NEW YORK STATE DEPARTMENT OF HEALTH
New York State Cardiac Advisory Committee

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

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 _____

Residence Code (see instructions)

State or Country (if 99 code is used)

Hospital Admission Date

m   d   y

Primary payer

Medicaid

Transfer PFI

II. Procedural Information

Hospital that Performed Diagnostic Cath

Hospital Name   PFI

Date of Surgery
m   d   y

Prior Surgery this Admission   1 ☐ Yes   2 ☐ No

Date
m   d   y

Cardiac Procedures this OR Visit
1 ☐   2 ☐   3 ☐   4 ☐   5 ☐

Congenital Diagnosis
1 ☐   2 ☐

Physicians   Name   License #

Primary Surgeon _____

Anesth. (Start) _____

Anesth. (End) _____

CABG Information

Total Conduits ☐   ☐ Minimally Invasive
                        ☐ Converted to Standard Incision
Arterial Conduits ☐   ☐ Converted from Off Pump to On Pump
                        ☐ Entire Procedure Off Pump
Distal Anastomoses ☐

IMA Grafting ☐

IIa. Peri-operative Information

Induction of Anesthesia ☐ : ☐

Skin Closure Time ☐ : ☐

Pre-Induction BP ☐ / ☐

Post-Op Temp ☐ . ☐ °C

Temp Route ☐

Hematocrit

1st in OR ☐ %

Lowest on CPB ☐ %

Last on CPB ☐ %

Post-Op ☐ %

Process

Pre-op Beta-Blocker ☐

Extubation in 24 hrs ☐

Post-Op Beta-Blocker ☐

Intra-Op Blood Transfusion ☐

☐ Post–Op Glucose Control Protocol Used?

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

Surgical Priority
1 ☐ Elective
2 ☐ Urgent
3 ☐ Emergency

Height ☐ cm

Weight ☐ kg

Stress Testing
☐ Done
☐ Type
☐ Result

Ejection Fraction ☐ %

Measure ☐

CCS Class ☐
Angina Type
1 ☐ Stable
2 ☐ Unstable
8 ☐ None

Creatinine ☐ . ☐ mg/dl

IMA Grafting	Temp Route		Process	Stress Testing			
0 – Never	1 – Pulm Artery	4 – Tympanic	1 – Yes	**Done**	**Type**	**Results**	
1 – This OR Visit	2 – Rectal/Bladder	8 – Other	2 – Contra	1 – Yes	1 – Standard Exercise	1 - Neg.	5 - Pos., Risk Unavail.
2 – Prior to this OR	3 – Nasopharyngeal	9 – Unknown	3 – Neither	2 – No	2 – Echo	2 - Pos., Low	6 - Indeterminate
				9 – Unknown	3 – w/SPECT MPI	3 - Pos., Intermed	7 - Unavailable
					4 – w/CMR	4 - Pos., High	9 - Not Done/Unknown
					9 – Not Done/Unknown		

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

Vessels Diseased (check all that apply)

	LMT				Proximal LAD		Mid/Dist LAD or Major Diag		RCA or PDA		LCX or Large Marg
1 ☐ 50 - 69%		3 ☐ 90 - 100%		4 ☐ 50 - 69%		6 ☐ 50 - 69%		8 ☐ 50 - 69%		10 ☐ 50 - 69%
2 ☐ 70 - 89%				5 ☐ 70 - 100%		7 ☐ 70 - 100%		9 ☐ 70 - 100%		11 ☐ 70 - 100%

Valve Disease

	Aortic	Mitral	Tricuspid
Stenosis:	☐	☐	☐
Incompetence:	☐	☐	☐

Valve Codes
0 – None
1 – Mild
2 – Moderate
3 – Severe

Anti-anginal Med Therapy
(check all that apply)
☐ Beta Blockers
☐ Ca Channel Blockers
☐ Long Acting Nitrates
☐ Ranolazine
☐ Other

Other Patient Characteristics
(check all that apply)
☐ 50-69% stenosis with sig FFR/IVUS
☐ Chronic total occlusion is only stenosis
☐ Prior CABG - 3VD & multiple graft failure
☐ LIMA used - no longer functional
☐ LIMA used - patent to native coronary

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

Previous Open Heart Operations
1 ☐ Previous CABG-Patent Grafts
1A ☐ Previous CABG-No Patent Grafts
2A ☐ Previous Valve Surgery
2 ☐ Any Other Previous Cardiac Surgery

Previous MI (most recent)
4 ☐ <6 hours
5 ☐ 6-23 hours
6 ☐ ___ days
(use 21 for 21 or more)

9 ☐ Cerebrovascular Disease
10 ☐ Peripheral Vascular Disease

Hemodynamic Instability at time of procedure
12 ☐ Unstable
13 ☐ Shock

18 ☐ Congestive Heart Failure, Current		25 ☐ Hepatic Failure		39 ☐ Any Previous Organ Transplant
19 ☐ Congestive Heart Failure, Past		27 ☐ Renal Failure, Dialysis		40 ☐ Heart Transplant Candidate
63 ☐ BNP, 3x Normal		30 ☐ Emergency Transfer to OR after Dx Cath		62 ☐ Active Endocarditis
20 ☐ Malignant Ventricular Arrhythmia		31 ☐ Emergency Transfer to OR after PCI		
21 ☐ Chronic Obstructive Pulmonary Disease		32 ☐ Previous PCI, This Admission		
23 ☐ Extensive Aortic Atherosclerosis		33 ☐ PCI Before This Admission		
24 ☐ Diabetes Requiring Medication		38 ☐ Stent Thrombosis		

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

0 ☐ None
1 ☐ Stroke (new neurological deficit) Intra-Op to 24 hrs
1A ☐ Stroke (new neurological deficit) over 24 hrs
2 ☐ Q-wave MI
4 ☐ Deep Sternal Wound Infection (bone-related)

5 ☐ Bleeding Requiring Reoperation
8 ☐ Sepsis or Endocarditis
9 ☐ G-I Bleeding, Perforation or Infarction
10 ☐ Renal Failure
13 ☐ Respiratory Failure
14 ☐ Unplanned Cardiac Reoperation or interventional procedure

V. Discharge Information

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 _____