

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 _____

Transfer PFI _____

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"/>	_____ _____ _____				

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 New Abnormal Wall Motion Time from onset of chest pain to procedure: hours minutes

MB: ng/ml New Q Waves New ST Elevation

CK-MB: % New ST ↓ or T ↓ Transfer Time: hours minutes

Troponin New LBBB

Tn-I: ng/ml TIMI ≤ II

Tn-T: ng/ml Ischemic Type Chest Pain Door to Balloon time: hours minutes

Ongoing Ischemia at time of proc

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"/> <input type="text"/> mg/dl	CCS Class <input type="text"/>
2 <input type="checkbox"/> Urgent			Measure <input type="text"/>		Type <input type="text"/>
3 <input type="checkbox"/> Emergency					

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 | 34 <input type="checkbox"/> Stent Thrombosis |
| 20 <input type="checkbox"/> Malignant Ventricular Arrhythmia | 28 <input type="checkbox"/> Previous CABG Surgery | 35 <input type="checkbox"/> Any Previous Organ Transplant |
| 21 <input type="checkbox"/> Chronic Obstructive Pulmonary Disease | 29 <input type="checkbox"/> Immune System Deficiency | |

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:

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Aspirin Contraindicated	<input type="checkbox"/> Lipid Lowering Meds	<input type="checkbox"/> Lipid Lowering Meds Contraindicated
<input type="checkbox"/> Beta Blocker Use	<input type="checkbox"/> Beta Blocker Use 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"/>
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

Name _____