

Voluntary PVI Discharge Data Worksheet

Patient Information

Date of Admission: _____ **Date of Discharge:** _____

Discharge Status

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Home <input type="radio"/> Rehabilitation <input type="radio"/> Other acute care hospital <input type="radio"/> Nursing home / extended care <input type="radio"/> Hospice / Comfort care | <ul style="list-style-type: none"> <input type="radio"/> Left against medical advice <input type="radio"/> Death <input type="radio"/> Assisted living <input type="radio"/> Other |
|---|--|

Case #: _____

Gender: F / M

Height: _____cm

Study #: _____

Zip Code: _____

Weight: _____kg

Date of Birth: _____

Pre Admission Living Location

Race

Ethnicity

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Home <input type="radio"/> Rehabilitation <input type="radio"/> Nursing home/ Extended Care <input type="radio"/> Assisted Living <input type="radio"/> Other | <ul style="list-style-type: none"> <input type="radio"/> White/Caucasian <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Other | <ul style="list-style-type: none"> <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> ND |
|---|---|--|

Patient History / Comorbidity

Ambulation Pre-Procedure

Y / N

- Ambulatory
- Ambulates w/assistance
- Wheelchair
- Bedridden
- ND

Prior CHF

Y / N

Ejection Fraction _____%

ND

Significant Valve Disease

Y / N

Chronic Lung Disease (COPD)

Y / N

CVD or TIA

Y / N

History of CAD

Y / N

Prior PCI

Y / N

Ever Smoked

Y / N

Current Smoker

Y / N

Smoked w/in 30 days before admission?

- Cigars
- Cigarettes
- Chew (tobacco)
- Pipe (tobacco)
- Marijuana
- Smokeless (vaping, e-cigarette)

- ≤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-6mos prior to procedure
- >6 months prior to procedure
- ND

Former Smoker

Y / N

Prior CABG

Y / N

Smoked any time in the past?

Y / N

- Cigars
- Cigarettes
- Chew (tobacco)
- Pipe (tobacco)
- Marijuana
- Smokeless (vaping, e-cigarette)

- ≤30 days prior to procedure
- >30 day- 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

Y / N

Dialysis

Family History of Premature CAD?

Y / N

Hyperlipidemia

Y / N

Hypertension

Y / N

Diabetes Mellitus

Y / N

Diabetes Therapy

- None
- Diet only
- Oral agent
- Insulin
- Other

Renal Transplant

Y / N

HDL Cholesterol _____mg/dL

ND

LDL Cholesterol _____mg/Dl

ND

NC

Total Cholesterol _____mg/dL

ND

Hb A1C _____

Voluntary PVI Discharge Data Worksheet

<u>Prior PVI Procedures</u>	<u>Prior VS Procedures</u>
Prior PVI #1 Procedure Date	Prior VS #1 Bypass Y / N
Artery Location	Bypass Date
PTA (percutaneous transluminal angioplasty) Y / N	Bypass Origin
Stent Y / N	Insertion Point
Atherectomy Y / N	Insertion Point #2
Thrombolysis Y / N	Type of Graft Vein / Synthetic / ND
Other Peripheral Intervention Y / N	Endarterectomy Y / N
Prior PVI #2 Procedure Date	Endarterectomy Date
Artery Location	Endarterectomy Location
PTA (percutaneous transluminal angioplasty) Y / N	Aneurysm Repair Y / N
Stent Y / N	Aneurysm Repair Date
Atherectomy Y / N	Aneurysm Repair Location
Thrombolysis Y / N	Amputation Y / N
Other Peripheral Intervention Y / N	Amputation Date
Prior PVI #3 Procedure Date	Amputation Point
Artery Location	Prior VS #2 Bypass Y / N
PTA (percutaneous transluminal angioplasty) Y / N	Bypass Date
Stent Y / N	Insertion Point
Atherectomy Y / N	Insertion Point #2
Thrombolysis Y / N	Type of Graft Vein / Synthetic / ND
Other Peripheral Intervention Y / N	Endarterectomy Y / N
Prior PVI #4 Procedure Date	Endarterectomy Date
Artery Location	Endarterectomy Location
PTA (percutaneous transluminal angioplasty) Y / N	Aneurysm Repair Y / N
Stent Y / N	Aneurysm Repair Date
Atherectomy Y / N	Aneurysm Repair Location
Thrombolysis Y / N	Amputation Y / N
Other Peripheral Intervention Y / N	Amputation Date
Prior PVI #5 Procedure Date	Amputation Point
Artery Location	Prior VS #3 Bypass Y / N
PTA (percutaneous transluminal angioplasty) Y / N	Bypass Date
Stent Y / N	Insertion Point
Atherectomy Y / N	Insertion Point #2
Thrombolysis Y / N	Type of Graft Vein / Synthetic / ND
Other Peripheral Intervention Y / N	Endarterectomy Y / N
Prior PVI #6 Procedure Date	Endarterectomy Date
Artery Location	Endarterectomy Location
PTA (percutaneous transluminal angioplasty) Y / N	Aneurysm Repair Y / N
Stent Y / N	Aneurysm Repair Date
Atherectomy Y / N	Aneurysm Repair Location
Thrombolysis Y / N	Amputation Y / N
Other Peripheral Intervention Y / N	Amputation Date
	Amputation Point

