

Facility Name \_\_\_\_\_ PFI Number            
Sequence Number

## I. Patient Information

Patient Name \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_  
 Medical Record Number                       
 Social Security Number    -   -                    
 Age in Years                       
 Date of Birth                       
 Sex  Male  Female Ethnicity  Hispanic  Non-Hispanic Race  White  Black  Native American  Asian  Pacific Islander  Other  
 Residence Code (see instructions)                       
 Hospital Admission Date                       
 Primary payer                       
 Medicaid                       
 Transfer PFI

## II. Procedural Information

Hospital That Performed Diagnostic Cath  
Hospital Name \_\_\_\_\_ PFI

Primary Physician Performing Operation  
Name \_\_\_\_\_ License Number

Date of Surgery                       
 Time at Start of Procedure   :   in military time

Prior Surgery This Admission  Yes  No Date

Cardiac Procedures This OR Visit  
SCAC Code (see instructions)  
1

CABG Information  
Total Conduits            
Arterial Conduits            
Distal Anastomoses

Minimally Invasive  No  Yes  
 Converted to Standard Incision  
 Converted from off pump to on pump  
 Entire procedure off pump

IMA Grafting  Never  This OR Visit  Prior to this OR Visit

Within 24 hours Post-op  
 Extubation  
 Extubation Contraindicated  
 Beta Blocker Use  
 Beta Blocker Contraindicated

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

Surgical Priority  Elective  Urgent  Emergency  
 Height     cm  
 Weight     kg  
 Ejection Fraction    %  
 CCS Functional Class (see instructions)            
 Creatinine           mg/dl  
 Measure

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%

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

#### Valve Disease – This section is Required for Valve Patients

	Aortic	Mitral	Tricuspid	
Stenosis:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Enter 0 – None 1 – Mild 2 – Moderate 3 – Severe
Incompetence:	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

#### Previous Open Heart Operations

- 1  One  
2  Two  
3  Three or more

#### Previous MI (most recent)

- 4  <6 hours  
5  6-23 hours  
6   days  
(use 21 for 21 or more)  
7  Check here if Transmural MI

- 9  Cerebrovascular Disease  
10  Peripheral Vascular Disease

#### Hemodynamic Instability at time of procedure

- 12  Unstable  
13  Shock

- |   |  |   |
|---|--|---|
| 18 <input type="checkbox"/> Congestive Heart Failure, Current     | 27 <input type="checkbox"/> Renal Failure, dialysis                | 39 <input type="checkbox"/> Any Previous Organ Transplant |
| 19 <input type="checkbox"/> Congestive Heart Failure, Past        | 28 <input type="checkbox"/> Immune System Deficiency               | 40 <input type="checkbox"/> Heart Transplant Candidate    |
| 20 <input type="checkbox"/> Malignant Ventricular Arrhythmia      | 30 <input type="checkbox"/> Emergency Transfer to OR after Dx Cath | 61 <input type="checkbox"/> Cardiomegaly                  |
| 21 <input type="checkbox"/> Chronic Obstructive Pulmonary Disease | 31 <input type="checkbox"/> Emergency Transfer to OR after PCI     | 62 <input type="checkbox"/> Active Endocarditis           |
| 23 <input type="checkbox"/> Extensive Aortic Atherosclerosis      | 32 <input type="checkbox"/> Previous PCI, this admission           |   |
| 24 <input type="checkbox"/> Diabetes requiring medication         | 33 <input type="checkbox"/> PCI before this admission              |   |
| 25 <input type="checkbox"/> Hepatic Failure                       | 38 <input type="checkbox"/> Stent Thrombosis                       |   |

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

- |   |   |
|---|---|
| 0 <input type="checkbox"/> None   | 5 <input type="checkbox"/> Bleeding Requiring Reoperation                             |
| 1 <input type="checkbox"/> Stroke (new neurological deficit) Intra-Op to 24 hrs | 8 <input type="checkbox"/> Sepsis or Endocarditis                                     |
| 1A <input type="checkbox"/> Stroke (new neurological deficit) over 24 hrs       | 9 <input type="checkbox"/> G-I Bleeding, Perforation or Infarction                    |
| 2 <input type="checkbox"/> Q-wave MI  | 10 <input type="checkbox"/> Renal Failure   |
| 4 <input type="checkbox"/> Deep Sternal Wound Infection (bone-related)          | 13 <input type="checkbox"/> Respiratory Failure                                       |
|   | 14 <input type="checkbox"/> Unplanned Cardiac Reoperation or interventional procedure |

### V. Discharge Information

#### Medications on Discharge

- |  |  |
|--|--|
| <input type="checkbox"/> Aspirin                   | <input type="checkbox"/> Contraindicated |
| <input type="checkbox"/> Clopidogrel               |  |
| <input type="checkbox"/> Beta Blocker Use          | <input type="checkbox"/> Contraindicated |
| <input type="checkbox"/> Lipid Lowering Medication | <input type="checkbox"/> Contraindicated |

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

#### Hospital Discharge Date

m	d					y			

#### 30 Day Status:

- 1  Live  
2  Dead  
9  Unknown

### VI. Person Completing Report

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