BMC2 PCI 2026 WORKSHEET

Patient Information:

Date of Discharge:	NCDR Cath PCI Other ID:
NCDR Cath PCI Pt ID:	Date of Birth:

Insurance Coverage:

Insured: Y | N Commercial: Y | N ○ BCBSM ○ Other HMO Y | N ○ BCN ○ Other HMO	Government Provided: Y | N ○ Medicare Original Medicare Supplement Y | N ○ BCBSM ○ Other ○ Medicare Advantage (Part C) ○ BCBSM ○ BCN ○ Other	Government (cont.) ○ Blue Cross Complete of MI ○ Medicaid ○ County Coverage ○ Other Other Insurance: Y | N

Patient History/Comorbidity:

Afib/Aflutter: Y l N TIA/CVA: Y | N Diabetes Tx: ○ IDDM ○ NIDDM ○ N/A	Cardiogenic Shock and/or Cardiac Arrest w/in 24 hrs: Y|N **If "Yes":** Lactate: _____mmol/l ○ N/A pH: _____ ○ N/A ○ Cardiac Arrest: Y | N **If "Yes":** TTM in cardiac Arrest YlN **If "Yes":** Select Protocol Type: □ Normothermia □ Hypothermia □ Not Available

Medications at Admission:

Bempedoic acid: Y | N	Colchicine: Y | N	GLP-1: Y | N	SGLT2 Inhibitor: Y | N

Medications at Discharge:

Aldosterone Antagonist: Y | N Bempedoic acid: Y | N	Colchicine: Y | N Entresto: Y | N	GLP-1: Y | N Icosapent Ethyl: Y | N	PPI: Y | N SGLT2 Inhibitor: Y | N

Discharge:

Lipid Panel: Y | N Total_____ HDL_____ LDL_____ Triglycerides_____ LVEF this admission: Y | N If "Yes": ____% P2Y12 Duration: Y | N Cardiac Rehab Liaison: Y | N N/A LDL Goal: Y | N	Smoking Cessation Counseling: Y | N If "Yes": ☐ Physician delivered advice ○ Pt. refused ☐ Nicotine Replacement Therapy ○ Pt. refused Referral to smoking counseling services □ Pt. refused □ Michigan Quitline □ Local counseling service □ Other counseling service

Procedure Information:

Procedure Date/Time: Performed in Lab#: Indication for Procedure NSTE- ACS? Y | N If "Yes", select one of the following: NSTEMI/USA Presented to Cath lab from: ○Home ○Another Acute Care Facility ○ ASC/FSOF ○Other area of this facility ○ED ○Other CT or Angiogram w/in 24 hrs: Y | N If "Yes": Contrast Amount: ____mL ☐ N/A Intra Procedure ACT: __seconds ☐ N/A	Non-Wire Base Physio Assess: Y | N LVEDP: _____ mmHg ☐ N/A IVUS/OCT post PCI: Y | N If "Yes", enter lesion number: Lesion # ___MSA_____mm² □ N/A DRLA_____mm² □ N/A Lesion # ___MSA_____mm² □ N/A DRLA ____mm² □ N/A Lesion # ___MSA_____mm² □ N/A DRLA_____mm² □ N/A Lesion # ___MSA_____mm² □ N/A DRLA_____mm² □ N/A	Secondary Access Site: Y | N If "Yes", Rationale for Secondary Site: ***choose all that apply***: ☐ Additional Procedure Access ☐ Mechanical Circulatory Support ☐ Failed Access: ☐ Femoral ☐ Brachial ☐ Radial ☐ Other

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Procedure Information Cont.:

Chronic Total Occlusion (CTO): Y | N
If "Yes", please enter the following:
J-CTO Score:
☐ Not Documented
Select all approaches utilized or attempted to cross CTO lesion:
☐ Antegrade wiring
☐ Antegrade dissection/re-entry
☐ Retrograde ☐ Not Documented
Re-entry device used?
☐ Yes, attempted successful
☐ Yes, attempted unsuccessful
☐ No
Perforation requiring treatment? Y | N

Outcomes in lab: ☐ None of the following in lab

Acute Closure: Y | N
No Reflow: Y | N
Untreated Dissection: Y | N
Side Branch Occlusion: Y | N
Distal Embolization: Y | N

Outcomes Post lab: ☐ None of the following post lab

Stent Thrombosis: Y | N
VT/VF Req. Therapy: Y | N
New Atrial Fibrillation: Y | N

Primary Access Site Vasc Comp: Y | N
If "Yes", choose all that apply:
☐ Pseudoaneurysm
☐ Acute Thrombosis
☐ AV Fistula
☐ Surgical Repair
☐ Femoral Neuropathy
☐ Loss of Limb
☐ Retroperitoneal Hematoma
☐ Hematoma

Secondary Access Site Vasc Comp: Y | N
If "Yes", choose all that apply:
☐ Pseudoaneurysm
☐ Acute Thrombosis
☐ AV Fistula
☐ Surgical Repair
☐ Femoral Neuropathy
☐ Loss of Limb
☐ Retroperitoneal Hematoma
☐ Hematoma

Medications:

Aspirin w/in 24 hours:	☐ Given ☐ Not Given	☐ Contraindicated
Cangrelor (Kengreal):	☐ Given ☐ Not Given	☐ During ☐ Post
Eptifibatide (Integrilin):	☐ Given ☐ Not Given	☐ During ☐ Post
Tirofiban (Aggrastat):	☐ Given ☐ Not Given	☐ During ☐ Post
IV Vasopressor(s):	☐ Given ☐ Not Given	☐ Pre ☐ During ☐ Post Agent: ☐ Dopamine ☐ Epinephrine ☐ Norepinephrine ☐ Phenylephrine ☐ Other

Hydration:

Oral: ☐ Given ☐ Not Given		6hr Post: ___mL ☐ N/A
Intravenous: ☐ Given ☐ Not Given	During: ___mL ☐ N/A	6hr Post: ___mL ☐ N/A