Voluntary PVI Discharge Data Worksheet

<u>Labs</u>			Post Discharge Creatinine _____mg/dL ND		
Discharge Creatinine _____mg/dL ND			Discharge Hemoglobin _____g/dL ND		
<u>Home medications prior to admission</u>	Given	C/I	<u>Medications at Discharge</u>	Given	C/I
Beta Blocker			Beta Blocker		
ACE Inhibitors			ACE Inhibitors		
Angiotensin II Receptor Antagonist (ARB)			Angiotensin II Receptor Antagonist (ARB)		
Calcium Channel Blocker			Calcium Channel Blocker		
Thiazide			Thiazide		
Statins			Statins		
Aspirin			Aspirin		
Clopidogrel (Plavix)			Clopidogrel (Plavix)		
Prasugrel (Effient)			Prasugrel (Effient)		
Dabigatran (Pradaxa) Dose mg			Dabigatran (Pradaxa) Dose mg		
Ticagrelor (Brilinta)			Ticagrelor (Brilinta)		
Cilostazol (Pletal)			Cilostazol (Pletal)		
Edoxaban (Savaysa) Dose mg			Edoxaban (Savaysa) Dose mg		
Other Cholesterol Lowering Agents			Other Cholesterol Lowering Agents		
Fondaparinux (Arixtra)			Fondaparinux (Arixtra)		
Rivaroxaban (Xarelto) Dose mg			Rivaroxaban (Xarelto) Dose mg		
Apixaban (Eliquis) Dose mg			Apixaban (Eliquis) Dose mg		
Warfarin/Coumadin			Warfarin/Coumadin		
PSCK9 Inhibitor			PSCK9 Inhibitor		

<u>Discharge</u>	
Smoking Cessation Counseling Y / N <ul style="list-style-type: none"> <input type="checkbox"/> Physician delivered advice <ul style="list-style-type: none"> <input type="checkbox"/> Pt ref <input type="checkbox"/> NRT <ul style="list-style-type: none"> <input type="checkbox"/> Pt ref <input type="checkbox"/> Referral to smoking counseling services <ul style="list-style-type: none"> <input type="checkbox"/> Pt ref <input type="checkbox"/> Local counseling service <input type="checkbox"/> Michigan Quitline <input type="checkbox"/> Other counseling service 	Exercise Counseling Y / N Opioid Education Y / N

Voluntary PVI Discharge Data Worksheet

Michigan OPEN

Pre-operative opioid use: Y / N

- Hydrocodone (Norco, Vicodin, Lortab, Lorcet)
- Oxycodone (OxyContin, Percocet, Roxicodone)
- Codeine (Tylenol 2, 3, or 4)
- Tramadol (Ultram, Ultram ER)
- Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc.)

Opioid 1 Dose _____ ND

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

Opioid 2 Dose _____ ND

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

Enter dose, Quantity and Refill for each Opioid that is prescribed at discharge

Discharged with opioid: Y / N

- Hydrocodone (Norco, Vicodin, Lortab, Lorcet)
- Oxycodone (OxyContin, Percocet, Roxicodone)
- Codeine (Tylenol 2, 3, or 4)
- Tramadol (Ultram, Ultram ER)
- Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc.)

Opioid 1 Dose _____

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

Quantity: _____ ND

Refills available: Y / N / ND

Number of refills: _____

Opioid 1 Dose _____

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

Quantity: _____ ND

Refills available: Y / N / ND

Number of refills: _____