

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

Surgical Priority	Height	Ejection Fraction	Measure	Stress Test Results	Angina
1 <input type="checkbox"/> Elective	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cm	<input type="text"/> <input type="text"/> %	1 <input type="checkbox"/> LV Angiogram	1 <input type="checkbox"/> Positive	CCS Functional Class (all CABG patients) <i>see instructions</i>
2 <input type="checkbox"/> Urgent			2 <input type="checkbox"/> Echocardiogram	2 <input type="checkbox"/> Negative	1 <input type="checkbox"/> Class I
3 <input type="checkbox"/> Emergency	Weight	1 <input type="checkbox"/> Calculated	3 <input type="checkbox"/> Radionuclide Studies	3 <input type="checkbox"/> Not Done	2 <input type="checkbox"/> Class II
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kg	2 <input type="checkbox"/> Estimated	4 <input type="checkbox"/> TEE including Intra-Op	9 <input type="checkbox"/> Unknown	3 <input type="checkbox"/> Class III
		9 <input type="checkbox"/> Unknown	8 <input type="checkbox"/> Other		4 <input type="checkbox"/> Class IV
			9 <input type="checkbox"/> Unknown		

Vessels Diseased (check *all* that apply)

LMT	Prox LAD or Major Diag	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%

Valvular Stenosis and Incompetence (valve patients only)

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

Pulmonary Artery Pressure (valve patients only) Systolic mmHg Mean Wedge mmHg

Cardiac Index (valve patients only) liters/min/m²

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

Previous Open Heart Operations	Previous MI (most recent)	Peripheral Vascular Disease	Hemodynamic Instability at time of procedure
1 <input type="checkbox"/> One	4 <input type="checkbox"/> <6 hours	8 <input type="checkbox"/> Stroke	12 <input type="checkbox"/> Unstable
2 <input type="checkbox"/> Two	5 <input type="checkbox"/> 6-23 hours	9 <input type="checkbox"/> Carotid/Cerebrovascular	13 <input type="checkbox"/> Shock
3 <input type="checkbox"/> Three or more	6 <input type="text"/> <input type="text"/> days (use 21 for 21 or more)	10 <input type="checkbox"/> Aortoiliac	37 <input type="checkbox"/> CPR
	7 <input type="checkbox"/> Check here if Transmural MI	11 <input type="checkbox"/> Femoral/Popliteal	

- | | |
|--|--|
| 14 <input type="checkbox"/> More than one Previous MI | 28 <input type="checkbox"/> Immune System Deficiency |
| 15 <input type="checkbox"/> Hypertension History | 29 <input type="checkbox"/> IABP Pre-op |
| 16 <input type="checkbox"/> IV NTG within 24 hours before operation | 30 <input type="checkbox"/> Emergency Transfer to OR after Dx Cath |
| 17 <input type="checkbox"/> ECG Evidence of Left Ventricular Hypertrophy | 31 <input type="checkbox"/> Emergency Transfer to OR after PCI |
| 18 <input type="checkbox"/> Congestive Heart Failure, Current | 32 <input type="checkbox"/> Previous PCI, this admission |
| 19 <input type="checkbox"/> Congestive Heart Failure, Past | 33 <input type="checkbox"/> PCI before this admission |
| 20 <input type="checkbox"/> Malignant Ventricular Arrhythmia | 34 <input type="checkbox"/> Thrombolytic Therapy within 7 days |
| 21 <input type="checkbox"/> Chronic Obstructive Pulmonary Disease | 35 <input type="checkbox"/> Smoking history, in past 2 weeks |
| 22 <input type="checkbox"/> Myocardial Rupture | 36 <input type="checkbox"/> Smoking history, in past year |
| 23 <input type="checkbox"/> Extensively Calcified Ascending Aorta | 38 <input type="checkbox"/> Stent Thrombosis |
| 24 <input type="checkbox"/> Diabetes requiring medication | |
| 25 <input type="checkbox"/> Hepatic Failure | Report the following risk factors for Valve surgery only |
| 26 <input type="checkbox"/> Renal Failure, creatinine > 2.5 mg/dl | 61 <input type="checkbox"/> Cardiomegaly (>50% C-T ratio) |
| 27 <input type="checkbox"/> Renal Failure, dialysis | 62 <input type="checkbox"/> Active Endocarditis |

VI. Person Completing Report

Name _____ Referring Physician _____

Date / /