

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

Surgical Priority	Height	Stress Testing	Ejection Fraction	CCS Class	Cardiac Symptoms	Creatinine
1 <input type="checkbox"/> Elective	<input type="text"/> <input type="text"/> <input type="text"/> cm	<input type="checkbox"/> Done	<input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/> Admission	<input type="text"/> <input type="text"/> <input type="text"/> mg/dl
2 <input type="checkbox"/> Urgent	Weight	<input type="checkbox"/> Type	Measure <input type="checkbox"/>		<input type="checkbox"/> Surgery	
3 <input type="checkbox"/> Emergency		<input type="checkbox"/> Result				
4 <input type="checkbox"/> Salvage	<input type="text"/> <input type="text"/> <input type="text"/> kg					

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%	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 (check all that apply)	Other Patient Characteristics (check all that apply)
Stenosis:	<input type="checkbox"/>	<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"/>	<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 Cardiac Surgeries	Previous MI (most recent)	Cerebrovascular Disease	Hemodynamic Instability
1 <input type="checkbox"/> CABG-Patent Grafts	4 <input type="checkbox"/> <6 hours	64 Neurological Event	67 <input type="checkbox"/> Shock
1a <input type="checkbox"/> CABG-No Patent Grafts	5 <input type="checkbox"/> 6-23 hours	1 <input type="checkbox"/> Stroke	68 <input type="checkbox"/> Refractory Shock
2a <input type="checkbox"/> Valve Surgery/Int.	6 <input type="text"/> <input type="text"/> days	2 <input type="checkbox"/> TIA, only	
2 <input type="checkbox"/> Other	(use 21 for 21 or more)	65 Imaging	
		1 <input type="checkbox"/> 50-79%	
		2 <input type="checkbox"/> >79%	
		66 <input type="checkbox"/> Revasc. Procedure	

10 <input type="checkbox"/> Peripheral Vascular Disease	23 <input type="checkbox"/> Extensive Aortic Atherosclerosis	30 <input type="checkbox"/> Emergency Transfer to OR after Dx Cath
18 <input type="checkbox"/> Congestive Heart Failure, Current	24 <input type="checkbox"/> Diabetes	31 <input type="checkbox"/> Surgery for PCI Complication
19 <input type="checkbox"/> Congestive Heart Failure, Past	24a Diabetes Therapy	32 <input type="checkbox"/> Previous PCI, This Episode
63 <input type="checkbox"/> BNP, 3x Normal	1 <input type="checkbox"/> None	33 <input type="checkbox"/> PCI Before This Episode
20 <input type="checkbox"/> Malignant Ventricular Arrhythmia	2 <input type="checkbox"/> Diet	38 <input type="checkbox"/> Stent Thrombosis
21 Chronic Lung Disease	3 <input type="checkbox"/> Oral	39 <input type="checkbox"/> Any Previous Organ Transplant
1 <input type="checkbox"/> None	4 <input type="checkbox"/> Insulin	40 <input type="checkbox"/> Heart Transplant Candidate
2 <input type="checkbox"/> Mild	25 <input type="checkbox"/> Hepatic Failure	62 <input type="checkbox"/> Active Endocarditis
3 <input type="checkbox"/> Mod.	27 <input type="checkbox"/> Renal Failure, Dialysis	
4 <input type="checkbox"/> Severe		

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

0 <input type="checkbox"/> None	5 Bleeding Requiring Reoperation	9 <input type="checkbox"/> G-I Event
1 <input type="checkbox"/> Stroke	1 <input type="checkbox"/> Acute	10 <input type="checkbox"/> Renal Failure
2 <input type="checkbox"/> Q-wave MI	2 <input type="checkbox"/> Late	13 <input type="checkbox"/> Prolonged Ventilator Dependence
4 <input type="checkbox"/> Deep Sternal Wound Infection	8 <input type="checkbox"/> Sepsis	14 <input type="checkbox"/> Unplanned Cardiac Re-op or Interventional Proc.

V. Discharge Information

Discharged Alive to:	Died in:	Hospital Discharge Date	30 Day Status:
11 <input type="checkbox"/> Home	2 <input type="checkbox"/> Operating Room	<input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Live
12 <input type="checkbox"/> Hospice	3 <input type="checkbox"/> Recovery Room	m d y	2 <input type="checkbox"/> Dead
13 <input type="checkbox"/> Acute Care Facility	4 <input type="checkbox"/> Critical Care Unit		9 <input type="checkbox"/> Unknown
14 <input type="checkbox"/> Skilled NH	5 <input type="checkbox"/> Medical/Surgical Floor		
15 <input type="checkbox"/> Inpatient Physical Medicine & Rehab	6 <input type="checkbox"/> In Transit to Other Facility		
19 <input type="checkbox"/> Other (specify) _____	8 <input type="checkbox"/> Elsewhere in Hospital (specify) _____		

VI. Person Completing Report

Name _____ Referring Physician _____