

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
 2 Black
 3 Native American
 4 Asian
 5 Pacific Islander
 8 Other _____

ZIP Code
 ____ | ____ | ____ | ____ | ____ | ____ |

Hospital Admission Date
 ____ | ____ | ____ | ____ | ____ | ____ |
 m d y

Primary payer ____ | ____ |

Medicaid ____ |

Transfer PFI ____ | ____ | ____ | ____ |

II. Procedural Information

Hospital that Performed Diagnostic Cath (Name/PFI) _____

CABG Information

Distal Anastomoses #
 Venous ____
 All Arterial ____
 IMA ____
 Radial ____
 Other Art. ____

IMA Used?
 1 Left
 2 Right
 3 Both
 4 None

Bypassed this OR (check all that apply)
 LAD
 RCA
 LCX

Primary reason IMA not used:
 2 Subclavian stenosis
 3 Emergent or salvage procedure
 4 Prev. cardiac or thoracic surg.
 5 No (bypassable) LAD disease
 6 Prev. mediastinal radiation
 7 Other

Date of Surgery ____ | ____ | ____ | ____ | ____ | ____ |
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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 ____ | ____ | ____ | ____ | 3 ____ | ____ | ____ | ____ |

Physicians Name _____ NPI _____

Primary Surgeon _____

Anesthesiologist (1) _____

Anesthesiologist (2) _____

Int. Cardiologist _____

____ # of Radial Arteries used for grafts

Minimally Invasive Reason PCI this Procedure
 Converted to standard incision 1 Planned CAD
 Converted from Off to On-Pump 2 Prophylactic
 Entire Proc off Pump 3 Complication

IIa. Peri-operative Information

Skin Incision Time ____ : ____

Hematocrit

Process

Skin Closure Time ____ : ____

1st in OR ____ %

Pre-op Beta-Blocker ____

Intra-Op Blood Transfusion

Pre-Induction BP ____ / ____

Lowest on CPB ____ %

Extubation in 24 hrs ____

Post-Op Glucose Control Protocol Used?

Post-Op Temp ____ . ____ °C

Last on CPB ____ %

Post-Op Beta-Blocker ____

Temp Route ____

Post-Op ____ %

Temp Route	Process	Valve Disease	Stress Testing	EF Measure	CCS Class	Cardiac Symptoms
1 - Pulm Artery	1 - Yes	0 - None	1 - Low Risk	1 - LV Angio	1 - Class I	1 - No Symptoms
2 - Rectal/Bladder	2 - Contra	1 - Mild	2 - Intermediate	2 - Echo	2 - Class II	2 - Stable Angina
3 - Nasopharyngeal	3 - Neither	2 - Moderate	3 - High Risk	3 - Radionuclide	3 - Class III	3 - Unstable Angina
4 - Tympanic		3 - Severe	4 - Pos. Risk Unavail.	4 - TEE	4 - Class IV	4 - Non-STEMI
8 - Other			5 - Indeterminate	8 - Other	8 - None	5 - STEMI
9 - Unknown			6 - Unavailable	9 - Unknown/Not Done		6 - Angina equivalent
			9 - Not Done/Unknown			7 - Other

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

Surgical Priority	Height	Stress Testing	Ejection Fraction	CCS Class <input type="checkbox"/>	Creatinine	Anti-anginal Med Therapy (check all that apply)
1 <input type="checkbox"/> Elective	<input type="text"/> <input type="text"/> <input type="text"/> cm	<input type="checkbox"/> Result	<input type="text"/> <input type="text"/> %	<input type="checkbox"/> Cardiac Symptoms	<input type="text"/> <input type="text"/> <input type="text"/> mg/dl	<input type="checkbox"/> Beta Blockers
2 <input type="checkbox"/> Urgent	Weight		Measure <input type="checkbox"/>	<input type="checkbox"/> Admission		<input type="checkbox"/> Ca Channel Blockers
3 <input type="checkbox"/> Emergency				<input type="checkbox"/> Surgery		<input type="checkbox"/> Long Acting Nitrates
4 <input type="checkbox"/> Salvage	<input type="text"/> <input type="text"/> <input type="text"/> kg					<input type="checkbox"/> Ranolazine
						<input type="checkbox"/> Other

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%	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%
<input type="text"/> <input type="text"/> mla	<input type="text"/> <input type="text"/> mla	<input type="text"/> <input type="text"/> mla	<input type="text"/> <input type="text"/> mla	<input type="text"/> <input type="text"/> mla
<input type="text"/> <input type="text"/> FFR/iFR	<input type="text"/> <input type="text"/> FFR/iFR	<input type="text"/> <input type="text"/> FFR/iFR	<input type="text"/> <input type="text"/> FFR/iFR	<input type="text"/> <input type="text"/> FFR/iFR

