BMC2 PCI 2024 WORKSHEET

Patient Information:

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

Insurance Coverage:

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:

Current/Recent GIB: Y/N
Afib/Aflutter: Y/N
TIA/CVA Y/N
Diabetes Tx: ○IDDM ○NIDDM ○N/A
Heart Team Eval: Y/N
CTS+Additional Int. Consult Y/N

Cardiac Arrest w/in 24 hrs: Y/N
If yes:
Hypothermia in cardiac arrest
Date: Time:

Location: ○ER ○Cath Lab ○ICU ○N/A

Medications at Admission:

GLP-1: □ Given □ Not Given
NSAID: □ Given □ Not Given

Opioid: □ Given □ Not Given
SGLT2 Inhibitor: □ Given □ Not Given

Medications at Discharge:

Aldosterone Antagonist: □ Prescribed □ Not Prescribed
Entresto: □ Prescribed □ Not Prescribed
GLP-1: □ Prescribed □ Not Prescribed
Icosapent Ethyl: □ Prescribed □ Not Prescribed

NSAID: □ Prescribed □ Not Prescribed
Opioid: □ Prescribed □ Not Prescribed
PPI: □ Prescribed □ Not Prescribed
SGLT2 Inhibitor: □ 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 N/A

LDL Goal: Y/N

Smoking Cessation Counseling Y/N
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

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Procedure Information:

Procedure Date/Time:
Performed in Lab#:
Indication for Procedure NSTE-ACS? Y/N If "Yes", select one of the following: NSTEMI/USA
Presented to Cath lab from: ○Home ○Another Acute Care Facility ○ED ○Other area of this facility ○Other
Intra Procedure ACT: _____seconds □N/A
LVEDP: _____mmHg □N/A
IVUS/OCT post PCI: Y/N

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

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

Secondary Access Site: Y/N

If "Yes", Rationale for Secondary Site: ***choose all that apply*:**
□IABP □ Tandem Heart
□ECMO □ Impella
□Impella 2.5 □ Impella CP
□ Impella RP □Impella5.0/LD
□ Impella ECP
□ Additional Procedure Access
□ **Failed Access:**
□ Femoral □ Brachial
□ Radial □ Other

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 wiring
□ Antegrade dissection/re-entry
□ Retrograde □ Not Documented

Re-entry device used?
□Yes, attempted successful
□Yes, attempted unsuccessful
□No

Perforation requiring treatment? Y/N

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

Stent Thrombosis Y/N	VT/VF Req. Therapy Y/N
Infection/Sepsis Y/N	New Atrial Fibrillation Y/N
Primary 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	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 Platelets Y/N	Transfusion FFP Y/N

Medications:

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

Hydration:

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