



Procedure Information for Vascular Intervention

Physician \_\_\_\_\_ Fellow ID/Second Operator \_\_\_\_\_

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

Status of Procedure  Elective  Urgent  Emergent **Staged Procedure** Y / N

Consultations

Cardiology Consultation Y / N  
 Pulmonary Consultation Y / N  
 Primary Care/ Internal Medicine Y / N  
 Hematology Consultation Y / N  
 Renal Consultation Y / N

Labs Pre Procedure

Pre Creatinine \_\_\_\_\_ mg/dl ND  
 Pre Hemoglobin \_\_\_\_\_ g/dl ND  
 Pre BNP \_\_\_\_\_ pg/mL No  
 Pre Troponin Y / ND  
 I \_\_\_\_\_ Units \_\_\_\_\_ No  
 I HS \_\_\_\_\_ Units \_\_\_\_\_ No  
 T \_\_\_\_\_ Units \_\_\_\_\_ No  
 T HS \_\_\_\_\_ Units \_\_\_\_\_ No

Imaging Studies Within past 6 months

Right Pre-Procedure ABI	Y / N	Compressible Y / N Value _____
Left Pre-Procedure ABI	Y / N	Compressible Y / N Value _____
Right Pre-Procedure TBI	Y / N	Value _____
Left Pre-Procedure TBI	Y / N	Value _____
Right Pre Procedure Toe Pressure	Y / N	Value _____
Left Pre Procedure Toe Pressure	Y / N	Value _____
Vein Mapping	Y / N	
Duplex Ultrasound	Y / N	Normal or Abnormal
CTA	Y / N	Normal or Abnormal
MRI/MRA	Y / N	Normal or Abnormal
Contrast Cineangiography	Y / N	Normal or Abnormal
Cardiac Stress Test	Y / N	Normal or Abnormal
Electrocardiogram	Y / N	Normal or Abnormal
Chest X-Ray	Y / N	Normal or Abnormal

Labs Post Procedure

Peak Creatinine \_\_\_\_\_ mg/dl ND  
 Nadir Hemoglobin \_\_\_\_\_ g/dl ND

Labs Other

Albumin \_\_\_\_\_ g/L ND

<i>Medication During Procedure</i>	Pre	During	Post	C/I		Pre	During	Post
Aspirin					Protamine			
Clopidogrel (Plavix)					Bivalirudin (Angiomax)			
Prasugrel (Effient)					Thrombolytics			
Ticagrelor (Brilinta)					Sodium Bicarbonate			
IV / IA Nitroglycerin								
IV Heparin/Unfractionated Heparin								

<i>Medication During Procedure</i>	Pre	During	Post			Pre	During	Post
Saline Infusion					LR 3-6 hrs			
Saline <1 hr					LR >6 hrs			
Saline 1-3 hrs					Other Hydration Infusion			
Saline 3-6 hrs					Other <1 hr			
Saline >6 hrs					Other 1-3 hrs			
LR Infusion					Other 3-6 hrs			
LR <1 hr					Other >6 hrs			
LR 1-3 hrs								

