

Cardiac Surgery Report, Adult (age 18 and over)

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

Date of Surgery

m d y

Prior Surgery this Admission 1 Yes 2 No

Date

m d y

Cardiac Procedures this OR Visit

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Congenital Diagnosis

1 _____ 2 _____

Physicians

Name

License #

Primary Surgeon

Anesth. (Start)

Anesth. (End)

CABG Information

Total Conduits

Arterial Conduits

Distal Anastomoses

IMA Grafting

Minimally Invasive

Converted to Standard Incision

Converted from Off Pump to On Pump

Entire Procedure Off Pump

IIa. Peri-operative Information

Induction of Anesthesia

_____|_____| : ____|____|

Skin Closure Time

_____|_____| : ____|____|

Pre-Induction BP

_____|_____| / ____|____|

Post-Op Temp

_____|_____| . ____| °C

Temp Route

_____|

Hematocrit

1st in OR

Lowest on CPB

Last on CPB

Post-Op

_____|_____| %

_____|_____| %

_____|_____| %

_____|_____| %

Process

Pre-op Beta-Blocker

Extubation in 24 hrs

Post-Op Beta-Blocker

Post-Op Glucose Control Protocol Used?

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

Surgical Priority

- 1 Elective
2 Urgent
3 Emergency

Height

_____|_____| cm

Weight

_____|_____| kg

Stress Testing

- Done
 Type
 Result

Ejection Fraction

_____|_____| %

Measure

_____|

CCS Functional Class

_____|

Creatinine

_____|_____| mg/dl

IMA Grafting	Temp Route	Process	Stress Testing	Type	Results
0 - Never	1 - Pulm Artery	1 - Yes	Done	1 - Standard Exercise	1 - Neg.
1 - This OR Visit	2 - Rectal/Bladder	2 - Contra	Type	2 - Echo	2 - Pos., Low
2 - Prior to this OR	3 - Nasopharyngeal	3 - Neither	Result	3 - w/SPECT MPI	3 - Pos., Intermed
	4 - Tympanic			4 - w/CMR	4 - Pos., High
	8 - Other			9 - Not Done/Unknown	5 - Pos., Risk Unavail.
	9 - Unknown				6 - Indeterminate
					7 - Unavailable
					9 - Not Done/Unknown

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% |
| 2 <input type="checkbox"/> 70 - 89% | 5 <input type="checkbox"/> 70 - 100% | 7 <input type="checkbox"/> 70 - 100% | 9 <input type="checkbox"/> 70 - 100% | 10 <input type="checkbox"/> 50 - 69% |
| | | | | 11 <input type="checkbox"/> 70 - 100% |

Valve Disease

- | | | | |
|---------------|--------------------------|--------------------------|--------------------------|
| | Aortic | Mitral | Tricuspid |
| Stenosis: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Incompetence: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Valve Codes

- 0 - None
1 - Mild
2 - Moderate
3 - Severe

Anti-anginal Med Therapy (check all that apply)

- Beta Blockers
 Ca Channel Blockers
 Long Acting Nitrates
 Ranolazine
 Other

Other Patient Characteristics (check all that apply)

- 50-69% stenosis with sig FFR/IVUS
 Chronic total occlusion is only stenosis
 Prior CABG - 3VD & multiple graft failure
 LIMA used - no longer functional
 LIMA used - patent to native coronary

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

Previous Open Heart Operations

- 1 Previous CABG-Patent Grafts
1A Previous CABG-No 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 | 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 | |

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