

Cardiac Surgery Report – Adult (Age 18 and Over)

Facility Name _____ PFI Number Sequence Number

I. Patient Information

Patient's Name (Last) _____ (First) _____

Medical Record Number
Social Security Number --
Date of Birth / /
Month Date Year

Sex 1 Male 2 Female
Ethnicity 1 Hispanic 2 Non-Hispanic
Race 1 White 2 Black 3 Native American 4 Asian or Pacific Islander 8 Other _____
Detailed AAPI code
Other AAPI _____
ZIP Code
Hospital Admission Date / /
Month Date Year
State or Country (If not NYS) _____

Primary Payer Medicaid Preferred Language Transfer PFI

II. Procedural Information

Hospital that Performed Diagnostic Cath (Name/PFI) _____

Date of Surgery / /
Month Date Year

Prior Surgery this Admission
1 Yes / /
Month Date Year 2 No

Cardiac Procedures this OR Visit
1 2 3 4
5 6 7

Congenital Diagnosis
1 2 3

Physicians	Name	NPI
Primary Surgeon	_____	_____
Anesthesiologist (1)	_____	_____
Anesthesiologist (2)	_____	_____
Int. Cardiologist	_____	_____

CABG Information
Distal Anastomoses #
Venous
All Arterial
IMA
Radial
Other Art.
IMA Used? 1 Left 2 Right 3 Both 4 None
Bypassed this OR (Check All That Apply)
 LAD RCA LCX
Primary reason IMA not used:
2 Subclavian stenosis
3 Emergent or salvage procedure
4 Prev. cardiac or thoracic surg.
5 No (bypassable) LAD disease
6 Prev. mediastinal radiation
7 Other
of Radial Arteries used for grafts

Minimally Invasive Reason PCI this Procedure
 Converted to standard incision 1 Planned CAD
 Converted from Off to On-Pump 2 Prophylactic
 Entire Proc off Pump 3 Complication

Aorta Surgery - Report for any case using procedure codes 810, 811, 812

Concomitant Arch on Circ. Arrest

Underlying Condition:
1 - Degenerative 4 - Mycotic/Infection 7 - Pseudoaneurysm
2 - Bicuspid Aortopathy 5 - Aortitis 8 - Other
3 - Genetically Triggered 6 - Intra-op Event

Immediate Reason (Check All That Apply)
1 Aneurysm 4 Rupture
2 Acute Ao Dissection 5 Other
3 Chronic Ao Dissection

IIa. Peri-operative Information

(In Military Time)
Skin Incision Time :
Skin Closure Time :
Process Pre-op Beta-Blocker
Extubation in 24 hrs
Post-Op Beta-Blocker
 Intra-Op Blood Transfusion
 Post-Op Glucose Control Protocol

Process	EF Measure	CCS Class	Cardiac Symptoms	
1 - Yes	1 - LV Angio	1 - Class I	1 - No Symptoms	5 - STEMI
2 - Contra	2 - Echo	2 - Class II	2 - Stable Angina	6 - Angina equivalent
3 - Neither	3 - Radionuclide	3 - Class III	3 - Unstable Angina	7 - Other
			4 - Non-STEMI	

III. Pre-Op Surgical Risk Factors (Answer All That Apply)

Surgical Priority	Height	LV End Dimensions	Ejection Fraction	CCS Class	Creatinine	
1 <input type="checkbox"/> Elective	<input type="text"/> <input type="text"/> <input type="text"/> cm	Systolic <input type="text"/> <input type="text"/> mm	<input type="text"/> %	<input type="text"/>	<input type="text"/> <input type="text"/> mg/dl	
2 <input type="checkbox"/> Urgent	Weight	<input type="text"/> <input type="text"/> <input type="text"/> mm	Measure	Cardiac Symptoms	COVID - 19	
3 <input type="checkbox"/> Emergency		Diastolic <input type="text"/> <input type="text"/> mm				
4 <input type="checkbox"/> Salvage	<input type="text"/> <input type="text"/> <input type="text"/> kg					1 <input type="checkbox"/> No History
						2 <input type="checkbox"/> History, not this Episode of Care
						3 <input type="checkbox"/> This Episode of Care, No ARDS
					4 <input type="checkbox"/> This Episode of Care, ARDS	
					5 <input type="checkbox"/> This Episode of Care, Ventilator Required	

