

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 of first interventional device: _____ : _____ 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

Proximal LAD

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%

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 |
|-------------------------|-------------------------|-------------------------|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---|
| _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ _____ _____ |
| _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ _____ _____ |
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| _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ _____ _____ |

