NEW YORK STATE DEPARTMENT OF HEALTH
New York State Cardiac Advisory Committee

Percutaneous Coronary Intervention Report

Facility Name _____ PFI Number ____ Sequence Number ____

I. Patient Information

Patient Name _____ (last) _____ (first)

Medical Record Number ____

Social Security Number ___ – __ – ____

Date of Birth __ __ / __ __ / __ __ (m d y)

Sex: 1 ☐ Male 2 ☐ Female

Ethnicity: 1 ☐ Hispanic 2 ☐ Non-Hispanic

Race: 1 ☐ White 2 ☐ Black 3 ☐ Native American 4 ☐ Asian 5 ☐ Pacific Islander 8 ☐ Other _____

Residence Code (see instructions) __

State or Country (if 99 code is used) _____

Hospital Admission Date __ __ / __ __ / __ __ (m d y)

Primary payer __

Medicaid __

Transfer PFI ____

Hospital that performed diagnostic cath
Hospital Name _____ PFI ____

Primary Physician Performing PCI
Name _____ License Number ____ Date of PCI __ __ / __ __ / __ __ (m d y)

Time of first interventional device: __ __ : __ __ in Military Time

Diagnostic Cath during same lab visit: 1 ☐ Yes 2 ☐ No

Previous PCI **this** admission: 1 ☐ Yes 2 ☐ No Date of PCI __ __ / __ __ / __ __ (m d y)

PCI Prior to this admission at this hospital: 1 ☐ Yes 2 ☐ No Date of PCI __ __ / __ __ / __ __ (m d y)

Is this a follow-up PCI as part of a staged treatment strategy? 0 ☐ No 1 ☐ Yes, with PCI 2 ☐ Yes, with CABG

Total Contrast Volume (72 hours) ____ cc

Additional Procedure ☐

Access Site: ☐ Arm ☐ Leg

Thrombolytics: 1 ☐ <3 hrs Pre-Proc 2 ☐ 3-6 hrs Pre-Proc 3 ☐ >6 hrs - within 7 days Pre-proc ☐ Contraindicated

Vessels Diseased (check *all* that apply)

LMT	Proximal LAD	Mid/Dist LAD or Major Diag	RCA or PDA	LCX or Large Marg
1 ☐ 50 - 69%	4 ☐ 50 - 69%	6 ☐ 50 - 69%	8 ☐ 50 - 69%	10 ☐ 50 - 69%
2 ☐ 70 - 89%	5 ☐ 70 - 100%	7 ☐ 70 - 100%	9 ☐ 70 - 100%	11 ☐ 70 - 100%
3 ☐ 90 - 100%				

Previous LIMA use (chose one) 1 ☐ Used, remains patent 2 ☐ Used, graft not functional 3 ☐ Never used

Complete one line for each lesion for which PCI was attempted, and one line for each non-attempted lesion with stenosis of at least 50%.

Location	Byp (A/V)	Byp Sten	% Pre-op Stenosis	IVUS	FFR	Previous PCI	Devices #1	Devices #2	Stents #1	Stents #2	Lesion Description	% Post-op Stenosis
					.							
					.							
					.							
					.							
					.							
					.							
					.							

Devices
0 – Not Attempted / No Devices
1 – Balloon
3 – Rotational Atherectomy
4 – Protective Devices
5 – Cutting Balloon
11 – Angiojet
12 – Mech. Thrombus Extrac.
98 – Failed PCI – No Device
99 – Other

Lesion Description
1 – Small Vessel (< 2.5 mm)
2 – Long Lesion (> 33 mm)
3 – Bifurcation
4 – Heavily calcified/ unyielding
5 – Tortuous/angled
6 – Complex – details not doc.
7 – CTO
8 – Dissection w/o prev. lesion
9 – None of the above

Stents
0 – No Stent Used
1 – Un-Coated (BMS)
2 – Covered
4 – Paclitaxel
6 – Sirolimus
7 – Zotarolimus
8 – Everolimus
9 – Other Coated

IV. Acute MI Information *(Complete this section for ALL patients with an MI less than 24 hours prior to PCI.)*

	Date (m d y)	Time	
Onset of Ischemic Symptoms:		:	Estimated ☐
Arrival at Transferring Hospital:		:	
Arrival at PCI Hospital:		:	