<u>Indications</u>	<u>Lower Extremity Revascularization</u>	<u>Upper Extremity Revascularization</u>
<b>Claudication</b> Y / N <b>Rest Pain</b> Y / N <b>Threatened Bypass Graft</b> Y / N o Symptomatic o Asymptomatic <b>Acute Limb Ischemia</b> Y / N <b>Failed Endovascular Procedure</b> Y / N <b>Infection</b> Y / N <b>Facilitation of Procedure</b> Y / N <b>Pre-proc Exercise Therapy</b> Y / N o Structured / Supervised o Home-Based / Informal <b>Pre-proc Smoking Cessation</b> Y / N <input type="checkbox"/> Physician advice Pt ref <input type="checkbox"/> NRT Pt ref <input type="checkbox"/> Referral to counseling <input type="checkbox"/> Pt ref <input type="checkbox"/> Local counseling svc <input type="checkbox"/> MI Quitline <input type="checkbox"/> Other counseling svc <b>Impaired Ability to Work</b> Y / N <b>Peripheral Aneurysm Repair</b> Y / N o Symptomatic o Asymptomatic <b>Increased Stent Velocity</b> Y / N o Symptomatic o Asymptomatic	<b>Increased Stent Graft Velocity</b> Y / N o Symptomatic o Asymptomatic <b>Wound (WIFI)</b> Y / N / ND o Grade 1 Minor tissue loss o Grade 2 Major tissue loss o Grade 3 Extensive ulcer / gangrene <b>Ischemia (WIFI)</b> Y / N / ND o Grade 1 ABI 0.60-0.79, TP 40-59 mmHg o Grade 2 ABI 0.40-0.59, TP 30-39 mmHg o Grade 3 ABI ≤0.39, TP <30 mmHg <b>Foot Infection (WIFI)</b> Y / N / ND o Grade 0 None o Grade 1 >2 manifestations of infection o Grade 2 Deep tissue, gangrene, bone involved o Grade 3 Infection with systemic toxicity <b>Complication from Prior Procedure</b> Y / N <b>Trauma</b> Y / N <b>PAES</b> Y / N	<b>Ulcer/Gangrene</b> Y / N <b>Acute Limb Ischemia</b> Y / N <b>Pre-procedure Smoking Cessation</b> Y / N <input type="checkbox"/> Physician advice Pt ref <input type="checkbox"/> NRT Pt ref <input type="checkbox"/> Referral to counseling <input type="checkbox"/> Pt ref <input type="checkbox"/> Local counseling svc <input type="checkbox"/> MI Quitline <input type="checkbox"/> Other counseling svc <b>Angina/Abnormal Cardiac Stress Test</b> Y / N <b>BP discrepancy</b> Y / N <b>Arm Claudication</b> Y / N <b>Peripheral aneurysm repair</b> Y / N o Symptomatic o Asymptomatic <b>Complication from Prior Procedure</b> Y / N <b>Trauma</b> Y / N
<b><u>Procedure Details</u></b> <b>Graft Origin</b> _____ <b>Graft Insertion</b> _____ <b>Graft Insertion #2</b> _____ <b>Redo Procedure</b> Y / N <b>Vein Graft</b> Y / N o Reversed GSV Other o In Situ GSV o Non-reversed transposed GSV o Lesser saphenous o Cephalic o Basilic o Allograft o Composite	<b>Vein Graft Harvest</b> o Open o Endoscopic o Not Harvested <b># Vein Segments</b> _____ <b>Min Vein Graft Dia</b> _____ mm <b>Prosthetic Graft</b> Y / N <input type="checkbox"/> Dacron <input type="checkbox"/> PTFE <input type="checkbox"/> Composite with vein <b>Vein Cuff</b> Y / N	<b>Intra-Operative Graft Patency</b> Y / N <input type="checkbox"/> Doppler <input type="checkbox"/> Duplex <input type="checkbox"/> Angiogram <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <b>Intra-Operative Graft Revision</b> Y / N <b>Closure for Open Exposure</b> <input type="checkbox"/> Suture <input type="checkbox"/> Absorbable <input type="checkbox"/> Permanent <input type="checkbox"/> Staples <input type="checkbox"/> Delayed <input type="checkbox"/> Other

<b>Anesthesia Type</b> <input type="radio"/> Local <input type="radio"/> Epidural <input type="radio"/> Regional <input type="radio"/> Spinal <input type="radio"/> General <input type="radio"/> Epidural & General <input type="radio"/> MAC <b>Antibiotics Pre Procedure</b> Y / N <input type="radio"/> Cefazolin <input type="radio"/> Redosed (Q4 hours) Y / N <input type="radio"/> Clindamycin <input type="radio"/> Redosed (Q6 hours) Y / N <input type="radio"/> On scheduled antibiotic <input type="radio"/> Other	<b>Skin Preparation</b> Y / N <input type="checkbox"/> Chlorhexidine <input type="checkbox"/> Alcohol <input type="checkbox"/> Iodine <input type="checkbox"/> Chlorhexidine + Iodine <input type="checkbox"/> Chlorhexidine + Alcohol <input type="checkbox"/> Iodine + Alcohol <b>Contraindicated to Chlorhexidine &amp; Alcohol</b> Y / N <b>Glucose Peak</b> _____ mg/dL ND <b>Nadir Body Temp</b> _____ Celsius ND <b>Crystalloids</b> _____ mL ND <b>Estimated Blood Loss</b> _____ mL ND <b>ASA Class</b> _____ Does not apply	<b>Contrast Types</b> <input type="radio"/> Nonionic, low-osmolar <input type="radio"/> Nonionic, Iso-osmolar <input type="radio"/> Ionic, hyperosmolar <input type="radio"/> Ionic, low-osmolar <input type="radio"/> Unknown/Investigational <input type="radio"/> Gadolinium <input type="radio"/> Carbon Dioxide (CO <sub>2</sub> ) <input type="radio"/> None <b>Total IV Contrast Used</b> _____ mL ND <b>Total Heparin Dosage</b> _____ units ND <b>Peak Intra-Operative ACT</b> _____ Sec ND <b>End of Procedure ACT</b> _____ Sec ND
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**Locations** Choose Vessel Location from drop down menu on website.

