

# 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 4  Asian  
2  Black 5  Pacific Islander  
3  Native American 8  Other

ZIP Code \_\_\_\_\_  
State or Country (if not NYS) \_\_\_\_\_

Hospital Admission Date \_\_\_\_\_  
m d y

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

Medicaid \_\_\_\_\_

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

## II. Procedural Information

Hospital that performed diagnostic cath  
Hospital Name \_\_\_\_\_ PFI \_\_\_\_\_

Primary Physician Performing PCI

Name \_\_\_\_\_ NPI \_\_\_\_\_

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

PCI Prior to this admission 1  Yes 2  No

Date of PCI \_\_\_\_\_  
m d y

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  
3  Yes, with Valve

Contrast Volume \_\_\_\_\_ ml

Access Site

Arm  
 Leg

Dose Area Product \_\_\_\_\_ Gy\*cm<sup>2</sup>

## III. Vessels Disease and Lesion-Specific Information

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%

Previous LIMA use (chosed one) 1  Used, remains patent 2  Used, graft not functional 3  Never used 4  Unknown

Coronary Dominance 1  Left 2  Right 3  Co-Dominant

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		Previous PCI	Devices		Stents		Lesion Description	% Post-op Stenosis
				<input type="checkbox"/> OCT	<input type="checkbox"/> iFR		#1	#2	#1	#2		

**Devices**

0 - Not Attempted / No Devices  
1 - Balloon  
3 - Rotational Atherectomy  
4 - Protective Devices  
5 - Cutting Balloon  
12 - Mech. Thrombus Extrac.  
13 - Aspiration Thrombectomy  
14 - Laser Atherectomy  
15 - Orbital Atherectomy  
98 - Attempted PCI - No Device  
99 - Other

**Lesion Description**

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

### IV. Cardiac Presentation

CAD Presentation 1 <input type="checkbox"/> No Sxs, no angina 2 <input type="checkbox"/> Sx unlikely ischemic 3 <input type="checkbox"/> Stable angina 4 <input type="checkbox"/> Unstable angina 5 <input type="checkbox"/> Non-STEMI 6 <input type="checkbox"/> STEMI  CCS Class <input type="checkbox"/>	For ALL patients with MI < 24 hours prior to PCI Mode of Arrival 1 <input type="checkbox"/> Self/Family 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Other  Thrombolytics: 1 <input type="checkbox"/> <3 hrs 2 <input type="checkbox"/> 3-24 hrs 3 <input type="checkbox"/> >24 hrs	Onset of Ischemic Symptoms: <input type="checkbox"/> Onset Time Est First Medical Contact: <input type="checkbox"/> New ST ↓ or T ↓ Arrival at Transferring Hospital: <input type="checkbox"/> TIMI ≤ II Arrival at PCI Hospital: <input type="checkbox"/> Ongoing Isch at time of proc <input type="checkbox"/> Killip Class 2 or 3
	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m d v	Time <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> m d y

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

PCI STATUS (check one) 1 <input type="checkbox"/> STEMI, Immediate 2 <input type="checkbox"/> STEMI, >12 hrs, Symptomatic 3 <input type="checkbox"/> STEMI, >12 hrs, Asymptomatic 4 <input type="checkbox"/> STEMI, successful lytics 5 <input type="checkbox"/> STEMI, failed lytics 6 <input type="checkbox"/> NSTEMI or UA, high risk 7 <input type="checkbox"/> None of the above	Height <input type="text"/> <input type="text"/> <input type="text"/> cm  Weight <input type="text"/> <input type="text"/> <input type="text"/> kg	Noninvasive Test <input type="checkbox"/> Stress <input type="checkbox"/> CTA  Calcium Score <input type="text"/> <input type="text"/> <input type="text"/>	Anti-anginal Med Therapy 1 = Used, 2 = Contra/Intol <input type="checkbox"/> Beta Blockers <input type="checkbox"/> Calcium Channel Blockers <input type="checkbox"/> Long Acting Nitrates <input type="checkbox"/> Ranolazine <input type="checkbox"/> Other	Ejection Fraction <input type="text"/> %  Measure <input type="checkbox"/>	Creatinine <input type="text"/> <input type="text"/> <input type="text"/> mg/dl  Aortic Valve Area <input type="text"/> <input type="text"/> <input type="text"/> cm <sup>2</sup>
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0  None of the pre-intervention risk factors listed below were present

