BMC2 VS Discharge Worksheet

Patient information

Date of Admission

Date of Discharge

Discharge Status
- ○ Home
- ○ Rehab
- ○ Other acute care hospital
- ○ Nursing home / Extended care
- ○ Hospice / Comfort care
- ○ Left AMA
- ○ Death
- ○ Assisted Living
- ○ Homeless
- ○ Other

Case Number

Study Number

DOB

Gender F / M

Zip Code

Height (cm)

Weight (kg)

Pre Admission Living Location
- ○ Home
- ○ Rehab
- ○ Nursing home / Extended care
- ○ Assisted Living
- ○ Homeless
- ○ Other

Race
- ○ White (Caucasian)
- ○ Black or African American
- ○ Asian
- ○ American Indian or Alaskan Native
- ○ Native Hawaiian or Pacific Islander
- ○ Other

Ethnicity
- ○ Hispanic
- ○ Non-Hispanic
- ○ ND

Insurance Coverage

Insured Y / N

Commercial Y / N
- ○ BCBSM
- ○ Other Payer

HMO Y / N
- ○ Blue Care Network (BCN) MI
- ○ Other HMO

Other Insurance Y / N

Government Provided Y / N
- ○ **Medicare Original**
  - ○ Medicare Supplement Y / N
    - ○ BCBSM
    - ○ Other Payer Medicare
- ○ **Medicare Advantage (Part C)**
  - ○ BCBSM
  - ○ BCN
  - ○ Other
- ○ **Blue Cross Complete of Michigan**
- ○ **Medicaid**
- ○ **County Coverage**
- ○ **Other**

Patient History / Comorbidity

Ambulation Pre-Procedure
- ○ Ambulatory
- ○ Ambulates w/assistance
- ○ Wheelchair
- ○ Bedridden
- ○ ND

Ever Smoked Y / N

Current Smoker Y / N

Pre-procedure smoking cessation: Answer if Current Smoker is Yes Y / N
- □ Physician delivered advice Pt ref
- □ Pharmacotherapy Pt ref
- □ Referral to smoking counseling svcs Pt ref
  - □ Local Counseling svc
  - □ MI Quitline
  - □ Other counseling svc

Former Smoker Y / N

Smoked w/in 30 D before admit? (Circle all that apply)

Cigars Pipe (tobacco)

Cigarettes Marijuana

Chew (tobacco) Smokeless

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
- ☐ None
- ☐ Diet only
- ☐ Oral
- ☐ Subcutaneous
- ☐ Insulin
- ☐ 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
- ○ ≤30 days prior to procedure
- ○ >30 days-6 mos prior to procedure
- ○ >6 months prior to procedure
- ○ ND

Previous MI Y / N
- ○ ≤30 days prior to procedure
- ○ >30 days-6 mos prior to procedure
- ○ >6 months prior to procedure
- ○ ND

Prior CABG Y / N
- ○ ≤30 days prior to procedure
- ○ >30 days-6 mos prior to procedure
- ○ >6 months prior to procedure
- ○ 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	**Prior Procedure Date**
Artery Location	**Artery Location**
PTA Y / N	**PTA** Y / N
Stent Y / N	**Stent** Y / N
Atherectomy Y / N	**Atherectomy** Y / N
Thrombolysis Y / N	**Thrombolysis** Y / N
Other PVI Y / N	**Other PVI** Y / N
Prior PVI Procedure 3	**Prior PVI Procedure 4**
Prior Procedure Date	**Prior Procedure Date**
Artery Location	**Artery Location**
PTA Y / N	**PTA** Y / N
Stent Y / N	**Stent** Y / N
Atherectomy Y / N	**Atherectomy** Y / N
Thrombolysis Y / N	**Thrombolysis** Y / N
Other PVI 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** Y / N
Bypass Date	**Bypass Date**
Bypass Origin	**Bypass Origin**
Insertion Point	**Insertion Point**
Insertion Point #2	**Insertion Point #2**
Type of Graft Vein / Synthetic / ND	**Type of Graft** Vein / Synthetic / ND
Endarterectomy Y / N	**Endarterectomy** Y / N
Endarterectomy Date	**Endarterectomy Date**
Endarterectomy Location	**Endarterectomy Location**
Aneurysm Repair Y / N	**Aneurysm Repair** Y / N
Aneurysm Repair Date	**Aneurysm Repair Date**
Aneurysm Repair Location	**Aneurysm Repair Location**
Amputation Y / N	**Amputation** Y / N
Amputation Date	**Amputation Date**
Amputation Point	**Amputation Point**