<b>Vessel Location</b> _____ <b>Lesion Segment Area</b> <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>PVI Procedure Performed</b>  <input type="checkbox"/> Asp-Ather      <input type="checkbox"/> Lys  <input type="checkbox"/> M-Throm        <input type="checkbox"/> ND  <input type="checkbox"/> BA                <input type="checkbox"/> NW  <input type="checkbox"/> Cryo-B          <input type="checkbox"/> Oth-Ather  <input type="checkbox"/> CTO Device     <input type="checkbox"/> Open Endart  <input type="checkbox"/> CB                <input type="checkbox"/> Open Thromb  <input type="checkbox"/> D-Ather         <input type="checkbox"/> R-Ather  <input type="checkbox"/> DPD-B          <input type="checkbox"/> Re-Ent-Cath  <input type="checkbox"/> DPD-F          <input type="checkbox"/> Research  <input type="checkbox"/> DCB             <input type="checkbox"/> S-BA  <input type="checkbox"/> FW               <input type="checkbox"/> Stent  <input type="checkbox"/> Inf-Cath        <input type="checkbox"/> Thromb-Asp  <input type="checkbox"/> IVUS            <input type="checkbox"/> Vasc Emb  <input type="checkbox"/> L-Ather         </div>	<b>Vessel Location</b> _____ <b>Lesion Segment Area</b> <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>PVI Procedure Performed</b>  <input type="checkbox"/> Asp-Ather      <input type="checkbox"/> Lys  <input type="checkbox"/> M-Throm        <input type="checkbox"/> ND  <input type="checkbox"/> BA                <input type="checkbox"/> NW  <input type="checkbox"/> Cryo-B          <input type="checkbox"/> Oth-Ather  <input type="checkbox"/> CTO Device     <input type="checkbox"/> Open Endart  <input type="checkbox"/> CB                <input type="checkbox"/> Open Thromb  <input type="checkbox"/> D-Ather         <input type="checkbox"/> R-Ather  <input type="checkbox"/> DPD-B          <input type="checkbox"/> Re-Ent-Cath  <input type="checkbox"/> DPD-F          <input type="checkbox"/> Research  <input type="checkbox"/> DCB             <input type="checkbox"/> S-BA  <input type="checkbox"/> FW               <input type="checkbox"/> Stent  <input type="checkbox"/> Inf-Cath        <input type="checkbox"/> Thromb-Asp  <input type="checkbox"/> IVUS            <input type="checkbox"/> Vasc Emb  <input type="checkbox"/> L-Ather         </div>	<b>Vessel Location</b> _____ <b>Lesion Segment Area</b> <input type="radio"/> Proximal <input type="radio"/> Mid <input type="radio"/> Distal <input type="radio"/> Diffuse <input type="radio"/> ND <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>PVI Procedure Performed</b>  <input type="checkbox"/> Asp-Ather      <input type="checkbox"/> Lys  <input type="checkbox"/> M-Throm        <input type="checkbox"/> ND  <input type="checkbox"/> BA                <input type="checkbox"/> NW  <input type="checkbox"/> Cryo-B          <input type="checkbox"/> Oth-Ather  <input type="checkbox"/> CTO Device     <input type="checkbox"/> Open Endart  <input type="checkbox"/> CB                <input type="checkbox"/> Open Thromb  <input type="checkbox"/> D-Ather         <input type="checkbox"/> R-Ather  <input type="checkbox"/> DPD-B          <input type="checkbox"/> Re-Ent-Cath  <input type="checkbox"/> DPD-F          <input type="checkbox"/> Research  <input type="checkbox"/> DCB             <input type="checkbox"/> S-BA  <input type="checkbox"/> FW               <input type="checkbox"/> Stent  <input type="checkbox"/> Inf-Cath        <input type="checkbox"/> Thromb-Asp  <input type="checkbox"/> IVUS            <input type="checkbox"/> Vasc Emb  <input type="checkbox"/> L-Ather         </div>
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<b>Bypass Graft</b> Y / N <b>Type</b> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND <b>Graft Origin</b> _____ <b>Graft Insertion</b> _____ <b>Lesion Length</b> _____ mm <b>Heavy Calcium</b> Y / N <b>In-stent restenosis</b> Y / N <b>Thrombus</b> Y / N <b>Pre/Post stenosis</b> _____ / _____ % <b>Final balloon dia</b> _____ mm <b>Stents</b> <b>Stent Name</b> _____ <b>Stent Dia</b> _____ mm <b>Stent Length</b> _____ mm	<b>Bypass Graft</b> Y / N <b>Type</b> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND <b>Graft Origin</b> _____ <b>Graft Insertion</b> _____ <b>Lesion Length</b> _____ mm <b>Heavy Calcium</b> Y / N <b>In-stent restenosis</b> Y / N <b>Thrombus</b> Y / N <b>Pre/Post stenosis</b> _____ / _____ % <b>Final balloon dia</b> _____ mm <b>Stent Name</b> _____ <b>Stent Dia</b> _____ mm <b>Stent Length</b> _____ mm	<b>Bypass Graft</b> Y / N <b>Type</b> <input type="radio"/> Synthetic <input type="radio"/> Vein <input type="radio"/> ND <b>Graft Origin</b> _____ <b>Graft Insertion</b> _____ <b>Lesion Length</b> _____ mm <b>Heavy Calcium</b> Y / N <b>In-stent restenosis</b> Y / N <b>Thrombus</b> Y / N <b>Pre/Post stenosis</b> _____ / _____ % <b>Final balloon dia</b> _____ mm <b>Stent Name</b> _____ <b>Stent Dia</b> _____ mm <b>Stent Length</b> _____ mm
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**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       Both
- Retrograde

