

Facility Name \_\_\_\_\_

PFI Number \_\_\_\_\_

Sequence Number \_\_\_\_\_

## I. Patient Information

Patient Name \_\_\_\_\_

(last)

(first)

Medical Record Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex

Ethnicity

Race

Residence Code (see instructions)

Hospital Admission Date

1  Male

1  Hispanic

1  White

4  Asian

2  Female

2  Non-Hispanic

2  Black

5  Pacific Islander

3  Native American

8  Other

State or Country (if 99 code is used)

Primary payer \_\_\_\_\_

Medicaid \_\_\_\_\_

Transfer PFI \_\_\_\_\_

## II. Procedural Information

Hospital that Performed Diagnostic Cath \_\_\_\_\_

Physicians

Name

License #

Hospital Name \_\_\_\_\_

PFI \_\_\_\_\_

Primary Surgeon \_\_\_\_\_

Date of Surgery \_\_\_\_\_

m

d

y

Anesthesiologist (1) \_\_\_\_\_

Anesthesiologist (2) \_\_\_\_\_

Int. Cardiologist \_\_\_\_\_

Prior Surgery this Admission 1  Yes 2  No

Date \_\_\_\_\_

m

d

y

CABG Information

Total Conduits \_\_\_\_\_

Minimally Invasive

Arterial Conduits \_\_\_\_\_

Converted to Standard Incision

Distal Anastomoses \_\_\_\_\_

Converted from Off Pump to On Pump

IMA Grafting \_\_\_\_\_

Entire Procedure Off Pump

Cardiac Procedures this OR Visit

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

Congenital Diagnosis

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

## IIa. Peri-operative Information

Skin Incision Time \_\_\_\_\_ : \_\_\_\_\_

Hematocrit \_\_\_\_\_

Process

Skin Closure Time \_\_\_\_\_ : \_\_\_\_\_

1st in OR \_\_\_\_\_ %

Pre-op Beta-Blocker \_\_\_\_\_

Post-Op Glucose Control Protocol Used?

Pre-Induction BP \_\_\_\_\_ / \_\_\_\_\_

Lowest on CPB \_\_\_\_\_ %

Extubation in 24 hrs \_\_\_\_\_

Post-Op Temp \_\_\_\_\_ . \_\_\_\_\_ °C

Last on CPB \_\_\_\_\_ %

Post-Op Beta-Blocker \_\_\_\_\_

Temp Route \_\_\_\_\_

Post-Op \_\_\_\_\_ %

Intra-Op Blood Transfusion

## III. Pre-Op Surgical Risk Factors (answer all that apply)

Surgical Priority

Height

Stress Testing

Ejection Fraction

CCS Class

CAD Presentation

Creatinine

1  Elective

\_\_\_\_\_ cm

Done

\_\_\_\_\_ %

\_\_\_\_\_

1  No Sxs, no angina

\_\_\_\_\_ . \_\_\_\_\_ mg/dl

2  Urgent

Weight

Type

Measure \_\_\_\_\_

\_\_\_\_\_

2  Sx unlikely to be ischemic

3  Emergency

\_\_\_\_\_ kg

Result

\_\_\_\_\_

\_\_\_\_\_

3  Stable angina

4  Salvage

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4  Unstable angina

IMA Grafting

Temp Route

Process

Stress Testing

Type

Results

0 - Never

1 - Pulm Artery

8 - Other

1 - Yes

1 - Yes

1 - Standard Exercise

1 - Neg.

5 - Pos., Risk Unavail.

1 - This OR Visit

2 - Rectal/Bladder

9 - Unknown

2 - Contra

2 - No

2 - Echo

2 - Pos., Low

6 - Indeterminate

2 - Prior to this OR

3 - Nasopharyngeal

\_\_\_\_\_

3 - Neither

9 - Unknown

3 - w/SPECT MPI

3 - Pos., Intermed

7 - Unavailable

4 - Tympanic

4 - w/CMR

4 - Pos., High

9 - Not Done/Unknown

9 - Not Done/Unknown

### III. Pre-Op Surgical Risk Factors, continued (answer all that apply)

Vessels Diseased (check all that apply)

- |   |                                      |                                      |                                      |                                       |
|---|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| LMT   | Proximal LAD                         | Mid/Dist LAD or Major Diag           | RCA or PDA                           | LCX or Large Marg                     |
| 1 <input type="checkbox"/> 50 - 69%    3 <input type="checkbox"/> 90 - 100% | 4 <input type="checkbox"/> 50 - 69%  | 6 <input type="checkbox"/> 50 - 69%  | 8 <input type="checkbox"/> 50 - 69%  | 10 <input type="checkbox"/> 50 - 69%  |
| 2 <input type="checkbox"/> 70 - 89%   | 5 <input type="checkbox"/> 70 - 100% | 7 <input type="checkbox"/> 70 - 100% | 9 <input type="checkbox"/> 70 - 100% | 11 <input type="checkbox"/> 70 - 100% |

