

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 Date

1 Male

1 Hispanic

1 White

4 Asian

|_|_|

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
m d y

2 Female

2 Non-Hispanic

2 Black

5 Pacific Islander

3 Native American

8 Other _____

State or Country (if 99 code is used)

Primary payer _____

Medicaid _____

II. Procedural Information

Hospital That Performed Diagnostic Cath

Hospital Name _____

PFI

|_|_|_|_|

Primary Physician Performing Operation

Name _____

License Number

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date of Surgery

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
m d y

Prior Surgery This Admission

1 Yes

2 No

Date

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
m d y

Cardiac Procedures This OR Visit

SCAC Code (see instructions)

1 _____ 2 _____ 3 _____ 4 _____

CABG Information

Total Conduits

|_|

Arterial Conduits

|_|

Distal Anastomoses

|_|

Minimally Invasive

0 No

1 Yes

Converted to Standard Incision

Converted from off pump to on pump

Entire procedure off pump

IMA Grafting

0 Never

1 This OR Visit

2 Prior to this OR Visit

Within 24 hours Post-op

Extubation

Extubation Contraindicated

Beta Blocker Use

Beta Blocker Contraindicated

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

Surgical Priority

1 Elective

2 Urgent

3 Emergency

Height

|_|_|_|_| cm

Weight

|_|_|_|_| kg

Ejection Fraction

|_|_| %

Measure _____

CCS Functional Class
(see instructions)

|_|

Creatinine

|_|_|_| . |_| mg/dl

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 50 - 69%

3 90 - 100%

4 50 - 69%

6 50 - 69%

8 50 - 69%

10 50 - 69%

2 70 - 89%

5 70 - 100%

7 70 - 100%

9 70 - 100%

11 70 - 100%

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

Valve Disease – This Section is Required for Valve Patients

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

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

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

18 <input type="checkbox"/> Congestive Heart Failure, Current	27 <input type="checkbox"/> Renal Failure, dialysis	39 <input type="checkbox"/> Any Previous Organ Transplant
19 <input type="checkbox"/> Congestive Heart Failure, Past	28 <input type="checkbox"/> Immune System Deficiency	40 <input type="checkbox"/> Heart Transplant Candidate
20 <input type="checkbox"/> Malignant Ventricular Arrhythmia	30 <input type="checkbox"/> Emergency Transfer to OR after Dx Cath	The following risk factors are specific to Valve Surgery
21 <input type="checkbox"/> Chronic Obstructive Pulmonary Disease	31 <input type="checkbox"/> Emergency Transfer to OR after PCI	
23 <input type="checkbox"/> Extensive Aortic Atherosclerosis	32 <input type="checkbox"/> Previous PCI, this admission	
24 <input type="checkbox"/> Diabetes requiring medication	33 <input type="checkbox"/> PCI before this admission	
25 <input type="checkbox"/> Hepatic Failure	38 <input type="checkbox"/> Stent Thrombosis	
		61 <input type="checkbox"/> Cardiomegaly (>50% C-T ratio)
		62 <input type="checkbox"/> Active Endocarditis

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

Medications on Discharge

<input type="checkbox"/> Aspirin <input type="checkbox"/> Beta Blocker Use <input type="checkbox"/> Lipid Lowering Medication	<input type="checkbox"/> Contraindicated <input type="checkbox"/> Contraindicated <input type="checkbox"/> Contraindicated	<input type="checkbox"/> Plavix <input type="checkbox"/> LDL \geq 100mg/dl
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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 _____