

Percutaneous Coronary Intervention Report

Facility Name _____

PFI Number _____

Sequence Number _____

I. Patient Information

Patient Name _____

(last)

(first)

Medical Record Number _____

Social Security Number _____

Date of Birth _____

Sex

Ethnicity

Race

ZIP Code

Hospital Admission Date

1 Male

1 Hispanic

1 White

4 Asian

2 Female

2 Non-Hispanic

2 Black

5 Pacific Islander

3 Native American

8 Other

Primary payer _____

Medicaid

State or Country (if not NYS) _____

Transfer PFI _____

II. Procedural Information

Hospital that performed diagnostic cath

Hospital Name _____

PFI _____

Primary Physician Performing PCI

Name _____

NPI _____

Date of PCI _____

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

If yes, Date of PCI _____

Is this a follow-up PCI as part of a staged treatment strategy?

0 No 2 Yes, with CABG

1 Yes, with PCI 3 Yes, with Valve

Access Site

Dose Area Product

COVID-19

Arm Access Site Crossover

Leg

_____ Gy*cm²

1 No History

2 History, not this Episode of Care

3 This Episode of Care, No ARDS

4 This Episode of Care, ARDS

5 This Episode of Care, Ventilator Required

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 50 - 69% 3 90 - 100%

4 50 - 69%

6 50 - 69%

8 50 - 69%

10 50 - 69%

2 70 - 89%

5 70 - 100%

7 70 - 100%

9 70 - 100%

11 70 - 100%

Previous LIMA use (chose one)

1 Used, remains patent

2 Used, graft not functional

3 Never used

4 Unknown

Coronary Dominance

1 Left

2 Right

3 Co-Dominant

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		Devices		Stents		Lesion Description	% Post-op Stenosis
				<input type="checkbox"/> OCT	<input type="checkbox"/> iFR	#1	#2	#1	#2				
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____

Devices

0 - Not Attempted / No Devices

1 - Balloon

3 - Rotational Atherectomy

4 - Protective Devices

5 - Cutting Balloon

12 - Mech. Thrombus Extrac.

13 - Aspiration Thrombectomy

14 - Laser Atherectomy

15 - Orbital Atherectomy

98 - Attempted PCI - No Device

99 - Other

Lesion Description

1 - Small Vessel (< 2.5 mm)

2 - Long Lesion (> 33 mm)

3 - Bifurcation Stenting

4 - Heavily calcified/ unyielding

5 - Tortuous/angled

6 - Complex - details not doc.

7 - CTO

8 - Dissection w/o prev. lesion

10 - Thrombus

99 - None of the above

IV. Cardiac Presentation

CAD Presentation
 1 No Sxs, no angina
 2 Sx unlikely ischemic
 3 Stable angina
 4 Unstable angina
 5 Non-STEMI
 6 STEMI

CCS Class

For ALL patients with MI < 24 hours prior to PCI

Mode of Arrival
 1 Self/Family
 2 EMS
 3 Other

Thrombolytics:
 1 <3 hrs
 2 3-24 hrs
 3 >24 hrs

Onset of Ischemic Symptoms: Onset Time Est
 TIMI \leq II
 Ongoing Isch at time of proc
 Killip Class 2 or 3

Date: / / Time: :

First Medical Contact: / / :

Arrival at Transferring Hospital: / / :

Arrival at PCI Hospital: / / :

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

PCI STATUS (check one)
 1 STEMI, Immediate
 2 STEMI, >12 hrs, Symptomatic
 3 STEMI, >12 hrs, Asymptomatic
 4 STEMI, successful lytics
 5 STEMI, failed lytics
 6 NSTEMI or UA, high risk
 7 None of the above

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

Height cm
 Weight kg

Noninvasive Test
 Stress
 CTA
 Calcium Score

Anti-anginal Med Therapy
 1 = Used, 2 = Contra/Intol
 Beta Blockers
 Calcium Channel Blockers
 Long Acting Nitrates
 Ranolazine
 Other

Ejection Fraction
 %
 Measure

Creatinine mg/dl
 Aortic Valve Area cm²

Previous PCIs
 1 One
 2 Two
 3 Three or more

Previous MI (most recent)
 4 <6 hours
 5 \geq 6-<12 hours
 6 \geq 12-<24 hours
 7 days
(use 21 for 21 or more)

Cerebrovascular Disease
 39 Neurological Event
 1 Stroke
 2 TIA, only

Cardiac Arrest
 44 Cardiac Arrest
 38 Anoxic Brain Injury Criteria
 Hemodynamic Instability
 42 Shock
 43 Refractory Shock

40 Imaging
 1 50-79%
 2 >79%
 41 Cerebrovasc. Procedure

10 Peripheral Artery Dis.
 18 Heart Failure, Current
 19 Heart Failure, Past
 20 Malignant Ventricular Arrhythmia

21 Chronic Lung Disease
 1 None
 2 Mild
 3 Mod.
 4 Severe

22 Diabetes
 22a Diabetes Therapy
 1 None 6 Other Sub Q
 2 Diet 7 Unknown
 3 Oral 5 Other
 4 Insulin

24 Renal Failure, Dialysis
 28 Previous CABG Surgery
 32 Emergency PCI due to Dx cath complication
 34 Stent Thrombosis
 35 Any Previous Organ Transplant
 45 High Risk of Bleeding

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

0 None
 1 Stroke
 2 Post-PCI MI
 7a Acute Occlusion, Targeted Lesion
 7b Acute Occlusion, Sig Side Branch

10 Renal Failure
 14 Emergency Cardiac Surgery
 17 Stent Thrombosis
 18 Emerg Return to Lab for PCI
 19 Coronary Perforation

21 Bleeding – PCI Access Site
 22 Bleeding – Other Access Site
 23 Other – PCI Access Site
 24 Other – Other Access Site

VII. Discharge Information

Is a follow-up procedure planned, as part of a staged treatment strategy? 0 No 1 Yes, PCI 2 Yes, CABG 3 Yes, Valve

Discharged alive to:
 11 Home
 12 Hospice
 13 Acute Care Facility
 14 Skilled Nursing Home
 15 In-Patient Physical Medicine & Rehab
 19 Other (specify) _____

Died in:
 2 Operating Room
 3 Recovery Room
 4 Critical Care Unit
 5 Medical/Surgical Floor
 6 Cath Lab
 7 In Transit to Other Facility
 8 Elsewhere in Hospital (specify) _____

Hospital Discharge Date / /

30 Day Status
 1 Live
 2 Dead
 9 Unknown

CCS Class	Noninvasive Test Result	Ejection Fraction Measure
1 - Class I	1 - Low Risk	1 - LV Angiogram
2 - Class II	2 - Intermediate Risk	2 - Echo
3 - Class III	3 - High Risk	3 - Radionuclide
4 - Class IV	4 - Pos., Risk unavail.	4 - TEE
8 - None	5 - Indeterminate	8 - Other
	6 - Unavailable	9 - Not Done/Unknown
	9 - Not Done/Unknown	