

Percutaneous Coronary Intervention Report

Facility Name _____

PFI Number

Sequence Number

I. Patient Information

Patient Name _____

(last)

(first)

Medical Record Number

Social Security Number

Age in Years

Date of Birth

____-____-____

____/____/____
m d y

Sex

Ethnicity

Race

Residence Code (see instructions)

Hospital Admission

1 Male

1 Hispanic

1 White

4 Asian

Date

2 Female

2 Non-Hispanic

2 Black

5 Pacific Islander

____/____/____

3 Native American

8 Other _____

State or Country (if 99 code is used)

m d y

II. Procedural Information

Hospital that performed diagnostic cath

Hospital Name _____

PFI

Primary Physician Performing PCI

Name _____

License Number

Date of PCI

____/____/____
m d y

Time at Start of Procedure (first balloon inflation or stent deployment): ____:____ in Military Time

Diagnostic Cath during same lab visit

1 Yes 2 No

Previous PCI this admission

1 Yes 2 No

Date of PCI

____/____/____
m d y

PCI Prior to this admission at this hospital

1 Yes 2 No

Date of PCI

____/____/____
m d y

Procedure Related Medicines:

Indications for Use of IV GIIbIIIa Platelet Inhibitors:

Timing:

Thrombolytics:

Fractionated Heparin

Un-Fractionated Heparin

Direct Thrombin Inhibitors

If IV GIIbIIIa Platelet Inhibitors

Abciximab All others

1 Angiographic Evidence

2 Clinical Evidence

3 Standard Practice/Prophylactic

4 Another Reason

1 Pre

2 Post

3 Both

1 <3 hrs Pre-Proc

2 3-6 hrs Pre-Proc

3 >6 hrs - within 7 days Pre-proc

Contraindicated

III. Lesion-Specific Information

IVUS Used

0 No

1 Yes

Complete one line for each lesion for which PCI was attempted, and one line for each non-attempted lesion with stenosis of at least 50% — even if lesion has been bypassed. See instructions for diagram and codes for the following fields:

Location	Bypassed (A or V)	Bypass Stenosis	Lesion Type	% Pre-op Stenosis	Previous PCI	Primary Device	Secondary Device	Stent	Radiation	% Post-op Stenosis
____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____	<input type="checkbox"/>					
____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____	<input type="checkbox"/>					
____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____	<input type="checkbox"/>					
____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____	<input type="checkbox"/>					
____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____	<input type="checkbox"/>					
____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____	<input type="checkbox"/>					

IV. Acute MI Information (Complete this section for ALL patients with an MI less than 24 hours prior to PCI.)

Cardiac Enzymes:

CK: _____ U/L

MB: _____ ng/ml

CK-MB: _____ %

Troponin

Tn-I: _____ ng/ml

Tn-T: _____ ng/ml

