BMC2 Open Thrombectomy Worksheet

Procedure Information

Procedure # **Physician** **Fellow ID/Second Operator**

Procedure Date **Start Time** **Procedure End Date** **End Time**

Status of Procedure ○ Urgent ○ 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
- ○ 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
- ○ Symptomatic / Asx

Increased Stent Velocity Y / N
- ○ Symptomatic / Asx

Increased Stent Graft Velocity Y / N
- ○ 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
- ○ 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
- ○ 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

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
- □ Graft infection
- □ Pulmonary
- □ UTI
- □ Wound site
- □ Unknown

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
- □ Bleeding at access site
- □ AV fistula
- □ Acute thrombosis
- □ Surgical repair of the vascular access site
- □ Other

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_____**

New Requirement for Dialysis Y / N
Date_____

Outcomes Post Procedure (Con't)

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

Return to OR Y / N

- ☐ **Amputation**
  - ○ Date_____
  - ○ Planned
  - ○ Unplanned
  - ○ Amputation Point_____
- ☐ **Bleeding**
  - ○ Date_____
- ☐ **Compartment Syndrome**
  - ○ Date_____
- ☐ **Embolus**
  - ○ Date_____
  - ○ Successful
  - ○ Unsuccessful
- ☐ **Endoleak**
  - ○ Date_____
- ☐ **Graft Revision**
  - ○ Date_____
- ☐ **Infection**
  - ○ Date_____
- ☐ **Other**
  - ○ Date_____
- ☐ **Renal Ischemia**
  - ○ Date_____
- ☐ **Stent/Graft Thrombosis**
  - ○ Date_____
  - ○ Successful
  - ○ Unsuccessful
- ☐ **Thrombus**
  - ○ Date_____
  - Successful
  - Unsuccessful

Bowel Ischemia Y / N

Date_____

- ☐ Medical Treatment
- ☐ Surgical Treatment

Vessel Location _____

Lesion Segment Area

- ○ Proximal
- ○ Mid
- ○ Distal
- ○ Diffuse
- ○ ND

PVI Procedure Performed

☐ Asp-Ather	☐ Lys
☐ M-Throm	☐ ND
☐ BA	☐ NW
☐ Cryo-B	☐ Oth-Ather
☐ CTO Device	☐ Open Endart
☐ CB	☐ Open Thromb
☐ D-Ather	☐ R-Ather
☐ DPD-B	☐ Re-Ent-Cath
☐ DPD-F	☐ Research
☐ DCB	☐ S-BA
☐ FW	☐ Stent
☐ Inf-Cath	☐ Thromb-Asp
☐ IVUS	☐ Vasc Emb
☐ L-Ather	

Bypass Graft Y / N

Type

- ○ Synthetic
- ○ Vein
- ○ ND

Vessel Location _____

Lesion Segment Area

- ○ Proximal
- ○ Mid
- ○ Distal
- ○ Diffuse
- ○ ND

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BMC2 Open Thrombectomy Worksheet

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

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 Name ________________________________
Stent Dia _______________________________mm
Stent Length ___________________________mm

Graft Origin ___________________________
Graft Insertion _______________________
Lesion Length _____________________ mm
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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 ______________________FR

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

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