

# Percutaneous Coronary Intervention Report

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

PFI Number \_\_\_\_\_

Sequence Number \_\_\_\_\_

## I. Patient Information

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

(last) \_\_\_\_\_

Medical Record Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

(first) \_\_\_\_\_

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 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 1  Yes 2  No

Date of PCI \_\_\_\_\_  
m d y

Is this a follow-up PCI as part of a staged treatment strategy? 0  No 1  Yes, with PCI 2  Yes, with CABG

Contrast Volume \_\_\_\_\_

\_\_\_\_\_ ml

Access Site \_\_\_\_\_

- Arm  
 Leg

Thrombolytics:

- 1  <3 hrs Pre-Proc      3  >6 hrs - within 7 days Pre-proc  
2  3-6 hrs Pre-Proc

## 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 <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% |

Previous LIMA use (chose one) 1  Used, remains patent 2  Used, graft not functional 3  Never used 4  Unknown

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%.

Location	Byp (A/V)	Byp Sten	% Pre-op Stenosis	IVUS	FFR	Previous PCI	Devices		Stents		Lesion Description	% Post-op Stenosis
							#1	#2	#1	#2		

Devices	Lesion Description	Stents
0 – Not Attempted / No Devices	1 – Small Vessel (< 2.5 mm)	0 – No Stent Used
1 – Balloon	2 – Long Lesion (> 33 mm)	1 – Un-Coated (BMS)
3 – Rotational Atherectomy	3 – Bifurcation	2 – Covered
4 – Protective Devices	4 – Heavily calcified/unyielding	3 – Resolute ZES
	5 – Tortuous/angled	4 – Paclitaxel
5 – Cutting Balloon	6 – Complex – details not doc.	6 – Sirolimus
11 – Angiojet	7 – CTO	7 – Endeavor
12 – Mech. Thrombus Extrac.	8 – Dissection w/o prev. lesion	8 – Everolimus
98 – Failed PCI – No Device	9 – None of the above	9 – Other Coated
99 – Other		

**IV. Cardiac Presentation**

CAD Presentation	CCS Class	For ALL patients with MI < 24 hours prior to PCI			
1 <input type="checkbox"/> No Sxs, no angina	1 <input type="checkbox"/> I	Date		Time	
2 <input type="checkbox"/> Sx unlikely to be ischemic	2 <input type="checkbox"/> II	Onset of Ischemic Symptoms:		<input type="checkbox"/> Onset Time Est	
3 <input type="checkbox"/> Stable angina	3 <input type="checkbox"/> III			<input type="checkbox"/> New ST ↓ or T ↓	
4 <input type="checkbox"/> Unstable angina	4 <input type="checkbox"/> IV	m d y		<input type="checkbox"/> TIMI ≤ II	
5 <input type="checkbox"/> Non-STEMI	8 <input type="checkbox"/> No Sxs	Arrival at Transferring Hospital:		<input type="checkbox"/> Ongoing Isch at time of proc	
6 <input type="checkbox"/> STEMI				<input type="checkbox"/> Killip Class 2 or 3	
		m d y			
		Arrival at PCI Hospital:			
		m d y			

**V. Pre-intervention Risk Factors (answer all that apply)**

PCI STATUS (check one)	Height	Stress Test	Anti-anginal Med Therapy	Ejection Fraction	Creatinine
1 <input type="checkbox"/> STEMI, Immediate	cm	<input type="checkbox"/> Done	1 = Used, 2 = Contra/Intol	%	.     mg/dl
2 <input type="checkbox"/> STEMI, >12 hrs, Symptomatic	Weight	<input type="checkbox"/> Type	<input type="checkbox"/> Beta Blockers	Measure <input type="checkbox"/>	
3 <input type="checkbox"/> STEMI, >12 hrs, Asymptomatic	kg	<input type="checkbox"/> Result	<input type="checkbox"/> Calcium Channel Blockers		
4 <input type="checkbox"/> STEMI, successful lytics			<input type="checkbox"/> Long Acting Nitrates		
5 <input type="checkbox"/> STEMI, failed lytics			<input type="checkbox"/> Ranolazine		
6 <input type="checkbox"/> NSTEMI or UA, high risk			<input type="checkbox"/> Other		
7 <input type="checkbox"/> None of the above					

