischemia Y/N Failed Endovascular Procedure Y/N Infection Y/N Impaired Ability to Work Y/N Peripheral Aneurysm Repair Y/N o Symptomatic / Asx

Increased Stent Velocity Y/N o Symptomatic / Asx Increased Stent Graft Velocity Y/N o Symptomatic / Asx Comp from Prior Procedure Y/N Trauma Y/N PAES Y/N

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 o Symptomatic / Asx 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 _____

Closure for Open Exposure

-
- Suture
-
-
- Absorbable
-
-
- Permanent

-
- Staples
-
-
- Delayed
-
-
- Other

Initial Wound Vac Placement in OR

-
- Yes
-
-
- Incisional Wound Vac
-
-
- Traditional Wound Vac
-
-
- No

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

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

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

Infection/Sepsis Y / N **Date** _____

-
- Access site
-
-
- Central line/IV
-
-
- Blood

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

Vascular Access Complications Y / N

-
- Retroperitoneal hematoma
-
-
- Pseudo-aneurysm
-
-
- Hematoma at access site

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** _____

Amputation Y / N

Date _____

RT LT

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

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

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
 Distal
 Diffuse
 ND

Vessel Location _____
Lesion Segment Area
 Proximal
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 Distal
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PVI Procedure Performed
 Asp-Ather
 M-Throm
 BA
 Cryo-B
 CTO Device
 CB
 D-Ather
 DPD-B
 DPD-F
 DCB
 FW
 Inf-Cath
 IVUS
 L-Ather
 Lys
 ND
 NW
 Oth-Ather
 Open Endart
 Open Thromb
 R-Ather
 Re-Ent-Cath
 Research
 S-BA
 Stent
 Thromb-Asp
 Vasc Emb

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 Thromb-Asp
 Vasc Emb

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 _____/_____%

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 _____/_____%

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	Final balloon dia _____ mm Stent Name _____ Stent Dia _____ mm Stent Length _____ mm	Final balloon dia _____ mm Stent Name _____ Stent Dia _____ mm Stent Length _____ mm
Vascular Access 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 _____ FR 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 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 _____ FR 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 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 _____ FR 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