

**Procedure Information**
**Procedure #** \_\_\_\_\_ **Physician** \_\_\_\_\_ **Fellow ID/Second Operator** \_\_\_\_\_

**Procedure Date** \_\_\_\_\_ **Start Time** \_\_\_\_\_ **Procedure End Date** \_\_\_\_\_ **End Time** \_\_\_\_\_

**Status of Procedure**  Elective  Urgent  Emergent

**Patient History**
**Mechanical Aortic or Mitral Valve** Y / N

**Carotid Intervention Timeframe**

- $\leq$ 30 days ago
- 31-180 days ago
- $\geq$ 181 days ago

**Angina CCS Class III or IV within 6 weeks** Y / N

**Neurologic Event(s) prior to procedure** Y / N

**Peripheral Arterial Disease (PAD)** Y / N

**TIA** - RT LT Retinal Hemispheric

**Home O2 Therapy** Y / N

Vertebrobasilar Unknown

**Major surgery planned within next 8 weeks**
**TIA Timeframe**

- $\leq$ 30 days ago
- 31-180 days ago
- $\geq$ 181 days ago

- Cardiac
- Vascular
- Other

**Previous Neck Radiation** Y / N

**Ischemic Stroke** - RT LT Retinal Hemispheric

**Prior Neck Surgery (other than CEA)** Y / N

Vertebrobasilar Unknown

**Tracheostomy Present** Y / N

**Ischemic Stroke Timeframe**
**Previous Laryngeal Nerve Palsy** Y / N RT LT

- $\leq$ 30 days ago
- 31-180 days ago
- $\geq$ 181 days ago

**Two or More Major Coronary Arteries with Stenosis  $\geq$ 70% (LAD, LCX, RCA)** Y / N

**Intracranial Hemorrhage or Hemorrhagic Stroke** - Intraparenchymal Subarachnoid Subdural

**Left Main Coronary Artery Stenosis  $\geq$ 50%** Y / N

**Intracranial Hemorrhage Timeframe**
**MI within 6 weeks** Y / N

- $\leq$ 30 days ago
- 31-180 days ago
- $\geq$ 181 days ago

**NYHA Functional Class III or IV w/in 6 weeks** Y / N

**Acute Evolving Stroke** Y / N

**Permanent Pacemaker or ICD** Y / N

**Pre Procedure mRS Answer if prior Neuro Events or Acute Evolving Stroke is Yes** Y / N \_\_\_\_\_ (score)

**History of Seizure or Known Seizure Disorder** Y / N

**Transient Monocular Blindness** Y / N

**Previous Carotid Intervention** Y / N

RT LT CEA CAS

**Imaging Studies Within past 6 months**
**Cardiac Stress Test** Y / N

**MRA Angio Performed** Y / N

**Carotid Angio Performed** Y / N

- Nml
- Abn

**MRA CCA Highest % Stenosis**
**Carotid Angio CCA Highest % Stenosis**

RT \_\_\_\_\_ % ND

RT \_\_\_\_\_ % ND

LT \_\_\_\_\_ % ND

LT \_\_\_\_\_ % ND

**Electrocardiogram** Y / N

**MRA ICA Highest % Stenosis**
**Carotid Angio ICA Highest % Stenosis**

- Nml
- Abn

RT \_\_\_\_\_ % ND

RT \_\_\_\_\_ % ND

LT \_\_\_\_\_ % ND

LT \_\_\_\_\_ % ND

**Carotid Duplex Ultrasound (PRE)** Y / N

**CTA Angio Performed** Y / N

RT \_\_\_\_\_ % ND

**Right**
**CTA CCA Highest % Stenosis**

LT \_\_\_\_\_ % ND

PSV \_\_\_\_\_ cm/sec ND

RT \_\_\_\_\_ % ND

EDV \_\_\_\_\_ cm/sec ND

LT \_\_\_\_\_ % ND

ICA/CCA Ratio \_\_\_\_\_ ND

**Left**
**CTA ICA Highest % Stenosis**

PSV \_\_\_\_\_ cm/sec ND

RT \_\_\_\_\_ % ND

EDV \_\_\_\_\_ cm/sec ND

LT \_\_\_\_\_ % ND

ICA / CCA Ratio \_\_\_\_\_ ND



<b>Labs Pre Procedure</b>				<b>Labs Post Procedure</b>					
Creatinine _____		mg/dl	ND	Peak Creatinine _____		mg/dl	ND		
Hemoglobin _____		g/dl	ND	Nadir Hemoglobin _____		g/dl	ND		
BNP _____		pg/ml	ND						
Troponin Y / ND									
I _____	Units _____	No							
