BMC2 PCI 2027 WORKSHEET

Patient Information:

Date of Discharge:	NCDR CathPCI Other ID:
NCDR CathPCI Pt ID:	Date of Birth:

Patient History/Comorbidity:

Atrial Fibrillation(AF)/Aflutter: Y | N History of TIA/CVA: Y | N Diabetes Treatment: ○ IDDM ○ NIDDM ○ Not Applicable	Lactate: Y | N *If "yes",* _____mmol/l Lactic Acid: Y | N *If "yes",* _____mmol/l pH: Y | N *If "yes",* _____	Cardiac Arrest: Y | N *If "yes",* TTM in cardiac arrest: Y | N *If "yes",* Select Protocol Type: ○ Normothermia ○ Hypothermia ○ Not Available

Medications at Admission:

Given Medications at Admission: Y | N *If "yes", choose medications:*

Bempedoic acid: Y | N	Colchicine: Y | N	GLP-1: Y | N	SGLT2 Inhibitor: Y | N

Medications at Discharge:

Pt deceased or discharge location (NCDR V5 # 10110) "other acute care hospital," AMA, or (NCDR V5 # 10115) Hospice Care: Y | N

If "no": Given Medications at Discharge: Y | N *If "yes", choose medications:*

Aldosterone Antagonist: Y | N Bempedoic acid: Y | N	Colchicine: Y | N Entresto: Y | N	GLP-1: Y | N Icosapent Ethyl: Y | N	PPI: Y | N SGLT2 Inhibitor: Y | N

Discharge:

Lipid Panel: Y | N *If "yes":* Total Cholesterol: Documented | Not Documented *If "documented", enter value:* _____ HDL: Documented | Not Documented *If "documented", enter value:* _____ LDL: Documented | Not Documented *If "documented", enter value:* _____ Triglycerides: Documented | Not Documented *If "documented", enter value:* _____ LVEF this admission: Y | N *If "yes", enter value:* _____	P2Y12 Duration: Y | N Cardiac Rehab Liaison: Y | N | N/A Smoking Cessation Counseling: Y | N *If "yes":* ☐ Physician delivered advice ○ Patient refused: Y | N ☐ Nicotine replacement therapy ○ Patient refused: Y | N ☐ Referral to smoking counseling services ○ Patient refused: Y | N *If "no":* select: Michigan Quitline; local, or other counseling service

Procedural Medications:

Aspirin w/in 24 hrs: ○ Given ○ Not Given ○ Contraindicated	Cangrelor (Kengreal): ○ Given ○ Not Given	Eptifibatide (Integrillin): ○ Given ○ Not Given	Tirofiban (Aggrastat): ○ Given ○ Not Given

IV Vasopressors: ○ Given ○ Not Given	*If "given":* Select all options that apply: ☐ Pre ☐ During ☐ Post	Agents Given: ☐ Dopamine ☐ Epinephrine ☐ Norepinephrine ☐ Phenylephrine ☐ Other

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Procedure Information:

Procedure Date/Time: _____ Performed in Lab #: _____ Indication for Procedure NSTE-ACS?: Y | N *If "yes":* ○ NSTEMI ○ USA Presented to Cath lab from: ○ Home ○ ASC/FSOF ○ Another Acute Care Facility ○ Other area of this facility ○ Other CT or Angiogram w/in 24 hrs: Y | N *If "yes":* Contrast Amount Documented: Y | N *If "yes", enter value:* _____ Intra Procedure ACT: Y | Not documented *If "yes", enter value:* _____	Non-Wire Based Physiologic Assessment: Y | N LVEDP: Y | Not documented *If "yes", enter value:* _____ IVUS/OCT post PCI: Y | N *If "yes", enter lesion #:* _____ MSA: Y | N *If "yes", enter value:* ___ mm^2 DRLA: Y | N *If "yes", enter value:* ___ mm^2 Attempted: Y | N Secondary Access Site: Y | N *If "yes",* Rational for access: Y | N *If "yes",* select rationale: ○ Additional procedure access ○ Mechanical circulatory support ○ Failed access ☐ Femoral ☐ Brachial ☐ Radial ☐ Other	Chronic Total Occlusion(CTO): Y | N *If "yes",* J-CTO Score: Y | Not documented *If "yes", enter value:* _____ Crossing Strategies: ☐ 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 in Lab:

Were there any outcomes during the procedure?: Y | N *If "yes", choose:*

Acute Closure: Y | N	No Reflow: Y | N	Untreated Dissection: Y | N	Side Branch Occlusion: Y | N

Outcomes Post Lab:

Were there any outcomes during the procedure?: Y | N *If "yes", choose:*

Stent Thrombosis: Y | N VT/VF Requiring Therapy: Y | N New Afib: Y | N	Primary Access Site Vascular Complication: Y | N *If "yes", select option:* ☐ Pseudoaneurysm ☐ Acute thrombosis ☐ AV fistula ☐ Surgical repair ☐ Femoral neuropathy ☐ Loss of limb ☐ Retroperitoneal hematoma ☐ Hematoma	Secondary Access Site Vascular Complication: Y | N *If "yes", select option:* ☐ Pseudoaneurysm ☐ Acute thrombosis ☐ AV fistula ☐ Surgical repair ☐ Femoral neuropathy ☐ Loss of limb ☐ Retroperitoneal hematoma ☐ Hematoma

Hydration:

Oral: ○ Given ○ Not Given *If "given", enter value for post:* _____	Intravenous: ○ Given ○ Not Given *If "given", enter value for during:* _____ *If "given", enter value for post:* _____

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