Prior VS Procedure 3	Prior VS Procedure 4
Bypass Y / N	**Bypass** Y / N
Bypass Date	**Bypass Date**
Bypass Origin	**Bypass Origin**
Insertion Point	**Insertion Point**
Insertion Point #2	**Insertion Point #2**
Type of Graft Vein / Synthetic / ND	**Type of Graft** Vein / Synthetic / ND
Endarterectomy Y / N	**Endarterectomy** Y / N
Endarterectomy Date	**Endarterectomy Date**
Endarterectomy Location	**Endarterectomy Location**
Aneurysm Repair Y / N	**Aneurysm Repair** Y / N
Aneurysm Repair Date	**Aneurysm Repair Date**
Aneurysm Repair Location	**Aneurysm Repair Location**
Amputation Y / N	**Amputation** Y / N
Amputation Date	**Amputation Date**
Amputation Point	**Amputation Point**

Prior VS Procedure 5	Labs
Bypass Y / N	
Bypass Date	**Hb A1C** _____ ND
Bypass Origin	
Insertion Point	**HDL Cholesterol** _____mg/dL ND
Insertion Point #2	
Type of Graft Vein / Synthetic / ND	**LDL Cholesterol** _____mg/dL ND NC
Endarterectomy Y / N	
Endarterectomy Date	**Discharge Creatinine**_____mg/dL ND
Endarterectomy Location	
Aneurysm Repair Y / N	**Post Discharge Creatinine**____mg/dL ND
Aneurysm Repair Date	
Aneurysm Repair Location	**Discharge Hemoglobin** _____g/dL ND
Amputation Y / N	
Amputation Date	
Amputation Point	

Home meds PTA	Given	C/I	Meds at DC Do not enter if DC Status is Death	Given	C/I
ACE-I			**ACE-I**		
ARBs			**ARBs**		
Apixaban (Eliquis)			**Apixaban (Eliquis)**		
Dose mg			**Dose mg**		
Aspirin			**Aspirin**		
Beta Blockers			**Beta Blockers**		
Calcium Channel Blockers			**Calcium Channel Blockers**		
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)**		
GLP-1 Agonist			**GLP-1 Agonist**		
Other Cholesterol Lowering Agents			**Other Cholesterol Lowering Agents**		
Prasugrel (Effient)			**Prasugrel (Effient)**		
PSCK9 Inhibitor			**PSCK9 Inhibitor**		
Rivaroxaban (Xarelto)			**Rivaroxaban (Xarelto)**		
Dose mg			**Dose mg**		
SGLT-2 Inhibitor			**SGLT-2 Inhibitor**		

Home meds PTA	Given	C/I	Meds at DC Do not enter if DC Status is Death	Given	C/I
Statins			**Statins**		
Thiazides			**Thiazides**		
Ticagrelor			**Ticagrelor**		
Warfarin/Coumadin			**Warfarin/Coumadin**		

Smoking Cessation Counseling **Answer if Current Smoker is Yes. Do not enter if DC Status is Death**
Y / N
Physician delivered advice Pt ref
Pharmacotherapy Pt ref
- □ Referral to smoking counseling svcs Pt ref
  - □ Local Counseling svc
  - □ MI Quitline
  - □ Other counseling svc

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

Discharged with opioid: **Do not enter if DC Status is Death** Y / N

Name of opioid #1_____

Opioid Dose prescribed_____ ND

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_____ ND

Unit mg mL mcg /hr mg/mL mcg/mL other

Quantity_____ ND

Refills available Y / N/ ND

Number of refills_____

Opioid Education Y / N **Do not enter if DC Status is Death**