

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

Valve Disease – This Section is Required for Valve Patients

	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 Systolic mmHg Mean Wedge mmHg

Cardiac Index 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 | 24 <input type="checkbox"/> Diabetes requiring medication | 34 <input type="checkbox"/> Thrombolytic Therapy within 7 days |
| 15 <input type="checkbox"/> Hypertension History | 25 <input type="checkbox"/> Hepatic Failure | 35 <input type="checkbox"/> Smoking history, in past 2 weeks |
| 16 <input type="checkbox"/> IV NTG within 24 hours before operation | 26 <input type="checkbox"/> Renal Failure, creatinine > 2.5 mg/dl | 36 <input type="checkbox"/> Smoking history, in past year |
| 18 <input type="checkbox"/> Congestive Heart Failure, Current | 27 <input type="checkbox"/> Renal Failure, dialysis | 38 <input type="checkbox"/> Stent Thrombosis |
| 19 <input type="checkbox"/> Congestive Heart Failure, Past | 28 <input type="checkbox"/> Immune System Deficiency | 39 <input type="checkbox"/> Any Previous Organ Transplant |
| 20 <input type="checkbox"/> Malignant Ventricular Arrhythmia | 29 <input type="checkbox"/> IABP Pre-op | 40 <input type="checkbox"/> Heart Transplant Candidate |
| 21 <input type="checkbox"/> Chronic Obstructive Pulmonary Disease | 30 <input type="checkbox"/> Emergency Transfer to OR after Dx Cath | The following risk factors are specific to Valve Surgery |
| 22 <input type="checkbox"/> Myocardial Rupture | 31 <input type="checkbox"/> Emergency Transfer to OR after PCI | 61 <input type="checkbox"/> Cardiomegaly (>50% C-T ratio) |
| 23 <input type="checkbox"/> Extensive Aortic Atherosclerosis | 32 <input type="checkbox"/> Previous PCI, this admission | 62 <input type="checkbox"/> Active Endocarditis |
| | 33 <input type="checkbox"/> PCI before this admission | |

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

- | | |
|---|---|
| 0 <input type="checkbox"/> None | 5 <input type="checkbox"/> Bleeding Requiring Reoperation |
| 1 <input type="checkbox"/> Stroke (new neurological deficit) Intra-Op to 24 hrs | 8 <input type="checkbox"/> Sepsis or Endocarditis |
| 1A <input type="checkbox"/> Stroke (new neurological deficit) over 24 hrs | 9 <input type="checkbox"/> G-I Bleeding, Perforation or Infarction |
| 2 <input type="checkbox"/> Transmural MI (new Q waves) | 10 <input type="checkbox"/> Renal Failure |
| 4 <input type="checkbox"/> Deep Sternal Wound Infection (bone-related) | 13 <input type="checkbox"/> Respiratory Failure |
| | 14 <input type="checkbox"/> 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 _____