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%
<input type="text"/> <input type="text"/> mla		<input type="text"/> <input type="text"/> mla	<input type="text"/> <input type="text"/> mla	<input type="text"/> <input type="text"/> mla	<input type="text"/> <input type="text"/> mla
<input type="text"/> <input type="text"/> FFR/iFR		<input type="text"/> <input type="text"/> FFR/iFR	<input type="text"/> <input type="text"/> FFR/iFR	<input type="text"/> <input type="text"/> FFR/iFR	<input type="text"/> <input type="text"/> FFR/iFR

If reported, MLA by: 1 IVUS 2 OCT FFR or iFR: 1 FFR 2 iFR

Valve Disease	MR Type	Symptoms	5 Meter Walk Test (if TAVR or SAVR)
Aortic Mitral Tricuspid	<input type="checkbox"/> Secondary (Functional) <input type="checkbox"/> Primary	1 <input type="checkbox"/> Asymptomatic	Time 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (sec)
Stenosis: <input type="text"/> <input type="text"/> <input type="text"/>	Etiology, if Primary:	2 <input type="checkbox"/> Symptomatic	Time 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (sec)
Incompetence: <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Degenerative <input type="checkbox"/> Rheumatic <input type="checkbox"/> Endocarditis		Time 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (sec)
	<input type="checkbox"/> Calcified <input type="checkbox"/> Other		
	Leaflet Involved		
0 - None 1 - Mild 2 - Moderate 3 - Severe	1 <input type="checkbox"/> Post. 2 <input type="checkbox"/> Ant. 3 <input type="checkbox"/> Both		

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 2 <input type="checkbox"/> TIA, only	68 <input type="checkbox"/> Refractory Shock
2a <input type="checkbox"/> Valve Surgery/Int.	6 <input type="text"/> <input type="text"/> days	65 Imaging	
2 <input type="checkbox"/> Other	(Use 21 for 21 or more)	1 <input type="checkbox"/> 50-79% 2 <input type="checkbox"/> > 79%	
		66 <input type="checkbox"/> Cerebrovasc. Procedure	
10 <input type="checkbox"/> Peripheral Arterial Disease	24 <input type="checkbox"/> Diabetes	33 <input type="checkbox"/> PCI Before This Episode	
18 <input type="checkbox"/> Heart Failure, Current	24a Diabetes Therapy	38 <input type="checkbox"/> Stent Thrombosis	
19 <input type="checkbox"/> Heart Failure, Past	1 <input type="checkbox"/> None 6 <input type="checkbox"/> Other Sub-q	39 <input type="checkbox"/> Any Previous Organ Transplant	
20 <input type="checkbox"/> Malignant Ventricular Arrhythmia	2 <input type="checkbox"/> Diet 5 <input type="checkbox"/> Other	40 <input type="checkbox"/> Heart Transplant Candidate	
21 <input type="checkbox"/> Chronic Lung Disease	3 <input type="checkbox"/> Oral 7 <input type="checkbox"/> Unknown	62 <input type="checkbox"/> Active Endocarditis	
1 <input type="checkbox"/> None 3 <input type="checkbox"/> Mod.	4 <input type="checkbox"/> Insulin	69 Immed. Surg. After Catheter Procedure	
2 <input type="checkbox"/> Mild 4 <input type="checkbox"/> Severe	25 <input type="checkbox"/> Hepatic Failure	1 <input type="checkbox"/> Dx Cath Comp	5 <input type="checkbox"/> Valve Proc Comp
23 <input type="checkbox"/> Extensive Aortic Atherosclerosis	27 <input type="checkbox"/> Renal Failure, Dialysis	2 <input type="checkbox"/> Dx Cath Findings	6 <input type="checkbox"/> LAA Occlus. Dev. Comp
	32 <input type="checkbox"/> Previous PCI, This Episode	3 <input type="checkbox"/> PCI Complication	7 <input type="checkbox"/> Other Catheter Proc Comp
		4 <input type="checkbox"/> EP Proc Comp	

