

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
2 Black
3 Native American
4 Asian
5 Pacific Islander
8 Other

ZIP Code
____ | ____ | ____ | ____ | ____ | ____

Hospital Admission Date
____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____
m d y

Primary payer _____

Medicaid _____

State or Country _____
(if not NYS)

Transfer PFI _____

II. Procedural Information

Hospital that Performed Diagnostic Cath (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 _____ 3 _____

Physicians	Name	License #
Primary Surgeon	_____	____ ____ ____ ____ ____ ____
Anesthesiologist (1)	_____	____ ____ ____ ____ ____ ____
Anesthesiologist (2)	_____	____ ____ ____ ____ ____ ____
Int. Cardiologist	_____	____ ____ ____ ____ ____ ____

CABG Information

Distal	IMA Used?	Bypassed this OR (check all that apply)
Anastomoses #	1 <input type="checkbox"/> Left	<input type="checkbox"/> LAD
Venous	2 <input type="checkbox"/> Right	<input type="checkbox"/> RCA
All Arterial	3 <input type="checkbox"/> Both	<input type="checkbox"/> LCX
IMA	4 <input type="checkbox"/> None	
Radial	Primary reason IMA not used:	
Other Art.	2 <input type="checkbox"/> Subclavian stenosis	
	3 <input type="checkbox"/> Emergent or salvage procedure	
	4 <input type="checkbox"/> Prev. cardiac or thoracic surg.	
	5 <input type="checkbox"/> No (bypassable) LAD disease	
	6 <input type="checkbox"/> Prev. mediastinal radiation	
	7 <input type="checkbox"/> Other	

____ # of Radial Arteries used for grafts

<input type="checkbox"/> Minimally Invasive	Reason PCI this Procedure
<input type="checkbox"/> Converted to standard incision	1 <input type="checkbox"/> Planned CAD
<input type="checkbox"/> Converted from Off to On-Pump	2 <input type="checkbox"/> Prophylactic
<input type="checkbox"/> Entire Proc off Pump	3 <input type="checkbox"/> Complication

Iia. Peri-operative Information

Skin Incision Time _____ : _____

Hematocrit _____

Process _____

Skin Closure Time _____ : _____

1st in OR _____ %

Pre-op Beta-Blocker _____ Intra-Op Blood Transfusion

Pre-Induction BP _____ / _____

Lowest on CPB _____ %

Extubation in 24 hrs _____ Post-Op Glucose Control Protocol Used?

Post-Op Temp _____ . _____ °C

Last on CPB _____ %

Post-Op Beta-Blocker _____

Temp Route _____

Post-Op _____ %

Temp Route	Process	Stress Testing	Type	Results	EF Measure	CCS Class	Cardiac Symptoms
1 - Pulm Artery	1 - Yes	Done	1 - Standard Exercise	1 - Neg.	1 - LV Angio	1 - Class I	1 - No Symptoms
2 - Rectal/Bladder	2 - Contra	1 - Yes	2 - Echo	2 - Pos., Low	2 - Echo	2 - Class II	2 - Stable Angina
3 - Nasopharyngeal	3 - Neither	2 - No	3 - w/SPECT MPI	3 - Pos., Intermid	3 - Radionuclide	3 - Class III	3 - Unstable Angina
4 - Tympanic		9 - Unknown	4 - w/CMR	4 - Pos., High	4 - TEE	4 - Class IV	4 - Non-STEMI
8 - Other			9 - Not Done/Unknown	5 - Pos., Risk Unavail.	8 - Other	8 - None	5 - STEMI
9 - Unknown				6 - Indeterminate	9 - Unknown/Not Done		6 - Angina equivalent
				7 - Unavailable			7 - Other
				9 - Not Done/Unknown			

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

Surgical Priority	Height	Stress Testing	Ejection Fraction	CCS Class <input type="checkbox"/>	Cardiac Symptoms	Creatinine
1 <input type="checkbox"/> Elective 2 <input type="checkbox"/> Urgent 3 <input type="checkbox"/> Emergency 4 <input type="checkbox"/> Salvage	<input type="text"/> <input type="text"/> <input type="text"/> cm	<input type="checkbox"/> Done <input type="checkbox"/> Type <input type="checkbox"/> Result	<input type="text"/> <input type="text"/> % Measure <input type="checkbox"/>		<input type="checkbox"/> Admission <input type="checkbox"/> Surgery	<input type="text"/> <input type="text"/> <input type="text"/> mg/dl
	Weight					
	<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% 2 <input type="checkbox"/> 70 - 89% <input type="checkbox"/> IVUS FFR <input type="text"/> . <input type="text"/> <input type="text"/>	3 <input type="checkbox"/> 90 - 100% 5 <input type="checkbox"/> 70 - 100% <input type="checkbox"/> IVUS FFR <input type="text"/> . <input type="text"/> <input type="text"/>	4 <input type="checkbox"/> 50 - 69% 7 <input type="checkbox"/> 70 - 100% <input type="checkbox"/> IVUS FFR <input type="text"/> . <input type="text"/> <input type="text"/>	6 <input type="checkbox"/> 50 - 69% 9 <input type="checkbox"/> 70 - 100% <input type="checkbox"/> IVUS FFR <input type="text"/> . <input type="text"/> <input type="text"/>	8 <input type="checkbox"/> 50 - 69% 11 <input type="checkbox"/> 70 - 100% <input type="checkbox"/> IVUS FFR <input type="text"/> . <input type="text"/> <input type="text"/>