T _____	Units _____	No							
I HS _____	Units _____	No							
T HS _____	Units _____	No							
<b>Meds During Procedure</b>									
<b>Aspirin (PRE) Procedure</b> G NG C/I									
<b>Clopidogrel (Plavix) (PRE) Procedure</b> G NG C/I									
<b>Prasugrel (Effient) (PRE) Procedure</b> G NG C/I									
<b>Ticagrelor (Brilinta) (PRE) Procedure</b> G NG C/I									
<b>Atropine (PRE) Procedure</b> G NG									
<b>Glycopyrrolate (Monograph) DURING Procedure</b> G NG									
<b>IV Nitroglycerin (DURING) Procedure</b> G NG									
IV Heparin/Unfractionated Heparin		Pre	During	Post	NG				
Protamine (DURING) Procedure		G NG							
Thrombolytics		Pre	During	Post	NG				
<b>Procedure Indications and Anatomic Variables</b>				Target Lesion Symp w/in Past 6 Mos	FMD of Carotid Artery Y / N				
Urgent Cardiac Surgery w/in 30 days Y / N				Y / N	Aortic Arch Type				
Concurrent with CABG Y / N				Syncope Y / N	I II III Unknown				
				Contralateral Carotid Artery Occl Y / N	Bovine Arch Y / N				
<b>Procedure Details</b>									
Target Carotid Vessel RT LT		Lesion 1: Restenosis in Target Vessel after Prior CAS Y / N				EPD Attempted Y / N			
TCAR Y / N		Restenosis in Target Vessel after Prior CEA Y / N				Predilation prior to EPD Deploy Y / N			
<b>Anesthesia</b>		Spontaneous Carotid Artery Dissection Y / N				EPD Successfully Deployed Y / N			
<input type="radio"/> Local <input type="radio"/> General <input type="radio"/> MAC		<b>Target Lesion Location</b>				EPD Model Name _____			
<b>Procedural Arterial Access Site</b>		<input type="radio"/> Isolated CCA <input type="radio"/> Isolated ICA <input type="radio"/> Bifurcation				Lesion Tx Incomplete/Aborted Y / N			
<input type="radio"/> Femoral <input type="radio"/> Brachial/Rad/Axillary <input type="radio"/> Direct Carotid Puncture <input type="radio"/> Carotid Cutdown <input type="radio"/> Other		Visible Thrombus Present Y / N				<input type="checkbox"/> Failure to gain vascular access <input type="checkbox"/> Failure to confirm significant stenosis <input type="checkbox"/> Unable to place guiding cath/sheath <input type="checkbox"/> Unable to cross guide wire <input type="checkbox"/> Unable to cross balloon <input type="checkbox"/> Unable to deploy EPD <input type="checkbox"/> Unable to deliver stent <input type="checkbox"/> Unable to deploy stent <input type="checkbox"/> Difficult to access due to tortuosity <input type="checkbox"/> Hypotension <input type="checkbox"/> Hypertension <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Cardiac ischemia <input type="checkbox"/> Other			
<b>Lesions Treated</b>		<input type="radio"/> None <input type="radio"/> Mild to Moderate <input type="radio"/> Dense and Concentric							
<input type="radio"/> Single lesion <input type="radio"/> Distinct lesions <input type="radio"/> 2 <sup>nd</sup> Lesion (Not Treated) Y / N <input type="radio"/> 2 <sup>nd</sup> Lesion Pre proc % Stenosis _____ %		Lesion Length _____ mm / ND							
		Pre proc % Stenosis _____ % / ND							
		Lesion Diff to Access Surgically Y / N							
		<input type="radio"/> High Cervical <input type="radio"/> Low Intrathoracic							



