

| | 30-Day Follow-Up | | | | 1-Year Follow-Up | | | |
|--|---|--|--|--|---|--|--|--|
| Contact Date | | | | | | | | |
| Ambulation | Independent Ambulates w/assist Wheelchair | Bedridden ND | | | Independent Ambulates w/assist Wheelchair | Bedridden ND | | |
| Current Living Status | Home Nsg Home/Extended Care Assisted Living In Hospital ND | Dead Date of Death Cause of Death Cardiovascular Operation Related Unk/Other | | | Home Nsg Home/Extended Care Assisted Living In Hospital ND | Dead Date of Death Cause of Death Cardiovascular Operation Related Unk/Other | | |
| Readmission to Hospital | Yes No ND Lymph Leak Wound infection/ dehisce Graft infection Date | Anticoag complication Thrombectomy/lysis Other | | | Yes No ND Lymph Leak Wound infection/ dehisce Graft infection Date | Anticoag complication Thrombectomy/lysis Other | | |
| Blood Pressure | | | | | | | | |
| Smoking | Yes No ND | | | | Yes No ND | | | |
| Antiplatelets | Yes No ND C/I | | | | Yes No ND C/I | | | |
| Statin | Yes No ND C/I | | | | Yes No ND C/I | | | |
| Aspirin | Yes No ND C/I | | | | Yes No ND C/I | | | |
| Beta Blocker | Yes No ND C/I | | | | Yes No ND C/I | | | |
| ACE Inhibitor | Yes No ND C/I | | | | Yes No ND C/I | | | |
| Anticoagulant | Yes No ND | | | | Yes No ND | | | |
| ARBs | Yes No ND | | | | Yes No ND | | | |
| Other Cholesterol Lowering Agents | Yes No ND | | | | Yes No ND | | | |
| Procedure Type | Select from below if applicable | | | | Select from below if applicable | | | |
| OAAA Subsequent Operations | Incision Graft Leg Date | Intestine Ischemia | | | Incision Graft Leg Date | Intestine Ischemia | | |
| EVAR Imaging Performed | Date | | | | Date | | | |
| EVAR Current AAA Dia | mm | | | | mm | | | |
| EVAR Current Endoleak | Type 1 Type 2 | Type 3 Indeterminate | | | Type 1 Type 2 | Type 3 Indeterminate | | |
| EVAR Add'l Procedure | Endoleak Sac Growth Date | Migration Limb Occlusion Symptoms-Rupture | | | Endoleak Sac Growth Date | Migration Limb Occlusion Symptoms-Rupture | | |
| EVAR Conversion to Open | Endoleak Sac Growth Date | Migration Limb Occlusion Symptoms-Rupture | | | Endoleak Sac Growth Date | Migration Limb Occlusion Symptoms-Rupture | | |
| Open Bypass ABIs | RT ABI | LT ABI | | | RT ABI | LT ABI | | |
| Open Bypass TBIs | RT TBI | LT TBI | | | RT TBI | LT TBI | | |
| Open Bypass Toe Pressure | RT TP | LT TP | | | RT TP | LT TP | | |

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|--|---|------------|----------------------|------------|-------|-------------------------|-----|----------------------|------------|-------|
| Open Bypass Revision | Surgical Date | | Percutaneous | | | Surgical Date | | Percutaneous | | |
| Open Bypass Patency | Yes | No | | | | Yes | No | | | |
| Open Bypass Pulses | Palpable graft pulse | | ABI increase >0.15 | | | Palpable graft pulse | | ABI increase >0.15 | | |
| | Palpable distal pulse | | Duplex | | | Palpable distal pulse | | Duplex | | |
| OT Repeat Procedure | Yes No | | | | | Yes No | | | | |
| | Surgical Date | | Percutaneous Date | | | Surgical Date | | Percutaneous Date | | |
| OT Add'l Vascular Proc | Yes No | | | | | Yes No | | | | |
| | Surgical Date | | Percutaneous Date | | | Surgical Date | | Percutaneous Date | | |
| OT Vessel Patent | Yes | No | | | | Yes | No | | | |
| Wound Complication | Yes | No | ND | | | Yes | No | ND | | |
| Amputation | Yes | No | ND | | | Yes | No | ND | | |
| | RT | LT | | | | RT | LT | | | |
| | AKA | BKA | Foot | Metatarsal | Digit | AKA | BKA | Foot | Metatarsal | Digit |
| | Hip disarticulation | | | | | Hip disarticulation | | | | |
| MI | Yes | No | ND | Date | | Yes | No | ND | Date | |
| TIA/Stroke | Yes | No | ND | Date | | Yes | No | ND | Date | |
| Renal Failure/Dialysis | Yes | No | ND | Date | | Yes | No | ND | Date | |
| Transfusion | Yes | No | ND | Date | | Yes | No | ND | Date | |
| Still Taking Opioid 30-Day Follow-up ONLY | No | Same as DC | New opioid/dose | | | | | | | |
| Type of Opioid | Hydrocodone (Norco, Vicodin, Lortab, Lorcet) Oxycodone (OxyContin, Percocet, Roxicodone) Codeine (Tylenol 2, 3, or 4) Tramadol (Ultram, Ultram ER) Other (Fentanyl, Morphine, Dilaudid, etc.) | | | | | | | | | |
| Opioid 1 Dose/Unit | Dose___ mg ml mcg/hr mg/ml other | | | | | | | | | |
| Opioid 2 Dose/Unit | Dose___ mg ml mcg/hr mg/ml other | | | | | | | | | |
| Prescribing Provider | Procedural physician surgeon PCP Other surgical physician Pain specialist Oncologist Other | | | | | | | | | |
| Refills Requested | Yes | No | Refills Given | | Yes | No | | | | |
| Prescribing Provider | Procedural physician surgeon PCP Other surgical physician Pain specialist Oncologist Other | | | | | | | | | |