Valve Disease <table border="0" style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">Aortic</td> <td style="width: 10%;">Mitral</td> <td style="width: 10%;">Tricuspid</td> <td style="width: 10%;">Valve Codes</td> </tr> <tr> <td>Stenosis:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>0 - None</td> </tr> <tr> <td>Incompetence:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>1 - Mild</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>2 - Moderate</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>3 - Severe</td> </tr> </table>		Aortic	Mitral	Tricuspid	Valve Codes	Stenosis:	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 - None	Incompetence:	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 - Mild					2 - Moderate					3 - Severe	Anti-anginal Med Therapy (check all that apply) <input type="checkbox"/> Beta Blockers <input type="checkbox"/> Ca Channel Blockers <input type="checkbox"/> Long Acting Nitrates <input type="checkbox"/> Ranolazine <input type="checkbox"/> Other	Other Patient Characteristics (check all that apply) <input type="checkbox"/> 50-69% stenosis with sig FFR/IVUS <input type="checkbox"/> Chronic total occlusion is only stenosis <input type="checkbox"/> Prior CABG - 3VD & multiple graft failure <input type="checkbox"/> LIMA used - no longer functional <input type="checkbox"/> LIMA used - patent to native coronary
	Aortic	Mitral	Tricuspid	Valve Codes																							
Stenosis:	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 - None																							
Incompetence:	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 - Mild																							
				2 - Moderate																							
				3 - Severe																							

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

Previous Cardiac Surgeries 1 <input type="checkbox"/> CABG-Patent Grafts 1a <input type="checkbox"/> CABG-No Patent Grafts 2a <input type="checkbox"/> Valve Surgery/Int. 2 <input type="checkbox"/> Other	Previous MI (most recent) 4 <input type="checkbox"/> <6 hours 5 <input type="checkbox"/> 6-23 hours 6 <input type="text"/> <input type="text"/> days <i>(use 21 for 21 or more)</i>	Cerebrovascular Disease 64 Neurological Event 1 <input type="checkbox"/> Stroke 2 <input type="checkbox"/> TIA, only 65 Imaging 1 <input type="checkbox"/> 50-79% 2 <input type="checkbox"/> >79% 66 <input type="checkbox"/> Revasc. Procedure	Hemodynamic Instability 67 <input type="checkbox"/> Shock 68 <input type="checkbox"/> Refractory Shock
10 <input type="checkbox"/> Peripheral Vascular Disease 18 <input type="checkbox"/> Congestive Heart Failure, Current 19 <input type="checkbox"/> Congestive Heart Failure, Past 63 <input type="checkbox"/> BNP, 3x Normal 20 <input type="checkbox"/> Malignant Ventricular Arrhythmia 21 Chronic Lung Disease 1 <input type="checkbox"/> None 3 <input type="checkbox"/> Mod. 2 <input type="checkbox"/> Mild 4 <input type="checkbox"/> Severe 23 <input type="checkbox"/> Extensive Aortic Atherosclerosis	24 <input type="checkbox"/> Diabetes 24a Diabetes Therapy 1 <input type="checkbox"/> None 6 <input type="checkbox"/> Other Sub-q 2 <input type="checkbox"/> Diet 5 <input type="checkbox"/> Other 3 <input type="checkbox"/> Oral 7 <input type="checkbox"/> Unknown 4 <input type="checkbox"/> Insulin 25 <input type="checkbox"/> Hepatic Failure 27 <input type="checkbox"/> Renal Failure, Dialysis 32 <input type="checkbox"/> Previous PCI, This Episode	33 <input type="checkbox"/> PCI Before This Episode 38 <input type="checkbox"/> Stent Thrombosis 39 <input type="checkbox"/> Any Previous Organ Transplant 40 <input type="checkbox"/> Heart Transplant Candidate 62 <input type="checkbox"/> Active Endocarditis 69 Immed. Surg. After Catheter Procedure 1 <input type="checkbox"/> Dx Cath Comp 5 <input type="checkbox"/> Valve Proc Comp 2 <input type="checkbox"/> Dx Cath Findings 6 <input type="checkbox"/> LAA Occlus. Dev. Comp 3 <input type="checkbox"/> PCI Complication 7 <input type="checkbox"/> Other Catheter Proc Comp 4 <input type="checkbox"/> EP Proc Comp	

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: 11 <input type="checkbox"/> Home 12 <input type="checkbox"/> Hospice 13 <input type="checkbox"/> Acute Care Facility 14 <input type="checkbox"/> Skilled NH 15 <input type="checkbox"/> Inpatient Physical Medicine & Rehab 19 <input type="checkbox"/> Other (specify) _____	Died in: 2 <input type="checkbox"/> Operating Room 3 <input type="checkbox"/> Recovery Room 4 <input type="checkbox"/> Critical Care Unit 5 <input type="checkbox"/> Medical/Surgical Floor 6 <input type="checkbox"/> In Transit to Other Facility 8 <input type="checkbox"/> Elsewhere in Hospital (specify) _____	Hospital Discharge Date <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">m</td> <td style="text-align: center;">d</td> <td style="text-align: center;">y</td> <td colspan="5"></td> </tr> </table>									m	d	y					
m	d	y																
30 Day Status: 1 <input type="checkbox"/> Live 2 <input type="checkbox"/> Dead 9 <input type="checkbox"/> Unknown																		

VI. Person Completing Report

Name _____ Referring Physician _____