BMC2 Vascular Surgery Discharge Data Worksheet

Patient Information

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

Discharge Status

- ○ Home
- ○ Rehabilitation
- ○ Other acute care hospital
- ○ Nursing home / extended care
- ○ Hospice / Comfort care
- ○ Left against medical advice
- ○ Death
- ○ Assisted living
- ○ Other

Case #: _____
Study #: _____
Date of Birth: _____

Gender: M / F

Zip Code: _____

Height: _____cm

Weight: _____kg

Pre Admission Living Location

- ○ Home
- ○ Rehabilitation
- ○ Nursing home/ Extended Care
- ○ Assisted Living
- ○ Other

Race

- ○ White/Caucasian
- ○ Black/African American
- ○ Asian
- ○ American Indian/Alaskan Native
- ○ Native Hawaiian/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

Government Provided Y / N

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

Other Y / N

Patient History / Comorbidity

Pre-procedure SBP_____

Pre-procedure DBP_____

Ambulation Pre-Procedure Y / N

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

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)

Former Smoker Y / N

Smoked any time in the past?

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

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

Hb A1C _____ ND

Prior CHF Y / N

Ejection Fraction _____% ND

Significant Valve Disease Y / N

Chronic Lung Disease (COPD) Y / N

CVD or TIA Y / N

Patient History / Comorbidity (cont.)

History of CAD Y / N

Prior PCI Y / N
- ○ ≤30 days prior to procedure
- ○ >30 days prior to procedure
- ○ >6 months prior to procedure
- ○ ND

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

Prior CABG Y / N
- ○ ≤30 days prior to procedure
- ○ >30 days prior
- ○ 6 months prior
- ○ ND

Current/Recent GI Bleed Y / N

Atrial Fibrillation (AF)/ Aflutter Y / N

Renal Failure Currently Requiring Dialysis Y / N

Renal Transplant Y / N

HDL Cholesterol _____mg/dL ND

LDL Cholesterol _____mg/dL ND NC

Total Cholesterol _____mg/dL ND

Prior PVI Procedures

Prior PVI Procedure Date _____

Artery Location _____

PTA (percutaneous transluminal angioplasty) Y / N

Stent Y / N

Atherectomy Y / N

Thrombolysis Y / N

Other Peripheral Intervention Y / N

Prior VS Procedures

Bypass Y / N

Bypass Date _____

Insertion Point _____

Insertion Point #2_____

Type of Graft Vein / Synthetic / ND

Endarterectomy Y / N

Endarterectomy Date _____

Endarterectomy Location _____

Aneurysm Repair Y / N

Aneurysm Repair Date _____

Aneurysm Repair Location _____

Amputation Y / N

Amputation Date _____

Amputation Point _____

Prior PVI Procedure Date _____

Artery Location _____

PTA (percutaneous transluminal angioplasty) Y / N

Stent Y / N

Atherectomy Y / N

Thrombolysis Y / N

Other Peripheral Intervention Y / N

Bypass Y / N

Bypass Date _____

Insertion Point _____

Insertion Point #2_____

Type of Graft Vein / Synthetic / ND

Endarterectomy Y / N

Endarterectomy Date _____

Endarterectomy Location _____

Aneurysm Repair Y / N

Aneurysm Repair Date _____

Aneurysm Repair Location _____

Amputation Y / N

Amputation Date _____

Amputation Point _____

Prior PVI Procedure Date _____

Artery Location _____

PTA (percutaneous transluminal angioplasty) Y / N

Bypass Y / N

Bypass Date _____

Insertion Point _____

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Stent Y / N	**Insertion Point #2**_____
Atherectomy Y / N	**Type of Graft** Vein / Synthetic / ND
Thrombolysis Y / N	**Endarterectomy** Y / N
Other Peripheral Intervention Y / N	**Endarterectomy Date** _____
	Endarterectomy Location _____
	Aneurysm Repair Y / N
	Aneurysm Repair Date _____
	Aneurysm Repair Location _____
	Amputation Y / N
	Amputation Date _____
	Amputation Point _____
Labs at Discharge	**Post Discharge Creatinine**_____mg/dL ND
Discharge Creatinine_____mg/dL ND	**Discharge Hemoglobin**_____g/dL ND

Home medications prior to admission	**Given**	**C/I**		***Medications at Discharge***	**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**		
Home medications prior to admission	**Given**	**C/I**		***Medications at Discharge***	**Given**	**C/I**
PSCK9 Inhibitor				**PSCK9 Inhibitor**		

Discharge

Discharge SBP_____

Discharge DBP_____

Smoking Cessation Counseling Y / N

- □ Physician delivered advice
  - □ Pt ref
- □ NRT
  - □ Pt ref
- □ Referral to smoking counseling services
  - □ Pt ref
  - □ Local counseling service
  - □ Michigan Quitline
  - □ Other counseling service

Exercise Counseling Y / N

Opioid Education Y / N

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: _____