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

Previous PCIs	Previous MI (most recent)		Hemodynamic Instability
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	9a <input type="checkbox"/> TIA, only	13 <input type="checkbox"/> Shock
3 <input type="checkbox"/> Three or more	6 <input type="checkbox"/> ≥12-<24 hours	10 <input type="checkbox"/> Peripheral Vascular Disease	
	7 <input type="checkbox"/>     days (use 21 for 21 or more)	Neurologic State	
		38 <input type="checkbox"/> Anoxic Brain Injury Criteria	

18 <input type="checkbox"/> CHF, Current	21 Chronic Lung Disease	22 <input type="checkbox"/> Diabetes	24 <input type="checkbox"/> Renal Failure, Dialysis
19 <input type="checkbox"/> CHF, Past	1 <input type="checkbox"/> None	22a Diabetes Therapy	28 <input type="checkbox"/> Previous CABG Surgery
37 <input type="checkbox"/> BNP, 3x Normal	2 <input type="checkbox"/> Mild	1 <input type="checkbox"/> None	32 <input type="checkbox"/> Emergency PCI due to Dx cath complication
20 <input type="checkbox"/> Malignant Ventricular Arrhythmia	3 <input type="checkbox"/> Mod.	2 <input type="checkbox"/> Diet	34 <input type="checkbox"/> Stent Thrombosis
	4 <input type="checkbox"/> Severe	3 <input type="checkbox"/> Oral	35 <input type="checkbox"/> Any Previous Organ Transplant
		4 <input type="checkbox"/> Insulin	36 <input type="checkbox"/> Contraindication to Antiplatelet Therapy
		5 <input type="checkbox"/> Other	

**VI. Major Events Following PCI (check all that apply)**

0 <input type="checkbox"/> None	7b <input type="checkbox"/> Acute Occlusion, Sig Side Branch	17 <input type="checkbox"/> Stent Thrombosis
1 <input type="checkbox"/> Stroke	8 <input type="checkbox"/> A/V Injury at Entry Site, req. int.	18 <input type="checkbox"/> Emerg Return to Lab for PCI
2 <input type="checkbox"/> Q-Wave MI	10 <input type="checkbox"/> Renal Failure	19 <input type="checkbox"/> Coronary Perforation
7a <input type="checkbox"/> Acute Occlusion, Targeted Lesion	14 <input type="checkbox"/> Emergency Cardiac Surgery	

**VII. Discharge Information**

Is a follow-up procedure planned, as part of a staged treatment strategy? 0  No 1  Yes, PCI 2  Yes, CABG

Discharged alive to:	Died in:	Hospital Discharge Date
11 <input type="checkbox"/> Home	2 <input type="checkbox"/> Operating Room	
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	30 Day Status
15 <input type="checkbox"/> In-Patient Physical Medicine & Rehab	6 <input type="checkbox"/> Cath Lab	1 <input type="checkbox"/> Live
19 <input type="checkbox"/> Other (specify) _____	7 <input type="checkbox"/> In Transit to Other Facility	2 <input type="checkbox"/> Dead
	8 <input type="checkbox"/> Elsewhere in Hospital (specify) _____	9 <input type="checkbox"/> Unknown

<b>Stress Test Done</b>	<b>Stress Test Type</b>	<b>Stress Test Result</b>	<b>Ejection Fraction Measure</b>
1 - Yes	1 - Stdndr Exercise	1 - Neg.	1 - LV Angiogram
2 - No	2 - Stress Echo	2 - Pos., Low	2 - Echo
9 - Unknown	3 - w/SPECT MPI	3 - Pos., Intermed	3 - Radionuclide
	4 - w/CMR	4 - Pos., High	4 - TEE
	9 - Not Done/Unknown	5 - Pos., Risk unavail.	8 - Other
		6 - Indeterminate	9 - Not Done/Unknown
		7 - Unavailable	
		9 - Not Done/Unknown	