

Facility Name \_\_\_\_\_

PFI Number

Sequence Number

\_\_\_\_\_  
|\_|\_|\_|\_|

\_\_\_\_\_  
|\_|\_|\_|\_|

### I. Patient Information

Patient Name \_\_\_\_\_

(last)

(first)

Medical Record Number

\_\_\_\_\_  
|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Social Security Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Date of Birth

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

Sex

- 1  Male  
2  Female

Ethnicity

- 1  Hispanic  
2  Non-Hispanic

Race

- 1  White      4  Asian  
2  Black        5  Pacific Islander  
3  Native American    8  Other \_\_\_\_\_

Residence Code (see instructions)

\_\_\_\_\_  
|\_|\_|

Hospital Admission Date

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

Primary payer

\_\_\_\_\_  
|\_|\_|

Medicaid

\_\_\_\_\_  
|\_|

Transfer PFI

\_\_\_\_\_  
|\_|\_|\_|\_|

### II. Procedural Information

Hospital That Performed Diagnostic Cath

Hospital Name \_\_\_\_\_

PFI

\_\_\_\_\_  
|\_|\_|\_|\_|

Primary Physician Performing Operation

Name \_\_\_\_\_

License Number

\_\_\_\_\_  
|\_|\_|\_|\_|\_|\_|\_|\_|

Date of Surgery

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

Time at Start of Procedure

\_\_\_\_\_:\_\_\_\_\_ in military time  
|\_|\_| : |\_|\_|

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

### Process Measures

Glucose Control Protocol Used?

- 0  No      1  Yes

Post-Op Temperature

\_\_\_\_\_.\_\_\_\_\_ °C  
|\_|\_| . |\_|\_|

Post-Op Hematocrit

\_\_\_\_\_%  
|\_|\_| %

Within 48 hours Pre-op

- Beta Blocker  
 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

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

Vessels Diseased (check all that apply)

- |                                     |                                      |                                      |                                      |                                      |                                       |
|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
|                                     | LMT                                  | Proximal LAD                         | Mid/Dist LAD or Major Diag           | RCA or PDA                           | LCX or Large Marg                     |
| 1 <input type="checkbox"/> 50 - 69% | 3 <input type="checkbox"/> 90 - 100% | 4 <input type="checkbox"/> 50 - 69%  | 6 <input type="checkbox"/> 50 - 69%  | 8 <input type="checkbox"/> 50 - 69%  | 10 <input type="checkbox"/> 50 - 69%  |
| 2 <input type="checkbox"/> 70 - 89% |                                      | 5 <input type="checkbox"/> 70 - 100% | 7 <input type="checkbox"/> 70 - 100% | 9 <input type="checkbox"/> 70 - 100% | 11 <input type="checkbox"/> 70 - 100% |

#### Valve Disease – This section is Required for Valve Patients

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

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

#### Previous Open Heart Operations

- 1  Previous CABG-Patent Grafts  
 2  Any Other Previous Cardiac Surgery

#### Previous MI (most recent)

- 4  <6 hours  
 5  6-23 hours  
 6   days  
*(use 21 for 21 or more)*

- 9  Cerebrovascular Disease  
 10  Peripheral Vascular Disease

#### Hemodynamic Instability at time of procedure

- 12  Unstable  
 13  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 | 62 <input type="checkbox"/> Active Endocarditis           |
| 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                       |   |

### 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"/> Q-wave MI  | 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

#### 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 \_\_\_\_\_