

III. Pre-Op Surgical Risk Factors (Answer All That Apply)

Surgical Priority	Height	LV End Dimensions	Ejection Fraction	CCS Class	Creatinine	
1 <input type="checkbox"/> Elective	<input type="text"/> <input type="text"/> <input type="text"/> cm	Systolic <input type="text"/> <input type="text"/> mm	<input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> mg/dl	
2 <input type="checkbox"/> Urgent	Weight	<input type="text"/> <input type="text"/> <input type="text"/> mm	Measure	Cardiac Symptoms	COVID - 19	
3 <input type="checkbox"/> Emergency		Diastolic <input type="text"/> <input type="text"/> mm				
4 <input type="checkbox"/> Salvage	<input type="text"/> <input type="text"/> <input type="text"/> kg					1 <input type="checkbox"/> No History
						2 <input type="checkbox"/> History, not this Episode of Care
						3 <input type="checkbox"/> This Episode of Care, No ARDS
					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) <input type="checkbox"/> Primary	1 <input type="checkbox"/> Asymptomatic	Time 1 <input type="text"/> <input type="text"/> <input type="text"/> (sec)
Stenosis: <input type="text"/> <input type="text"/> <input type="text"/>	Etiology, if Primary:	2 <input type="checkbox"/> Symptomatic	Time 2 <input type="text"/> <input type="text"/> <input type="text"/> (sec)
Incompetence: <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Degenerative <input type="checkbox"/> Rheumatic <input type="checkbox"/> Endocarditis		Time 3 <input type="text"/> <input type="text"/> <input type="text"/> (sec)
	<input type="checkbox"/> Calcified <input type="checkbox"/> Other		
<input type="text"/> 0 - None 1 - Mild 2 - Moderate 3 - Severe	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 <input type="checkbox"/> 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	10 <input type="checkbox"/> Renal Failure
1 <input type="checkbox"/> Stroke	1 <input type="checkbox"/> Acute	13 <input type="checkbox"/> Prolonged Ventilator Dependence
2 <input type="checkbox"/> Post-Op MI	2 <input type="checkbox"/> Late	14 <input type="checkbox"/> Unplanned Cardiac Re-op or Interventional Proc.
4 <input type="checkbox"/> Deep Sternal Wound Infection	8 <input type="checkbox"/> Sepsis	15 <input type="checkbox"/> Primary Access Site Major Bleeding
	9 <input type="checkbox"/> G-I Event	16 <input type="checkbox"/> Secondary Access Site Major Bleeding

V. Discharge Information

Discharged Alive to:	Died in:	Hospital Discharge Date	30 Day Status:
11 <input type="checkbox"/> Home	2 <input type="checkbox"/> Operating Room	<input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Live
12 <input type="checkbox"/> Hospice	3 <input type="checkbox"/> Recovery Room	Month Date Year	2 <input type="checkbox"/> Dead
13 <input type="checkbox"/> Acute Care Facility	4 <input type="checkbox"/> Critical Care Unit		9 <input type="checkbox"/> Unknown
14 <input type="checkbox"/> Skilled Nursing Home	5 <input type="checkbox"/> Medical/Surgical Floor		
15 <input type="checkbox"/> Inpatient Physical Medicine & Rehab	6 <input type="checkbox"/> In Transit to Other Facility		
19 <input type="checkbox"/> Other	8 <input type="checkbox"/> Elsewhere in Hospital (specify)		
(Specify) _____			

VI. Person Completing Report

Name _____ Referring Physician _____

Note: This section to be completed for patients with any of the following risk factors: MI < 24 hours, Refractory Cardiogenic Shock, Non-refractory Cardiogenic Shock, Heart Failure - Current (within the past 2 weeks other than elective same-day admission), or Surgical Priority = Emergency or Salvage. Also report for patients with a Clinical Diagnosis of Cardiogenic Shock within 12 hours before procedure start. CASE START is defined as the time that anesthesiology takes responsibility for the patient.

Clinical Diagnosis of Cardiogenic Shock within 12 hours before procedure start

Pre-Op Biochemical Markers (last value before CASE START but w/in 12 hours)

	Value	Not Done/Unknown	Date and Time Drawn (In Military Time)	Not Documented/Unknown					
Lactate	___ . ___ mmol/L	<input type="checkbox"/>	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td>:</td> <td></td> </tr> </table>	Month	Date	Year	:		<input type="checkbox"/>
Month	Date	Year	:						
ALT	___ IU/L	<input type="checkbox"/>	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td>:</td> <td></td> </tr> </table>	Month	Date	Year	:		<input type="checkbox"/>
Month	Date	Year	:						
Arterial pH	___ . ___	<input type="checkbox"/>	<table border="1"> <tr> <td>Month</td> <td>Date</td> <td>Year</td> <td>:</td> <td></td> </tr> </table>	Month	Date	Year	:		<input type="checkbox"/>
Month	Date	Year	:						

Blood Pressures Before CASE START

	Systolic / Diastolic	Not Documented/Unknown	MAP	Not Documented/Unknown
Last	___ / ___	<input type="checkbox"/>	___ mmHg	<input type="checkbox"/>
Lowest w/in 1 hr	___ / ___	<input type="checkbox"/>	___ mmHg	<input type="checkbox"/>

Vasoactive Medication

Infusion of vasoactive medication at CASE START or bolus within 1 Hour? Yes No

If Yes: (Blank or 0 = No; 1 = Only Bolus w/in 1 hour; 2= Continuous Infusion at CASE START)

<input type="checkbox"/> Dobutamine	<input type="checkbox"/> Levosimendan	<input type="checkbox"/> Phenylephrine
<input type="checkbox"/> Dopamine	<input type="checkbox"/> Milrinone	<input type="checkbox"/> Vasopressin
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Norepinephrine	<input type="checkbox"/> Other (Specify) _____

Mechanical Circulatory Support Devices

Mechanical Circulatory Support Devices/ VAD at CASE START? Yes No

If Yes, check all that apply:

<input type="checkbox"/> IABP	<input type="checkbox"/> Impella	<input type="checkbox"/> VA ECMO	<input type="checkbox"/> Implanted Surgical
<input type="checkbox"/> Tandem Heart	<input type="checkbox"/> 2.5	<input type="checkbox"/> Percutaneous RVAD	<input type="checkbox"/> Other (Specify) _____
	<input type="checkbox"/> CP	<input type="checkbox"/> Temporary Surgical	
	<input type="checkbox"/> 5.0 / 5.5		

Invasive Hemodynamic Assessment

Most recent Invasive Hemodynamic Assessment:

1 <input type="checkbox"/> None within 12 hours of Surgery	3 <input type="checkbox"/> Prior to this Surgery w/in 1 - 12 hrs
2 <input type="checkbox"/> Immediately prior to CASE START (Within 1 hour)	4 <input type="checkbox"/> Not Documented/Unknown

If within 12 hrs of Case Start:	Value	Not Done/Unknown	While on:	
			Vasoactive Meds	Support Device
Right Atrial (RA) Pressure	___ mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recorded at time remote from other PAC Values				
Pulmonary Artery (PA) Pressure	___ / ___ mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCWP	___ mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LV End Diastolic Pressure	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Index	___ . ___ L/min/m ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Record #: _____
(For Reference Only)