<p><b>Stent #1: Answer if Lesion Aborted is No</b></p> <p><b>Stent Implanted</b> Y / N  <b>Predilation Prior to Attempted Stent</b>  <b>Implant</b> Y / N  <b>Stent Tapered</b> Y / N  <b>Stent dia</b> _____ mm / No  <b>Stent length</b> _____ mm / No  <b>Malposition</b> Y / N  <b>Stent Model Name</b> _____  <b>Final % Stenosis</b> _____ % / ND  <b>Ballooning/Post dilation Performed</b>  Y / N  <b>Balloon dia</b> _____ mm / ND</p> <p><b>Lesion 2: Answer when 2<sup>nd</sup> Stenosis (Not Treated) is No</b></p> <p><b>Restenosis in Target Vessel after Prior CAS</b>  Y / N</p> <p><b>Restenosis in Target Vessel after Prior CEA</b>  Y / N</p> <p><b>Spontaneous Carotid Artery Dissection</b> Y / N</p> <p><b>Target Lesion Location</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Isolated CCA</li> <li><input type="radio"/> Isolated ICA</li> <li><input type="radio"/> Bifurcation</li> </ul> <p><b>Visible Thrombus Present</b> Y / N</p> <p><b>Ulceration</b> Y / N</p>			<p><b>Calcification</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> None</li> <li><input type="radio"/> Mild to Moderate</li> <li><input type="radio"/> Dense and Concentric</li> </ul> <p><b>Lesion Length</b> _____ mm / ND</p> <p><b>Pre proc % Stenosis</b> _____ % / ND</p> <p><b>Lesion Diff to Access Surgically</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="radio"/> High Cervical</li> <li><input type="radio"/> Low Intrathoracic</li> </ul> <p><b>EPD Attempted</b> Y / N</p> <p><b>Predilation prior to EPD Deploy</b> Y / N</p> <p><b>EPD Successfully Deployed</b> Y / N</p> <p><b>EPD Model Name</b> _____</p> <p><b>Lesion Tx Incomplete/Aborted</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Failure to gain vascular access</li> <li><input type="checkbox"/> Failure to confirm significant stenosis</li> <li><input type="checkbox"/> Unable to place guiding cath/ sheath</li> <li><input type="checkbox"/> Unable to cross guide wire</li> <li><input type="checkbox"/> Unable to cross balloon</li> <li><input type="checkbox"/> Unable to deploy EPD</li> <li><input type="checkbox"/> Unable to deliver stent</li> <li><input type="checkbox"/> Unable to deploy stent</li> <li><input type="checkbox"/> Difficult to access due to tortuosity</li> <li><input type="checkbox"/> Hypotension</li> <li><input type="checkbox"/> Hypertension</li> <li><input type="checkbox"/> Arrhythmia</li> <li><input type="checkbox"/> Cardiac ischemia</li> <li><input type="checkbox"/> Other</li> </ul>	<p><b>Stent #2: Answer if Lesion Aborted is No</b></p> <p><b>Stent Implanted</b> Y / N  <b>Predilation Prior to Attempted Stent</b>  <b>Implant</b> Y / N  <b>Stent Tapered</b> Y / N  <b>Stent dia</b> _____ mm / No  <b>Stent length</b> _____ mm / No  <b>Malposition</b> Y / N  <b>Stent Model Name</b> _____  <b>Final % Stenosis</b> _____ % / ND  <b>Ballooning/Post dilation Performed</b>  Y / N  <b>Balloon dia</b> _____ mm / ND</p> <p><b>Vascular Closure Type</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Manual</li> <li><input type="checkbox"/> Perclose</li> <li><input type="checkbox"/> Angioseal</li> <li><input type="checkbox"/> Mynx</li> <li><input type="checkbox"/> Starclose</li> <li><input type="checkbox"/> Exoseal</li> <li><input type="checkbox"/> Surgical</li> <li><input type="checkbox"/> Celt</li> <li><input type="checkbox"/> Radial Compression Band</li> <li><input type="checkbox"/> Other</li> </ul> <p><b>Contrast Volume</b> _____ ml / ND</p>											
