

# 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 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 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:

Fractionated Heparin

Un-Fractionated Heparin

Direct Thrombin Inhibitors

**If IV GPIIb/IIIa Platelet Inhibitors**

Abciximab  All others

Indications for Use of IV GPIIb/IIIa Platelet Inhibitors:

1  Angiographic Evidence

2  Clinical Evidence

3  Standard Practice Prophylactic

4  Another Reason

Timing:

1  Pre

2  Post

3  Both

Thrombolytics:

1  <3 hrs Pre-Proc

2  3-6 hrs Pre-Proc

3  >6 hrs - within 7 days Pre-proc

Contraindicated

## III. Vessels Disease and Lesion-Specific Information

Vessels Diseased (check *all* that apply)

LMT  
1  50 - 69%    3  90 - 100%  
2  70 - 89%

Prox LAD or Major Diag  
4  50 - 69%  
5  70 - 100%

Mid/Dist LAD or Major Diag  
6  50 - 69%  
7  70 - 100%

RCA or PDA  
8  50 - 69%  
9  70 - 100%

LCX or Large Marg  
10  50 - 69%  
11  70 - 100%

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%.

See instructions for diagram and codes for the following fields:

Location	Bypassed (A or V)	Bypass Stenosis	% 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"/>	____				

**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

EKG Changes:  New Abnormal Wall Motion  
 New Q Waves  
 New ST Elevation  
 New ST ↓ or T ↓  
 New LBBB  
 TIMI ≤ II

Ischemia:  Ischemic Type Chest Pain  
 Ongoing at time of proc

Door to Balloon time:  
 hrs  minutes  
 Time from onset of chest pain to procedure:  
.  hours

**V. Pre-intervention Risk Factors** (answer all that apply)

Priority	Height	Weight	Ejection Fraction	Creatinine	Angina
1 <input type="checkbox"/> Elective	<input type="text"/> <input type="text"/> <input type="text"/> cm	<input type="text"/> <input type="text"/> <input type="text"/> kg	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> . <input type="text"/> mg/dl	CCS Class <input type="text"/>
2 <input type="checkbox"/> Urgent					Type <input type="text"/>
3 <input type="checkbox"/> Emergency			Measure <input type="text"/>		

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

Previous PCIs	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	12 <input type="checkbox"/> Unstable
2 <input type="checkbox"/> Two	5 <input type="checkbox"/> ≥6-<12 hours	10 <input type="checkbox"/> Peripheral Vascular Disease	13 <input type="checkbox"/> Shock
3 <input type="checkbox"/> Three or more	6 <input type="checkbox"/> ≥12-<24 hours		
	7 <input type="text"/> <input type="text"/> days (use 21 for 21 or more)		

18 <input type="checkbox"/> Congestive Heart Failure, Current	22 <input type="checkbox"/> Diabetes requiring medication	32 <input type="checkbox"/> Emergency PCI due to Dx cath complication
19 <input type="checkbox"/> Congestive Heart Failure, Past	24 <input type="checkbox"/> Renal Failure, dialysis	
20 <input type="checkbox"/> Malignant Ventricular Arrhythmia	28 <input type="checkbox"/> Previous CABG Surgery	34 <input type="checkbox"/> Stent Thrombosis
21 <input type="checkbox"/> Chronic Obstructive Pulmonary Disease	29 <input type="checkbox"/> Immune System Deficiency	35 <input type="checkbox"/> Any Previous Organ Transplant

**VI. Major Events Following PCI** (check all that apply)

0 <input type="checkbox"/> None	7B <input type="checkbox"/> Acute Occlusion in a Significant Side Branch
1 <input type="checkbox"/> Stroke (new neurological deficit) 24 hrs or less	8 <input type="checkbox"/> A/V Injury at Cath Entry Site, requiring intervention
1A <input type="checkbox"/> Stroke (new neurological deficit) over 24 hrs	10 <input type="checkbox"/> Renal Failure
2 <input type="checkbox"/> Transmural MI (New Q Waves)	14 <input type="checkbox"/> Emergency Cardiac Surgery
3 <input type="checkbox"/> Non-Transmural MI (No New Q Waves)	17 <input type="checkbox"/> Stent Thrombosis
7A <input type="checkbox"/> Acute Occlusion in the Targeted Lesion	18 <input type="checkbox"/> Emergency Return to Cath Lab for PCI

**VII. Discharge Information**

Medications on Discharge:  
 Aspirin     Aspirin Contraindicated     LDL Cholesterol ≥ 100 mg/dl  
 Beta Blocker Use     Beta Blocker Use Contraindicated     Lipid Lowering Meds     Lipid Lowering Meds Contraindicated

Discharged alive to:	Died in:	Hospital Discharge Date
11 <input type="checkbox"/> Home	2 <input type="checkbox"/> Operating Room	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12 <input type="checkbox"/> Hospice	3 <input type="checkbox"/> Recovery Room	m      d      y
13 <input type="checkbox"/> Acute Care Facility	4 <input type="checkbox"/> Critical Care Unit	
14 <input type="checkbox"/> Skilled Nursing Home	5 <input type="checkbox"/> Medical/Surgical Floor	
15 <input type="checkbox"/> In-Patient Physical Medicine & Rehab	6 <input type="checkbox"/> Cath Lab	
19 <input type="checkbox"/> Other (specify) _____	7 <input type="checkbox"/> In Transit to Other Facility	
	8 <input type="checkbox"/> Elsewhere in Hospital (specify) _____	

**VIII. Person Completing Report**