**Sheath Size** \_\_\_\_\_ French

**Sheath Removed** Y / N

- Manual (No device)       Exoseal
- Perclose                       Boomerang
- Angioseal                   Compression Device
- Mynx                           Hemostatic Patch
- Starclose                   FISH
- Surgical                       Vascade

**Sheath removal**

- 0-3 hours
- 3-24 hours
- >24 hours

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- 0-3 hours
- 3-24 hours
- >24 hours

**Outcomes During Procedure**
**Death** Y / N

- Cardiovascular
- Hemorrhage
- Multi System Organ Failure
- Other
- 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

**Outcomes Post Procedure**
**Death** Y / N

- Cardiovascular
- Hemorrhage
- Multi System Organ Failure
- Other (neuro, renal, liver, GI, CA)
- Unknown of death

**Comfort Care Implemented** Y / N

**Date** \_\_\_\_\_

**Stay in ICU** Y / N \_\_\_\_\_ #days

**Vasopressors Post-Op** Y / N

 **No Outcomes During Procedure**
**Vessel Perforation** Y / N

- Successful
  - Balloon
  - Covered Stent
  - Bare Metal Stent
  - External Compression
  - Reversal of Anticoagulation
  - No Treatment
- Unsuccessful

**TIA/Stroke** Y / N

**Transfusion** Y / N

- PRBC #Units \_\_\_\_\_
- Platelets
- Fresh Frozen Plasma
- 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**

AKA BKA Foot Metatarsal Digit

Hip disarticulation

**Compartment Syndrome** Y / N

 **No Outcomes Post Procedure**
**Respiratory**

- Ventilator (cont. after leaving OR)
- Reintubation (after initial intub)
- None

**Myocardial Injury** Y / N Date \_\_\_\_\_

- Troponin leak
- Demand ischemia
- NSTEMI
- STEMI
- ND

**Peak post-operative troponin** Y / ND

**I** \_\_\_\_\_ **Units** \_\_\_\_\_ No

**I HS** \_\_\_\_\_ **Units** \_\_\_\_\_ No

**T** \_\_\_\_\_ **Units** \_\_\_\_\_ No

**T HS** \_\_\_\_\_ **Units** \_\_\_\_\_ No

**Dysrhythmia** Y / N Date \_\_\_\_\_

**CHF** Y / N Date \_\_\_\_\_

**TIA/Stroke** Y / N Date \_\_\_\_\_

**Outcomes Post Procedure (con't)****Infection/Sepsis** Y / N Date \_\_\_\_\_

- Access site
- Central line/IV
- Blood
- Graft infection
- Pulmonary
- UTI
- Wound site
- Unknown

**New Requirement for Dialysis** Y / N**Transfusion** Y / N Date \_\_\_\_\_

- PRBC #Units** \_\_\_\_\_
  - **Hgb prior to txf** Y/N/ND
  - **Hgb value** \_\_\_\_\_ mg/dL
  - **Symptomatic before txf** Y/N
    - Angina
    - Hypotension
    - Tachycardia
    - EKG Changes
    - Shortness of Air
    - Bleeding
    - Cancer/Chronic Anemia

- 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

**Compartment Syndrome** Y / N**Date** \_\_\_\_\_**Embolus** Y / N Date \_\_\_\_\_

- Successful
- Unsuccessful

**Thrombus** Y / N Date \_\_\_\_\_**Stent / Graft Thrombosis** Y / N**Date** \_\_\_\_\_

- Successful
- Unsuccessful

**Amputation** Y / N**Date** \_\_\_\_\_**RT LT**

AKA BKA Foot Metatarsal digit

Hip Disarticulation

**Return to OR** Y / N **Date** \_\_\_\_\_

- Bleeding
- Renal Ischemia
- Endoleak
- Infection
- Graft Revision
- Other

**Bowel Ischemia** Y / N **Date** \_\_\_\_\_

- Medical Treatment
- Surgical Treatment