



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

|                                      |   |                                 |   |                      |                                    |  |
|--------------------------------------|---|---------------------------------|---|----------------------|------------------------------------|--|
| Surgical Priority                    | Height  | Stress Testing                  | Ejection Fraction                           | CCS Class            | Cardiac Symptoms                   | Creatinine   |
| 1 <input type="checkbox"/> Elective  | <input type="text"/> <input type="text"/> <input type="text"/> cm | <input type="checkbox"/> Done   | <input type="text"/> <input type="text"/> % | <input type="text"/> | <input type="checkbox"/> Admission | <input type="text"/> <input type="text"/> <input type="text"/> mg/dl |
| 2 <input type="checkbox"/> Urgent    | Weight  | <input type="checkbox"/> Type   | Measure <input type="text"/>                |                      | <input type="checkbox"/> Surgery   |  |
| 3 <input type="checkbox"/> Emergency |   | <input type="checkbox"/> Result |   |                      |                                    |  |
| 4 <input type="checkbox"/> Salvage   | <input type="text"/> <input type="text"/> <input type="text"/> kg |                                 |   |                      |                                    |  |

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% |
| <input type="checkbox"/> IVUS       | <input type="checkbox"/> IVUS        | <input type="checkbox"/> IVUS        | <input type="checkbox"/> IVUS        | <input type="checkbox"/> IVUS         |
| __ . __ __ FFR                      | __ . __ __ FFR                       | __ . __ __ FFR                       | __ . __ __ FFR                       | __ . __ __ FFR                        |

|                      |                      |                      |                      |                      |              |   |  |
|----------------------|----------------------|----------------------|----------------------|----------------------|--------------|---|--|
| <b>Valve Disease</b> | Aortic               |                      | Mitral               | Tricuspid            | Valve Codes  | Anti-anginal Med Therapy (check all that apply) | Other Patient Characteristics (check all that apply)               |
| Stenosis:            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0 - None     | <input type="checkbox"/> Beta Blockers          | <input type="checkbox"/> 50-69% stenosis with sig FFR/IVUS         |
| Incompetence:        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 1 - Mild     | <input type="checkbox"/> Ca Channel Blockers    | <input type="checkbox"/> Chronic total occlusion is only stenosis  |
|                      |                      |                      |                      |                      | 2 - Moderate | <input type="checkbox"/> Long Acting Nitrates   | <input type="checkbox"/> Prior CABG - 3VD & multiple graft failure |
|                      |                      |                      |                      |                      | 3 - Severe   | <input type="checkbox"/> Ranolazine             | <input type="checkbox"/> LIMA used - no longer functional          |
|                      |                      |                      |                      |                      |              | <input type="checkbox"/> Other                  | <input type="checkbox"/> LIMA used - patent to native coronary     |

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                                  | 68 <input type="checkbox"/> Refractory Shock |
| 2a <input type="checkbox"/> Valve Surgery/Int.                | 6 <input type="text"/> days                                  | 2 <input type="checkbox"/> TIA, only                               |  |
| 2 <input type="checkbox"/> Other                              | (use 21 for 21 or more)                                      | 65 Imaging   |  |
|   |  | 1 <input type="checkbox"/> 50-79%                                  |  |
|   |  | 2 <input type="checkbox"/> >79%                                    |  |
|   |  | 66 <input type="checkbox"/> Revasc. Procedure                      |  |
| 10 <input type="checkbox"/> Peripheral Vascular Disease       | 23 <input type="checkbox"/> Extensive Aortic Atherosclerosis | 30 <input type="checkbox"/> Emergency Transfer to OR after Dx Cath |  |
| 18 <input type="checkbox"/> Congestive Heart Failure, Current | 24 <input type="checkbox"/> Diabetes                         | 31 <input type="checkbox"/> Surgery for PCI Complication           |  |
| 19 <input type="checkbox"/> Congestive Heart Failure, Past    | 24a Diabetes Therapy   | 32 <input type="checkbox"/> Previous PCI, This Episode             |  |
| 63 <input type="checkbox"/> BNP, 3x Normal                    | 1 <input type="checkbox"/> None                              | 33 <input type="checkbox"/> PCI Before This Episode                |  |
| 20 <input type="checkbox"/> Malignant Ventricular Arrhythmia  | 6 <input type="checkbox"/> Other Sub-q                       | 38 <input type="checkbox"/> Stent Thrombosis                       |  |
| 21 Chronic Lung Disease                                       | 2 <input type="checkbox"/> Diet                              | 39 <input type="checkbox"/> Any Previous Organ Transplant          |  |
| 1 <input type="checkbox"/> None                               | 3 <input type="checkbox"/> Oral                              | 40 <input type="checkbox"/> Heart Transplant Candidate             |  |
| 2 <input type="checkbox"/> Mild                               | 4 <input type="checkbox"/> Insulin                           | 62 <input type="checkbox"/> Active Endocarditis                    |  |
| 3 <input type="checkbox"/> Mod.                               | 25 <input type="checkbox"/> Hepatic Failure                  |  |  |
| 4 <input type="checkbox"/> Severe                             | 27 <input type="checkbox"/> Renal Failure, Dialysis          |  |  |

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

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

### 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                         |  | 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 NH                          | 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 (specify) _____               | 8 <input type="checkbox"/> Elsewhere in Hospital (specify) _____ |  |                                    |

### VI. Person Completing Report

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