**Patient Information:**

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| --- | --- | --- | --- |
| Date of Discharge: |  | NCDR Cath PCI Other ID: |  |
| NCDR Cath PCI Pt ID: |  | Date of Birth: |  |

**Insurance Coverage:**

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| --- | --- | --- |
| **Insured**: Y/N  **Commercial**: Y/N  ○ BCBSM  ○ Other  **HMO** Y/N  ○ BCN  ○ Other HMO | **Government Provided:**  **Y/N**  ○ Medicare Original  Medicare Supplement Y/N  ○ BCBSM  ○ Other  ○ Medicare Advantage (Part C)  ○ BCBSM ○ BCN ○ Other | Government (cont.)  ○ Blue Cross Complete of MI  ○ Medicaid  ○ County Coverage  ○ Other  **Other Insurance: Y/N** |

**Patient History/Comorbidity:**  **Procedure Information:**

|  |  |  |
| --- | --- | --- |
| Current/Recent GIB: Y/N |  | Procedure Date/Time: |
| Afib/Aflutter: Y/N |  | Performed in Lab#: |
| TIA/CVA: Y/N |  | Indication for Procedure NSTE-ACS? Y/N  If “Yes”, select one of the following: NSTEMI/USA |
| Diabetes Tx: IDDM NIDDM N/A |  | Presented to Cath lab from:  ◌ Home ◌ Another Acute Care Facility  ◌ ED ◌ Other area of this facility ◌ Other |
| Heart Team Eval: Y/N |  | Intra Procedure ACT: \_\_\_\_\_\_\_\_\_seconds □ N/A |
| CTS+Additional Int. Consult: Y/N |  | LVEDP: \_\_\_\_\_\_\_\_\_\_\_\_mmHg □ N/A |
| **Cardiac Arrest w/in 24 hrs:** Y/N  **If yes:**  Hypothermia in cardiac arrest  Date: Time:  Location: ◌ ER ◌ Cath Lab ◌ ICU ◌ N/A |  | IVUS/OCT post PCI: Y/N |
| Chronic Total Occlusion (CTO): Y/N  If “Yes”, please enter the following:  J-CTO Score: \_\_\_\_\_\_\_\_ ○ Not Documented    Select all approaches utilized or attempted to cross CTO lesion:  □ Antegrade wire escalation □ Antegrade dissection/re-entry  □ Retrograde □ Not Documented  Re-entry device used? Y/N  Perforation requiring treatment? Y/N |

**Outcomes in Lab:** □ None of the following outcomes in lab

|  |  |  |
| --- | --- | --- |
| Angina>30 Minutes: Y/N |  | Side Branch Occlusion: Y/N |
| Acute Closure: Y/N |  | Rescue IIb/IIIa: Y/N |
| No Reflow: Y/N |  | Distal Embolization: Y/N |
| Untreated Dissection: Y/N |  | |

**Outcomes Post Lab:** □ None of the following outcomes post lab

|  |  |  |
| --- | --- | --- |
| Stent Thrombosis Y/N |  | VT/VF Requiring Therapy Y/N |
| Infection/Sepsis Y/N |  | New Atrial Fibrillation Y/N |
| Primary Access Site Vasc Comp:  If “Yes”, ***choose all that apply***  □ Pseudoaneurysm □ Acute Thrombosis  □ AV Fistula □ Surgical Repair  □ Femoral Neuropathy □ Loss of Limb  □ Retroperitoneal Hematoma □ Hematoma |  | Secondary Access Site: Y/N  Rationale for Secondary Site: If “Yes”,***choose all that apply*:**  □ IABP □ Impella □ Impella RP  □ Tandem Heart □ Impella 2.5 □ Impella5.0/LD  □ ECMO □ Impella CP    □ **Additional Procedure Access**  □ **Failed Access:** □ Femoral □ Brachial □ Radial □ Other |
| Transfusion of Platelets: Y/N |  | Secondary Access Site Vasc Comp: Y/N  If “Yes”, **choose all that apply**  □ Pseudoaneurysm □ Acute Thrombosis  □ AV Fistula □ Surgical Repair  □ Femoral Neuropathy □ Loss of Limb  □ Retroperitoneal Hematoma □ Hematoma |
| Transfusion of FFP: Y/N |

**Medications:**

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| --- | --- | --- | --- |
| Aspirin w/in 24 hours: | □ Given □ Not Given |  |  |
| IV Vasopressor(s): | □ Given □ Not Given | □ Pre □ During □ Post | **Agent**: □ Dopamine  □ Norepinephrine  □ Phenylephrine  □ Other |
| IV Heparin post: | □ Given □ Not Given |  |
| IV Nitroglycerin post: | □ Given □ Not Given |  |
| Bivalirudin (Angiomax): | □ Given □ Not Given | □ During □ Post |
| Cangrelor (Kengreal): | □ Given □ Not Given | □ During □ Post |
| Eptifibatide (Integrilin): | □ Given □ Not Given | □ During □ Post |
| Tirofiban (Aggrastat): | □ Given □ Not Given | □ During □ Post |
|  |  |  |

**Hydration:**

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| --- | --- | --- | --- |
| Oral: □ Given □ Not Given | 6hr Pre: ml  □ N/A |  | 6hr Post: ml  □ N/A |
| Intravenous**:** □ Given □ Not Given | 6hr Pre: ml  □ N/A | During: ml  □ N/A | 6hr Post: ml  □ N/A |

**Medications at Admission:**

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| --- | --- | --- |
| Opioid: □ Given □ Not Given  NSAID: □ Given □ Not Given |  | GLP-1: □ Given □ Not Given  SGLT2 Inhibitor: □ Given □ Not Given |

**Medications at Discharge:**

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| --- | --- | --- |
| Aldosterone Antagonist: □ Prescribed □ Not Prescribed  Opioid: □ Prescribed □ Not Prescribed  NSAID: □ Prescribed □ Not Prescribed  Icosapent Ethyl: □ Prescribed □ Not Prescribed |  | PPI: □ Prescribed □ Not Prescribed  Entresto: □ Prescribed □ Not Prescribed  SGLT2 Inhibitor: □ Prescribed □ Not Prescribed  GLP-1: □ Prescribed □ Not Prescribed |

Discharge:

|  |  |  |
| --- | --- | --- |
| Lipid Panel Y/N  Total\_\_\_\_\_\_ HDL\_\_\_\_\_ LDL\_\_\_\_ Triglycerides\_\_\_\_\_\_\_\_\_\_  LVEF Assessment this admit: Y/N If “Yes” \_\_\_\_%  P2Y12 Duration: Y/N  Cardiac Rehab Liaison: Y/N    LDL Goal: Y/N |  | Smoking Cessation Counseling Y/N ○Not Applicable  If “Yes”:  □ Physician delivered advice  □ Pt. refused  □ Nicotine Replacement Therapy  □ Pt. refused  □ Referral to smoking counseling services  □ Pt. refused  □ Local counseling service  □ Michigan Quitline  □ Other counseling service |