<p><b>Outcomes</b></p> <p><b>Vascular Access Complications</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Retroperitoneal hematoma</li> <li><input type="checkbox"/> Pseudo-aneurysm</li> <li><input type="checkbox"/> Hematoma at access site</li> <li><input type="checkbox"/> Bleeding at access site</li> <li><input type="checkbox"/> AV fistula</li> <li><input type="checkbox"/> Acute thrombosis</li> <li><input type="checkbox"/> Surgical repair of the vascular access site</li> <li><input type="checkbox"/> Other</li> </ul> <p><b>Filter Spasm</b> Y / N</p> <p><b>Slow Flow</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> After stent deployment</li> <li><input type="checkbox"/> After post dilation</li> <li><input type="checkbox"/> Aspiration was performed</li> <li><input type="checkbox"/> Aspirate had visible debris</li> <li><input type="checkbox"/> Patient had neurological changes during slow flow</li> </ul> <p><b>New Stroke</b> Y / N   <b>RT</b>   <b>LT</b></p> <p>Hemispheric/Retinal   Vertebrabasilar   Unknown</p> <p>Occurred   Resolved</p> <p><b>Worst mRS</b> Y / N _____ (score) <b>Answer when New Stroke is Yes</b></p> <p><b>New TIA</b> Y / N   <b>RT</b>   <b>LT</b></p> <p>Hemispheric/Retinal   Vertebrabasilar   Unknown</p>			<p><b>Death</b> Y / N</p> <ul style="list-style-type: none"> <li><input type="radio"/> During procedure</li> <li><input type="radio"/> Post procedure</li> </ul> <p><b>Cause of Death</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Neurologic (Due to a new or progressive neuro event)</li> <li><input type="radio"/> Cardiac (Due to a fatal arrhythmia, MI or heart failure)</li> <li><input type="radio"/> Pulmonary (Due to a pulmonary complication)</li> <li><input type="radio"/> Vascular (D/T major blood loss or other vascular complication)</li> <li><input type="radio"/> Infection (Due to infection)</li> <li><input type="radio"/> Renal Failure (Due to renal failure)</li> <li><input type="radio"/> Other (Due to other cause)</li> </ul> <p><b>Myocardial Injury</b> Y / N</p> <p><b>Date</b> _____</p> <ul style="list-style-type: none"> <li><input type="radio"/> Acute Myocardial Injury</li> <li><input type="radio"/> Type 2 Myocardial Infarction</li> <li><input type="radio"/> Type 1 NSTEMI</li> <li><input type="radio"/> STEMI</li> <li><input type="radio"/> ND</li> </ul> <p><b>Peak post-op troponin value</b> Y / ND</p> <table border="0"> <tr> <td><b>I</b> _____</td> <td><b>Units</b> _____</td> <td>No</td> </tr> <tr> <td><b>T</b> _____</td> <td><b>Units</b> _____</td> <td>No</td> </tr> <tr> <td><b>I HS</b> _____</td> <td><b>Units</b> _____</td> <td>No</td> </tr> <tr> <td><b>T HS</b> _____</td> <td><b>Units</b> _____</td> <td>No</td> </tr> </table>	<b>I</b> _____	<b>Units</b> _____	No	<b>T</b> _____	<b>Units</b> _____	No	<b>I HS</b> _____	<b>Units</b> _____	No	<b>T HS</b> _____	<b>Units</b> _____	No
<b>I</b> _____	<b>Units</b> _____	No													
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