Cardiac Surgery Report, Adult (age 18 and over)

Facility Name		PFI Number	Sequence Number						
I. Patient Information									
Patient Name									
(last)		(first)							
Medical Record Number	Social Security Number	Date of Birth	<u> </u>						
Sex Ethnicity 1 Male 1 Hispanic 2 Female 2 Non-Hispanic	Race 1 White	Residence Code (see Islander State or Country	e instructions) Ho	spital Admission Date					
Primary payer	Medicaid	Transfer PFI							
II. Procedural Information									
Hospital that Performed Diagnostic Ca									
	Distal IMA Used?								
Date of Surgery	Anastomoses #	_							
m d y	Venous								
Prior Surgery this Admission 1 Yes	All Arterial	3 Both 4 None							
Date m d y	Radial Primary reason IMA not used:								
Cardiac Procedures this OR Visit	Other Art.	2 Subclavia							
1 2 3 1		_	or salvage procedure diac or thoracic surg.						
Congenital Diagnosis 1	_	5 No (bypa	ssable) LAD disease diastinal radiation						
Physicians Name	- 								
Primary Surgeon	# of Radial Arteries used for grafts								
Anesthesiologist (1)		sive							
Anesthesiologist (2)		Converted to standard incision							
Int. Cardiologist		☐ Converted from Off to On-Pump☐ Entire Proc off Pump							
IIa. Peri-operative Information									
Skin Incision Time :	Hematocrit	Process	1.1	T. 0 D. 1					
Skin Closure Time :	1st in OR	% Pre-op Bet	a-Blocker	☐ Intra-Op Blood Transfusion					
Pre-Induction BP	Lowest on CPB	Extubation	in 24 hrs	_					
Post-Op Temp .	°C Last on CPB	% Post-Op Be	eta-Blocker	Post-Op Glucose Control Protocol					
Temp Route	Post-Op	%		Used?					
1 - Pulm Artery1 - YesDo2 - Rectal/Bladder2 - Contra1 - 33 - Nasopharyngeal3 - Neither2 - 3	ress Testing ne - Yes 1 - Standard Exercise 2 - Echo - Unknown 3 - W/SPECT MPI 4 - W/CMR 9 - Not Done/Unknown	Results 1 - Neg. 2 - Pos., Low 3 - Ros., Intermed 4 - Pos., High 5 - Pos., Risk Unavail. 6 - Indeterminate 7 - Unavailable 9 - Not Done/Unknown	Angio 1 - Class I to 2 - Class II tionuclide 3 - Class IV er 8 - None						

III. Pre-Op Surgical Risk Factors (answer all that apply)								
Surgical Priority Height Stre	ess Testing Eje	ction Fraction	CCS Class	Cardiac Symptoms	Creatinine			
1	Done	%		Admission				
2 Urgent Signature Weight	Type			Surgery				
4 Salvage kg	Me Result	asure		Surgery				
	Result							
Vessels Diseased (check all that apply) LMT	Proximal LAD	Mic	I/Dist LAD or Majo	or Diag RCA or PDA	LCX or Large Marg			
150 - 69% 3 90 - 100%	4 🗌 50 - 69%		6 50 - 69%	8 🗌 50 - 69%	10 🔲 50 - 69%			
270 - 89%	5 🗌 70 - 100%)	7 🗌 70 - 100%	9 🗌 70 - 100%	11 🗌 70 - 100%			
Valve Disease Aortic Mitral Tricuspid Stenosis:	Valve Codes 0 - None 1 - Mild 2 - Moderate 3 - Severe	(check all ☐ Beta E ☐ Ca Cha	nal Med Therapy that apply) Blockers annel Blockers Acting Nitrates azine	Other Patient Characteri (check all that apply) 50-69% stenosis wit Chronic total occlus Prior CABG - 3VD & LIMA used - no long LIMA used - patent	th sig FFR/IVUS ion is only stenosis multiple graft failure er functional			
0 None of the pre-op risk factors listed below were present								
Previous Cardiac Surgeries	Previous MI (mos	t recent)	Cerebrovas	scular Disease Her	nodynamic Instability			
1 CABG-Patent Grafts 1a CABG-No Patent Grafts 2a Valve Surgery/Int. 2 Other	4 <6 hours 5 6-23 hour 6 days	·	64 Neurol 1 [2 [2) 65 Imagi 1 [2 [logical Event 67 Stroke 68 TIA,only ng 50-79% >79%	Shock			
10 Peripheral Vascular Disease	23	ensive Aortic At		vasc. Procedure 30	fer to OR after Dx Cath			
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	24		Other Sub-q Other Unknown	31 Surgery for PCI (32 Previous PCI, Th 33 PCI Before This 38 Stent Thrombosi 39 Any Previous Org 40 Heart Transplant 62 Active Endocard	Complication is Episode Episode s gan Transplant : Candidate			
IV. Major Events Following Operation (answer all that apply)								
0 ☐ None 1 ☐ Stroke 2 ☐ Q-wave MI 4 ☐ Deep Sternal Wound Infection	5 Bleeding F 1 A 2 L 8 Sepsis		10 13	O G-I Event O Renal Failure O Prolonged Ventilator Deporation Prolonged Ventilator Deporation Prolonged Vendiac Re-op				
		V. Discharge I	nformation					
Discharged Alive to: 11 Home 12 Hospice 13 Acute Care Facility 14 Skilled NH 15 Inpatient Physical Medicine & Rehab 19 Other (specify)	3	perating Room ecovery Room ritical Care Unit edical/Surgical F n Transit to Othe Isewhere in Hosp	loor r Facility	pital Discharge Date	30 Day Status: 1 Live 2 Dead 9 Unknown			
VI. Person Completing Report								
Name		R	eferring Physician					

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