Percutaneous Coronary Intervention Report

Facility Name						PFI Number	Sequence Number
			I. Pat	ient Informat	tion		
Patient Name							
(la					(first)		_
Medical Record Number Social Security			Number		Date of Birth m d y		
Sex Ethni	icity	Race			Residence Co	de (see instructions)	Hospital Admission Date
1 Male 1	Hispanic	1 White	4 🗌 A	sian			
2 Female 2	Non-Hispanic	2 Black	5 P	acific Islander			
		3 Native Ame	rican 8 0	ther	State or Cour	ntry (if 99 code is used)	m d y
Primary payer		Medicaid			Transfer PFI		_
			II. Proc	edural Inform	nation		
Hospital that perform Hospital Name	ed diagnostic ca	th					PFI PFI
Primary Physician Per	forming PCI						
Name			Licer	nse Number		Date of I	PCI d y
Time of first intervent	cional device:	: i	n Military Tim	e			•
Diagnostic Cath durin	q same lab visit		1 Yes	2 No			
Previous PCI this adm			1 Yes	2 No	Date of P	CI d d	y
PCI Prior to this admi	ssion at this hos	pital	1 Yes	2 No	Date of P	CI d d	y
Is this PCI a follow-up as part of a staged tre			1 Yes	2 No			j
Total Contrast Volume (72 hours)	Additional Procedure	Access Site	Thrombolytic		2 3-6 hrs F	Pre-Proc 3 >6	hrs - within 7 days Pre-proc
[cc		Leg		aindicated			ange p
		III. Ves			ecific Informat	ion	
Vessels Diseased (che	ck <i>all</i> that apply)					
LM		Proxima			LAD or Major Di	_	
	3 90 - 100%		69%	6	50 - 69%	8 50 - 69	
2 70 - 89%		5 70 -	100%	7	70 - 100%	9 70 - 10	00% 11 70 - 100%
Complete one line for See instructions for di				one line for ea	ach non-attemp	ted lesion with stend	osis of at least 50%.
Bypas		% Pre-op	Previous	Device			Lesion % Post-op
Location (A or	V) Stenosis	Stenosis	PCI	#1	#2 #	1 #2 De	escription Stenosis
Devices			Lesion Description	1		Stents	
0 – Not Attempted / No Devi	ces 5 – Cutting Ballo	on	1 – Small Vessel («		Tortuous/angled	0 – No Sten	nt Used 6 – Sirolimus
1 — Balloon 3 — Rotational Atherectomy	11 – Angiojet 12 – Mech. Thron	ihus Extrac	2 – Long Lesion (> 3 – Bifurcation		Complex – details not o None of the above	loc. 1 — Un-Coat 2 — Covered	
4 – Protective Devices	98 – Failed PCI – 99 – Other		4 – Heavily calcifie			4 – Paclitax	

	on (complete this section for	The patients with an Hi	tess than E+ hours pric	,, 10 , 61.)			
Onset of Ischemic Symptoms:	ime :	New ST ElevationNew ST↓ or T↓					
Arrival at Transferring Hospital:	d y	:	New LBBB ☐ TIMI ≤ II				
Arrival at PCI Hospital:	d y	:	Ongoing Ischemia at time of proc				
	V. Pre-intervention Risk F	actors (answer <i>all</i> that a	apply)				
Priority Height	Weight	Ejection Fraction	Creatinine	Angina			
1 Elective 2 Urgent cm	kg	%	mg/d	l CCS Class			
3 Emergency		Measure		Туре			
0 None of the pre-intervention risk fac	tors listed below were prese	nt					
1	(most recent) nours <12 hours -<24 hours days (use 21 for 21 or more)		12 Unctable				
18 Congestive Heart Failure, Current 19 Congestive Heart Failure, Past 37 BNP, 3x Normal 20 Malignant Ventricular Arrhythmia	21 Chronic Obstructive 22 Diabetes requiring r 24 Renal Failure, dialys 28 Previous CABG Surg	medication sis	34 Stent Thrombo 35 Any Previous C	due to Dx cath complication siss Organ Transplant on to ASA/Plavix			
	VI. Major Events Follow	ring PCI (check <i>all</i> that	apply)				
0 None		8 A/V Injury at	8 \square A/V Injury at Cath Entry Site, requiring intervention				
1 Stroke (new neurological deficit) 24							
1A Stroke (new neurological deficit) ove	er 24 hrs	_	14 Emergency Cardiac Surgery				
2 Q-Wave MI 7A Acute Occlusion in the Targeted Lesi	on		17 Stent Thrombosis 18 Emergency Return to Cath Lab for PCI				
7B Acute Occlusion in a Significant Side			19 Coronary Perforation				
	VII. Discha	rge Information					
Is an additional PCI planned as follow-up to			0 No 1	Yes			
Discharged alive to:	Died in:			Hospital Discharge Date			
11 Home	2 🗌 Operati	ing Room					
12 Hospice		ry Room		m d y			
13 Acute Care Facility		Care Unit					
14 Skilled Nursing Home		l/Surgical Floor		30 Day Status			
15 In-Patient Physical Medicine & Reha			1 Live				
19 Other (specify)		sit to Other Facility ere in Hospital y)	2 Dead 9 Unknown				
	VIII Daman	Completing Report		I			

viii. Person Completing Report

Name

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