Previous PCIs 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three or more	Previous MI (most recent) 4 <input type="checkbox"/> <6 hours 5 <input type="checkbox"/> ≥6-<12 hours 6 <input type="checkbox"/> ≥12-<24 hours 7 <input type="text"/> days (use 21 for 21 or more)	Cerebrovascular Disease 39 Neurological Event 1 <input type="checkbox"/> Stroke 2 <input type="checkbox"/> TIA, only	40 Imaging 1 <input type="checkbox"/> 50-79% 2 <input type="checkbox"/> >79% 41 <input type="checkbox"/> Cerebrovasc. Procedure	Cardiac Arrest 44 <input type="checkbox"/> Cardiac Arrest 38 <input type="checkbox"/> Anoxic Brain Injury Criteria Hemodynamic Instability 42 <input type="checkbox"/> Shock 43 <input type="checkbox"/> Refractory Shock
10 <input type="checkbox"/> PVD 18 <input type="checkbox"/> Heart Failure, Current 19 <input type="checkbox"/> Heart Failure, Past 20 <input type="checkbox"/> Malignant Ventricular Arrhythmia	21 Chronic Lung Disease 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Mild 3 <input type="checkbox"/> Mod. 4 <input type="checkbox"/> Severe	22 <input type="checkbox"/> Diabetes 22a Diabetes Therapy 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Diet 3 <input type="checkbox"/> Oral 4 <input type="checkbox"/> Insulin	24 <input type="checkbox"/> Renal Failure, Dialysis 28 <input type="checkbox"/> Previous CABG Surgery 6 <input type="checkbox"/> Other Sub Q 7 <input type="checkbox"/> Unknown 5 <input type="checkbox"/> Other	32 <input type="checkbox"/> Emergency PCI due to Dx cath complication 34 <input type="checkbox"/> Stent Thrombosis 35 <input type="checkbox"/> Any Previous Organ Transplant 45 <input type="checkbox"/> High Risk of Bleeding

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

0 <input type="checkbox"/> None 1 <input type="checkbox"/> Stroke 2 <input type="checkbox"/> Q-Wave MI 7a <input type="checkbox"/> Acute Occlusion, Targeted Lesion	7b <input type="checkbox"/> Acute Occlusion, Sig Side Branch 8 <input type="checkbox"/> A/V Injury at Entry Site, req. int. 10 <input type="checkbox"/> Renal Failure 14 <input type="checkbox"/> Emergency Cardiac Surgery	17 <input type="checkbox"/> Stent Thrombosis 18 <input type="checkbox"/> Emerg Return to Lab for PCI 19 <input type="checkbox"/> Coronary Perforation
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### VII. Discharge Information

Is a follow-up procedure planned, as part of a staged treatment strategy?    0  No    1  Yes, PCI    2  Yes, CABG    3  Yes, Valve

Discharged alive to: 11 <input type="checkbox"/> Home 12 <input type="checkbox"/> Hospice 13 <input type="checkbox"/> Acute Care Facility 14 <input type="checkbox"/> Skilled Nursing Home 15 <input type="checkbox"/> In-Patient Physical Medicine & Rehab 19 <input type="checkbox"/> Other (specify) _____	Died in: 2 <input type="checkbox"/> Operating Room 3 <input type="checkbox"/> Recovery Room 4 <input type="checkbox"/> Critical Care Unit 5 <input type="checkbox"/> Medical/Surgical Floor 6 <input type="checkbox"/> Cath Lab 7 <input type="checkbox"/> In Transit to Other Facility 8 <input type="checkbox"/> Elsewhere in Hospital (specify) _____	Hospital Discharge Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m d y  30 Day Status 1 <input type="checkbox"/> Live 2 <input type="checkbox"/> Dead 9 <input type="checkbox"/> Unknown
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CCS Class	Noninvasive Test Result	Ejection Fraction Measure		
1 - Class I	1 - Low Risk	5 - Indeterminate	1 - LV Angiogram	4 - TEE
2 - Class II	2 - Intermediate Risk	6 - Unavailable	2 - Echo	8 - Other
3 - Class III	3 - High Risk	9 - Not Done/Unknown	3 - Radionuclide	9 - Not Done/Unknown
4 - Class IV	4 - Pos., Risk unavail.			
8 - None				