- ☐ New ST Elevation
- ☐ New ST↓ or T↓
- ☐ New LBBB
- ☐ TIMI ≤ II
- ☐ Ongoing Ischemia at Time of Proc
- ☐ Killip Class 2 or 3

V. Pre-intervention Risk Factors (answer *all* that apply)

Priority
1 ☐ Elective
2 ☐ Urgent
3 ☐ Emergency

Height ___ cm
Weight ___ kg

Stress Test
☐ Done
☐ Type
☐ Result

Anti-anginal Med Therapy (check all that apply)
☐ Beta Blockers
☐ Ca Channel Blockers
☐ Long Acting Nitrates
☐ Ranolazine
☐ Other

Ejection Fraction ___ %
Measure ☐

Creatinine ___.___ mg/dl

Angina
CCS Class ☐
Type ☐

0 ☐ None of the pre-intervention risk factors listed below were present

Previous PCIs
1 ☐ One
2 ☐ Two
3 ☐ Three or more

Previous MI (most recent)
4 ☐ <6 hours
5 ☐ ≥6-<12 hours
6 ☐ ≥12-<24 hours
7 ☐☐ days *(use 21 for 21 or more)*

9 ☐ Cerebrovascular Disease
10 ☐ Peripheral Vascular Disease

Hemodynamic Instability at time of procedure
12 ☐ Unstable
13 ☐ Shock

18 ☐ Congestive Heart Failure, Current
19 ☐ Congestive Heart Failure, Past
37 ☐ BNP, 3x Normal
20 ☐ Malignant Ventricular Arrhythmia
21 ☐ Chronic Obstructive Pulmonary Disease
22 ☐ Diabetes Requiring Medication
24 ☐ Renal Failure, Dialysis
28 ☐ Previous CABG Surgery
32 ☐ Emergency PCI due to Dx cath complication
34 ☐ Stent Thrombosis
35 ☐ Any Previous Organ Transplant
36 ☐ Contraindication to ASA/Plavix

VI. Major Events Following PCI (check *all* that apply)

0 ☐ None
1 ☐ Stroke (new neurological deficit) 24 hrs or less
1A ☐ Stroke (new neurological deficit) over 24 hrs
2 ☐ Q-Wave MI
7A ☐ Acute Occlusion in the Targeted Lesion
7B ☐ Acute Occlusion in a Significant Side Branch
8 ☐ A/V Injury at Cath Entry Site, requiring intervention
10 ☐ Renal Failure
14 ☐ Emergency Cardiac Surgery
17 ☐ Stent Thrombosis
18 ☐ Emergency Return to Cath Lab for PCI
19 ☐ Coronary Perforation

VII. Discharge Information

Is a follow-up procedure planned, as part of a staged treatment strategy? 0 ☐ No 1 ☐ Yes, PCI 2 ☐ Yes, CABG

Discharged alive to:
11 ☐ Home
12 ☐ Hospice
13 ☐ Acute Care Facility
14 ☐ Skilled Nursing Home
15 ☐ In-Patient Physical Medicine & Rehab
19 ☐ Other (specify) _____

Died in:
2 ☐ Operating Room
3 ☐ Recovery Room
4 ☐ Critical Care Unit
5 ☐ Medical/Surgical Floor
6 ☐ Cath Lab
7 ☐ In Transit to Other Facility
8 ☐ Elsewhere in Hospital (specify) _____

Hospital Discharge Date (m d y)

30 Day Status
1 ☐ Live
2 ☐ Dead
9 ☐ Unknown

Stress Test Done
1 - Yes
2 - No
9 - Unknown

Stress Test Type
1 - Stndrd Exercise
2 - Stress Echo
3 - w/SPECT MPI
4 - w/CMR
9 - Not Done/Unknown

Stress Test Result
1 - Neg.
2 - Pos., Low
3 - Pos., Intermed
4 - Pos., High
5 - Pos., Risk unavail.
6 - Indeterminate
7 - Unavailable
9 - Not Done/Unknown

Ejection Fraction Measure
1 - LV Angiogram
2 - Echo
3 - Radionuclide
4 - TEE
8 - Other
9 - Not Done/Unknown