#### Valve Disease

- |               |                          |                          |                          |              |  |  |
|---------------|--------------------------|--------------------------|--------------------------|--------------|--|--|
|               | Aortic                   | Mitral                   | Tricuspid                | Valve Codes  | Anti-anginal Med Therapy<br>(check all that apply) | Other Patient Characteristics<br>(check all that apply)            |
| Stenosis:     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 - None     | <input type="checkbox"/> Beta Blockers             | <input type="checkbox"/> 50-69% stenosis with sig FFR/IVUS         |
| Incompetence: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 - Mild     | <input type="checkbox"/> Ca Channel Blockers       | <input type="checkbox"/> Chronic total occlusion is only stenosis  |
|               |                          |                          |                          | 2 - Moderate | <input type="checkbox"/> Long Acting Nitrates      | <input type="checkbox"/> Prior CABG - 3VD & multiple graft failure |
|               |                          |                          |                          | 3 - Severe   | <input type="checkbox"/> Ranolazine                | <input type="checkbox"/> LIMA used - no longer functional          |
|               |                          |                          |                          |              | <input type="checkbox"/> Other                     | <input type="checkbox"/> LIMA used - patent to native coronary     |

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

#### Previous Open Heart Operations

- 1  Previous CABG-Patent Grafts  
 1a  Previous CABG-No Patent Grafts  
 2a  Previous Valve Surgery  
 2  Any Other Previous Cardiac Surgery

#### Previous MI (most recent)

- 4  <6 hours  
 5  6-23 hours  
 6   days  
*(use 21 for 21 or more)*

#### Cerebrovascular Disease

- 9  Cerebrovascular Disease  
 9a  TIA only  
 10  Peripheral Vascular Disease

#### Hemodynamic Instability at time of procedure

- 12  Unstable  
 13  Shock

- 18  Congestive Heart Failure, Current  
 19  Congestive Heart Failure, Past  
 63  BNP, 3x Normal  
 20  Malignant Ventricular Arrhythmia  
 21 Chronic Lung Disease  
 1  None  
 2  Mild  
 3  Mod.  
 4  Severe

- 23  Extensive Aortic Atherosclerosis  
 24  Diabetes  
 24a Diabetes Therapy  
 1  None  
 2  Diet  
 3  Oral  
 4  Insulin  
 5  Other  
 25  Hepatic Failure

- 27  Renal Failure, Dialysis  
 30  Emergency Transfer to OR after Dx Cath  
 31  Surgery for PCI Complication  
 32  Previous PCI, This Episode  
 33  PCI Before This Episode  
 38  Stent Thrombosis  
 39  Any Previous Organ Transplant  
 40  Heart Transplant Candidate  
 62  Active Endocarditis

### IV. Major Events Following Operation (answer all that apply)

- |   |   |
|---|---|
| 0 <input type="checkbox"/> None                         | 8 <input type="checkbox"/> Sepsis   |
| 1 <input type="checkbox"/> Stroke                       | 9 <input type="checkbox"/> G-I Event  |
| 2 <input type="checkbox"/> Q-wave MI                    | 10 <input type="checkbox"/> Renal Failure   |
| 4 <input type="checkbox"/> Deep Sternal Wound Infection | 13 <input type="checkbox"/> Respiratory Failure                                       |
| 5 Bleeding Requiring Reoperation                        | 14 <input type="checkbox"/> Unplanned Cardiac Reoperation or interventional procedure |
| 1 <input type="checkbox"/> Acute                        |   |
| 2 <input type="checkbox"/> Late                         |   |

### V. Discharge Information

Discharged Alive to:

- 11  Home  
 12  Hospice  
 13  Acute Care Facility  
 14  Skilled NH  
 15  Inpatient Physical Medicine & Rehab  
 19  Other (specify) \_\_\_\_\_

Died in:

- 2  Operating Room    6  In Transit to Other Facility  
 3  Recovery Room    8  Elsewhere in Hospital (specify) \_\_\_\_\_  
 4  Critical Care Unit  
 5  Medical/Surgical Floor

Hospital Discharge Date

m	d	y			

30 Day Status:

- 1  Live  
 2  Dead  
 9  Unknown

### VI. Person Completing Report

Name \_\_\_\_\_ Referring Physician \_\_\_\_\_