

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

Within 48 hours Pre-op

Post-Op Temperature

____.____ °C
|_|_| . |_|_| °C

Beta Blocker

Post-Op Hematocrit

____%
|_|_| %

Beta Blocker Contraindicated

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

Surgical Priority

- 1 Elective
2 Urgent
3 Emergency

Height

____ cm
|_|_|_| cm

Weight

____ kg
|_|_|_| kg

Ejection Fraction

____ %
|_|_| %

Measure

|_|

CCS Functional Class
(see instructions)

|_|

Creatinine

____ mg/dl
|_|_| . |_|_| 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 | Previous MI (most recent) | | Hemodynamic Instability at time of procedure |
| 1 <input type="checkbox"/> Previous CABG-Patent Grafts | 4 <input type="checkbox"/> <6 hours | 9 <input type="checkbox"/> Cerebrovascular Disease | 12 <input type="checkbox"/> Unstable |
| 2 <input type="checkbox"/> Any Other Previous Cardiac Surgery | 5 <input type="checkbox"/> 6-23 hours | 10 <input type="checkbox"/> Peripheral Vascular Disease | 13 <input type="checkbox"/> Shock |
| | 6 <input type="text"/> <input type="text"/> days
(use 21 for 21 or more) | | |

- | | | |
|---|--|---|
| 18 <input type="checkbox"/> Congestive Heart Failure, Current | 25 <input type="checkbox"/> Hepatic Failure | 39 <input type="checkbox"/> Any Previous Organ Transplant |
| 19 <input type="checkbox"/> Congestive Heart Failure, Past | 27 <input type="checkbox"/> Renal Failure, dialysis | 40 <input type="checkbox"/> Heart Transplant Candidate |
| 63 <input type="checkbox"/> BNP, 3x Normal | 30 <input type="checkbox"/> Emergency Transfer to OR after Dx Cath | 62 <input type="checkbox"/> Active Endocarditis |
| 20 <input type="checkbox"/> Malignant Ventricular Arrhythmia | 31 <input type="checkbox"/> Emergency Transfer to OR after PCI | |
| 21 <input type="checkbox"/> Chronic Obstructive Pulmonary Disease | 32 <input type="checkbox"/> Previous PCI, this admission | |
| 23 <input type="checkbox"/> Extensive Aortic Atherosclerosis | 33 <input type="checkbox"/> PCI before this admission | |
| 24 <input type="checkbox"/> Diabetes requiring medication | 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

<input type="text"/>							
m	d	y					

30 Day Status:

- 1 Live
 2 Dead
 9 Unknown

VI. Person Completing Report

Name _____ Referring Physician _____