IV. Major Events Following Operation (Answer All That Apply)

0 <input type="checkbox"/> None	5 Bleeding Requiring Reoperation	10 <input type="checkbox"/> Renal Failure
1 <input type="checkbox"/> Stroke	1 <input type="checkbox"/> Acute	13 <input type="checkbox"/> Prolonged Ventilator Dependence
2 <input type="checkbox"/> Post-Op MI	2 <input type="checkbox"/> Late	14 <input type="checkbox"/> Unplanned Cardiac Re-op or Interventional Proc.
4 <input type="checkbox"/> Deep Sternal Wound Infection	8 <input type="checkbox"/> Sepsis	15 <input type="checkbox"/> Primary Access Site Major Bleeding
	9 <input type="checkbox"/> G-I Event	16 <input type="checkbox"/> Secondary Access Site Major Bleeding

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	Month Date Year	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 Nursing Home	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	8 <input type="checkbox"/> Elsewhere in Hospital (specify)		
(Specify) _____			

VI. Person Completing Report

Name _____ Referring Physician _____

DOH-2254a (12/22) p 2 of 3 2023 Discharge Year

Note: This section to be completed for patients with any of the following risk factors: MI < 24 hours, Refractory Cardiogenic Shock, Non-refractory Cardiogenic Shock, Heart Failure - Current (within the past 2 weeks other than elective same-day admission), or Surgical Priority = Emergency or Salvage.
CASE START is defined as the time that anesthesiology takes responsibility for the patient.

Pre-Op Biochemical Markers (last value before CASE START but w/in 12 hours)

	Value	Not Done/Unknown	Date and Time Drawn (In Military Time)	Not Documented/Unknown					
Lactate	___ . ___ mmol/L	<input type="checkbox"/>	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td>:</td> <td></td> </tr> </table>	Month	Date	Year	:		<input type="checkbox"/>
Month	Date	Year	:						
ALT	___ IU/L	<input type="checkbox"/>	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td>:</td> <td></td> </tr> </table>	Month	Date	Year	:		<input type="checkbox"/>
Month	Date	Year	:						
Arterial pH	___ . ___	<input type="checkbox"/>	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td>:</td> <td></td> </tr> </table>	Month	Date	Year	:		<input type="checkbox"/>
Month	Date	Year	:						

Blood Pressures Before CASE START

	Systolic / Diastolic	Not Documented/Unknown	MAP	Not Documented/Unknown
Last	___ / ___	<input type="checkbox"/>	___ mmHg	<input type="checkbox"/>
Lowest w/in 1 hr	___ / ___	<input type="checkbox"/>	___ mmHg	<input type="checkbox"/>

Vasoactive Medication

Infusion of vasoactive medication at CASE START or bolus within 1 Hour? Yes No

If Yes: (Blank or 0 = No; 1 = Only Bolus w/in 1 hour; 2= Continuous Infusion at CASE START)

<input type="checkbox"/> Dobutamine	<input type="checkbox"/> Levosimendan	<input type="checkbox"/> Phenylephrine
<input type="checkbox"/> Dopamine	<input type="checkbox"/> Milrinone	<input type="checkbox"/> Vasopressin
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Norepinephrine	<input type="checkbox"/> Other (Specify) _____

Mechanical Circulatory Support Devices

Mechanical Circulatory Support Devices/ VAD at CASE START? Yes No

If Yes, check all that apply:

<input type="checkbox"/> IABP	<input type="checkbox"/> Impella	<input type="checkbox"/> VA ECMO	<input type="checkbox"/> Implanted Surgical
<input type="checkbox"/> Tandem Heart	<input type="checkbox"/> 2.5	<input type="checkbox"/> Percutaneous RVAD	<input type="checkbox"/> Other (Specify) _____
	<input type="checkbox"/> CP	<input type="checkbox"/> Temporary Surgical	
	<input type="checkbox"/> 5.0 / 5.5		

Invasive Hemodynamic Assessment

Most recent Invasive Hemodynamic Assessment:

1 <input type="checkbox"/> None within 12 hours of Surgery	3 <input type="checkbox"/> Prior to this Surgery w/in 1 - 12 hrs
2 <input type="checkbox"/> Immediately prior to CASE START (Within 1 hour)	4 <input type="checkbox"/> Not Documented/Unknown

If within 12 hrs of Case Start:	Value	Not Done/Unknown	While on:	
			Vasoactive Meds	Support Device
Right Atrial (RA) Pressure	___ mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recorded at time remote from other PAC Values				
Pulmonary Artery (PA) Pressure	___ / ___ mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCWP	___ mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LV End Diastolic Pressure	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Index	___ . ___ L/min/m ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Record #: _____
(For Reference Only)