

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

_____|_____|_____|_____|_____|_____|

State or Country

(if not NYS)

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

of Radial Arteries used for grafts

Minimally Invasive

Converted to standard incision

Converted from Off to On-Pump

Entire Proc off Pump

Reason PCI this Procedure

1 Planned CAD

2 Prophylactic

3 Complication

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 _____

Aorta Surgery - report for any case using procedure codes 810, 811, 812

Concomitant Arch on Circ. Arrest

Underlying Condition:

- 1 - Degenerative
2 - Bicuspid Aortopathy
3 - Genetically Triggered
4 - Mycotic/Infection
5 - Aortitis
6 - Intra-op Event
7 - Pseudoaneurysm
8 - Other

Immediate Reason (check all that apply)

1 Aneurysm

2 Acute Ao Dissection

3 Chronic Ao Dissection

4 Rupture

5 Other

Ii.a. Peri-operative Information

Skin Incision Time

_____|_____| : ____|____|

Skin Closure Time

_____|_____| : ____|____|

Pre-Induction BP

_____|_____| / ____|____|

Process

Pre-op Beta-Blocker

Extubation in 24 hrs

Post-Op Beta-Blocker

Intra-Op Blood Transfusion

Post-Op Glucose Control Protocol

Process

- 1 - Yes
2 - Contra
3 - Neither

EF Measure

- 1 - LV Angio
2 - Echo
3 - Radionuclide
4 - TEE
8 - Other
9 - Unknown/Not Done

CCS Class

- 1 - Class I
2 - Class II
3 - Class III
4 - Class IV
8 - None

Cardiac Symptoms

- 1 - No Symptoms
2 - Stable Angina
3 - Unstable Angina
4 - Non-STEMI
5 - STEMI
6 - Angina equivalent
7 - Other

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

Surgical Priority	Height	LV End Dimensions	Ejection Fraction	CCS Class <input type="checkbox"/>	Creatinine	COVID - 19
1 <input type="checkbox"/> Elective	<input type="text"/> <input type="text"/> <input type="text"/> cm	Systolic	<input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> mg/dl	1 <input type="checkbox"/> No History
2 <input type="checkbox"/> Urgent	Weight	<input type="text"/> <input type="text"/> <input type="text"/> mm	Measure <input type="checkbox"/>	<input type="checkbox"/> Cardiac Symptoms		2 <input type="checkbox"/> History, not this Episode of Care
3 <input type="checkbox"/> Emergency		Diasystolic				<input type="text"/> <input type="text"/> <input type="text"/> mm
4 <input type="checkbox"/> Salvage	<input type="text"/> <input type="text"/> <input type="text"/> kg					4 <input type="checkbox"/> This Episode of Care, ARDS
						5 <input type="checkbox"/> This Episode of Care, Ventilator Required

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 Mitral Tricuspid	<input type="checkbox"/> Secondary (Functional)	1 <input type="checkbox"/> Asymptomatic	Time 1 <input type="text"/> <input type="text"/> <input type="text"/> (sec)
	<input type="checkbox"/> Primary, if yes:	2 <input type="checkbox"/> Symptomatic	Time 2 <input type="text"/> <input type="text"/> <input type="text"/> (sec)
Stenosis: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Etiology		Time 3 <input type="text"/> <input type="text"/> <input type="text"/> (sec)
Incompetence: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Degenerative <input type="checkbox"/> Calcified		
	<input type="checkbox"/> Rheumatic <input type="checkbox"/> Other		
	<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	65 Imaging	
2 <input type="checkbox"/> Other	(use 21 for 21 or more)	1 <input type="checkbox"/> 50-79% 2 <input type="checkbox"/> >79%	
		66 <input type="checkbox"/> Cerebrovasc. Procedure	
10 <input type="checkbox"/> Peripheral Arterial 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"/> Post-Op 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