If reported, MLA by: 1 IVUS 2 OCT FFR or iFR 1 FFR 2 iFR

Valve Disease	MR Type	Symptoms	5 Meter Walk Test (if TAVR or SAVR)
Aortic <input type="checkbox"/>	<input type="checkbox"/> Secondary (Functional)	1 <input type="checkbox"/> Asymptomatic	Time 1 <input type="text"/> <input type="text"/> <input type="text"/> (sec)
Mitral <input type="checkbox"/>	<input type="checkbox"/> Primary, if yes:	2 <input type="checkbox"/> Symptomatic	Time 2 <input type="text"/> <input type="text"/> <input type="text"/> (sec)
Tricuspid <input type="checkbox"/>	Etiology		Time 3 <input type="text"/> <input type="text"/> <input type="text"/> (sec)
Stenosis: <input type="checkbox"/>	<input type="checkbox"/> Degenerative <input type="checkbox"/> Calcified		
	<input type="checkbox"/> Rheumatic <input type="checkbox"/> Other		
Incompetence: <input type="checkbox"/>	<input type="checkbox"/> Endocarditis		
	Leaflet Involved		
	1 <input type="checkbox"/> Post. 2 <input type="checkbox"/> Ant. 3 <input type="checkbox"/> Both		

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

Previous Cardiac Surgeries	Previous MI (most recent)	Cerebrovascular Disease	Hemodynamic Instability
1 <input type="checkbox"/> CABG-Patent Grafts	4 <input type="checkbox"/> <6 hours	64 Neurological Event	67 <input type="checkbox"/> Shock
1a <input type="checkbox"/> CABG-No Patent Grafts	5 <input type="checkbox"/> 6-23 hours	1 <input type="checkbox"/> Stroke 2 <input type="checkbox"/> TIA, only	68 <input type="checkbox"/> Refractory Shock
2a <input type="checkbox"/> Valve Surgery/Int.	6 <input type="text"/> <input type="text"/> days (use 21 for 21 or more)	65 Imaging	
2 <input type="checkbox"/> Other		1 <input type="checkbox"/> 50-79% 2 <input type="checkbox"/> >79%	
		66 <input type="checkbox"/> Cerebrovasc. Procedure	
10 <input type="checkbox"/> Peripheral Vascular Disease	24 <input type="checkbox"/> Diabetes	33 <input type="checkbox"/> PCI Before This Episode	
18 <input type="checkbox"/> Heart Failure, Current	24a Diabetes Therapy	38 <input type="checkbox"/> Stent Thrombosis	
19 <input type="checkbox"/> Heart Failure, Past	1 <input type="checkbox"/> None 6 <input type="checkbox"/> Other Sub-q	39 <input type="checkbox"/> Any Previous Organ Transplant	
20 <input type="checkbox"/> Malignant Ventricular Arrhythmia	2 <input type="checkbox"/> Diet 5 <input type="checkbox"/> Other	40 <input type="checkbox"/> Heart Transplant Candidate	
21 Chronic Lung Disease	3 <input type="checkbox"/> Oral 7 <input type="checkbox"/> Unknown	62 <input type="checkbox"/> Active Endocarditis	
1 <input type="checkbox"/> None 3 <input type="checkbox"/> Mod.	4 <input type="checkbox"/> Insulin	69 Immed. Surg. After Catheter Procedure	
2 <input type="checkbox"/> Mild 4 <input type="checkbox"/> Severe	25 <input type="checkbox"/> Hepatic Failure	1 <input type="checkbox"/> Dx Cath Comp 5 <input type="checkbox"/> Valve Proc Comp	
23 <input type="checkbox"/> Extensive Aortic Atherosclerosis	27 <input type="checkbox"/> Renal Failure, Dialysis	2 <input type="checkbox"/> Dx Cath Findings 6 <input type="checkbox"/> LAA Occlus. Dev. Comp	
	32 <input type="checkbox"/> Previous PCI, This Episode	3 <input type="checkbox"/> PCI Complication 7 <input type="checkbox"/> Other Catheter Proc Comp	
		4 <input type="checkbox"/> EP Proc Comp	

IV. Major Events Following Operation (answer all that apply)

0 <input type="checkbox"/> None	5 Bleeding Requiring Reoperation	9 <input type="checkbox"/> G-I Event
1 <input type="checkbox"/> Stroke	1 <input type="checkbox"/> Acute	10 <input type="checkbox"/> Renal Failure
2 <input type="checkbox"/> Q-wave MI	2 <input type="checkbox"/> Late	13 <input type="checkbox"/> Prolonged Ventilator Dependence
4 <input type="checkbox"/> Deep Sternal Wound Infection	8 <input type="checkbox"/> Sepsis	14 <input type="checkbox"/> Unplanned Cardiac Re-op or Interventional Proc.

V. Discharge Information

Discharged Alive to:	Died in:	Hospital Discharge Date
11 <input type="checkbox"/> Home	2 <input type="checkbox"/> Operating Room	<input type="text"/> <input type="text"/> <input type="text"/>
12 <input type="checkbox"/> Hospice	3 <input type="checkbox"/> Recovery Room	<input type="text"/> <input type="text"/> <input type="text"/>
13 <input type="checkbox"/> Acute Care Facility	4 <input type="checkbox"/> Critical Care Unit	<input type="text"/> <input type="text"/> <input type="text"/>
14 <input type="checkbox"/> Skilled NH	5 <input type="checkbox"/> Medical/Surgical Floor	<input type="text"/> <input type="text"/> <input type="text"/>
15 <input type="checkbox"/> Inpatient Physical Medicine & Rehab	6 <input type="checkbox"/> In Transit to Other Facility	<input type="text"/> <input type="text"/> <input type="text"/>
19 <input type="checkbox"/> Other (specify) _____	8 <input type="checkbox"/> Elsewhere in Hospital (specify) _____	

30 Day Status:

1 Live

2 Dead

9 Unknown

VI. Person Completing Report

Name _____ Referring Physician _____