## **Percutaneous Coronary Intervention Report**

I. Patient Information				
Patient Name				
(last) (first)				
Medical Record Number Social Security Number Date of Birth				
m d	y			
Sex Ethnicity Race Residence Coo	e (see instructions)	Hospital Admission Date		
1 Male 1 Hispanic 1 White 4 Asian				
2 Female 2 Non-Hispanic 2 Black 5 Pacific Islander				
	try (if 99 code is used)	m d y		
Primary payer Medicaid Transfer PFI				
II. Procedural Information				
Hospital that performed diagnostic cath Hospital Name		PFI		
Primary Physician Performing PCI				
Name License Number	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 <b>this</b> admission 1 Yes 2 No Date of PC	I m d	У		
PCI Prior to this admission at this hospital 1 Yes 2 No Date of PC	I	y		
Is this PCI a follow-up to a previous PCI as part of a staged treatment strategy? 1 Yes 2 No	4	y		
Total Contrast Volume Access Site Thrombolytics:				
(72 hours)	re-Proc			
cc Leg 2 3-6 hrs Pre-Proc				
3 >6 hrs - within 7 days Pre-proc				
Contrain	dicated			
III. Vessels Disease and Lesion-Specific Informati	on			
Vessels Diseased (check <i>all</i> that apply)	DCA DDA	LCV and anna Mana		
LMT Proximal LAD Mid/Dist LAD or Major Dia 1 50 - 69% 3 90 - 100% 4 50 - 69% 6 50 - 69%	g RCA or PDA 8 50 - 69%	LCX or Large Marg 10 7 50 - 69%		
2 70 - 89% 5 70 - 100% 7 70 - 100%	9 70 - 100%			
Complete one line for each lesion for which PCI was attempted, and one line for each non-attempt See instructions for diagram and codes for the following fields:	ed lesion with stenosis	s of at least 50%.		
Bypassed Bypass % Pre-op Previous Primary Second	arv	% Post-op		
Location (A or V) Stenosis Stenosis PCI Device Device		Radiation Stenosis		
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Onset of Ischemic Symptoms:  Date  Onset of Ischemic Symptoms:  m d  Arrival at Transferring Hospital:  m d  Arrival at PCI Hospital:  m d	Time	e la patients with an in tes	New ST New ST New LBE	Elevation ↓ or T↓ BB		
V. Pre-intervention Risk Factors (answer all that apply)						
Priority Height  1 Elective 2 Urgent 3 Emergency	Weight	Ejection Fraction % Measure	Creatinine mg/c	Angina  IL CCS Class  Type		
0 None of the pre-intervention risk factors list	ed below were present					
Previous PCIs  1   One 2   Two 3   Three or more  Previous MI (most of the previous MI (most of	rs	9 Cerebrovascular 10 Peripheral Vascu	Disease of prolated of prolate	odynamic Instability at time ocedure Unstable Shock		
20 Malignant Ventricular Arrhythmia	22 ☐ Diabetes requirir 24 ☐ Renal Failure, di 28 ☐ Previous CABG S 29 ☐ Immune System	alysis urgery	cath con	ncy PCI due to Dx mplication nrombosis vious Organ Transplant		
VI.	Major Events Following	g PCI (check <i>all</i> that ap	ply)			
O None  1 Stroke (new neurological deficit) 24 hrs or la  1A Stroke (new neurological deficit) over 24 hrs  2 Q-Wave MI  7A Acute Occlusion in the Targeted Lesion  7B Acute Occlusion in a Significant Side Branch	ess	8 A/V Injury at Ca 10 Renal Failure 14 Emergency Card 17 Stent Thrombos 18 Emergency Retu 19 Coronary Perfora	th Entry Site, requi iac Surgery is rn to Cath Lab for I			
Is an additional PCI planned as follow-up to this or	ne, as part of a staged t	reatment strategy?	0 No 1	Yes		
Discharged alive to:  11  Home  12  Hospice  13  Acute Care Facility  14  Skilled Nursing Home  15  In-Patient Physical Medicine & Rehab  19  Other (specify)	6 Cath Lab 7 In Transit	Room		Hospital Discharge Date		
	VIII Person Co					

VIII. Person Completing Report

Name

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