

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

Surgical Priority

- 1 Elective
- 2 Urgent
- 3 Emergency
- 4 Salvage

Height cm
 Weight kg

LV End Dimensions

Systolic mm
 Diastolic mm

Ejection Fraction

%
 Measure

CCS Class

Cardiac Symptoms

Creatinine

mg/dl

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%
___ . ___ mla	___ . ___ mla	___ . ___ mla	___ . ___ mla	___ . ___ mla
___ . ___ FFR/iFR	___ . ___ FFR/iFR	___ . ___ FFR/iFR	___ . ___ FFR/iFR	___ . ___ FFR/iFR

If reported, MLA by: 1 IVUS 2 OCT

FFR or iFR: 1 FFR 2 iFR

Valve Disease

Aortic Mitral Tricuspid
 Stenosis:
 Incompetence:

MR Type

Secondary (Functional) Primary
Etiology, if Primary:
 Degenerative Rheumatic Endocarditis
 Calcified Other

Leaflet Involved

1 Post.
 2 Ant.
 3 Both

Symptoms

1 Asymptomatic
 2 Symptomatic

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

Previous Cardiac Surgeries

- 1 CABG-Patent Grafts
- 1a CABG-No Patent Grafts
- 2a Valve Surgery/Int.
- 2 Other

Previous MI (Most Recent)

- 4 < 6 hours
- 5 6-23 hours
- 6 days
 (Use 31 for >30 days)

Cerebrovascular Disease

- 64 Neurological Event, ≤8 weeks
 - 1 Stroke 2 TIA, only
- 64a Neurological Event, Remote
 - 1 Stroke 2 TIA, only
- 65 Imaging
 - 1 50-79% 2 >79%
- 66 Cerebrovasc. Procedure

Hemodynamic Instability

- 67 Shock
- 68 Refractory Shock

- | | | | |
|---|--|---|---|
| 10 <input type="checkbox"/> Peripheral Arterial Disease | 24 <input type="checkbox"/> Diabetes | 33 <input type="checkbox"/> PCI Before This Episode | 69 <input type="checkbox"/> Immed. Surg. After Catheter Procedure |
| 18 <input type="checkbox"/> Heart Failure, Current | 24a Diabetes Therapy | 38 <input type="checkbox"/> Stent Thrombosis | 1 <input type="checkbox"/> Dx Cath Comp |
| 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 | 2 <input type="checkbox"/> Dx Cath Findings |
| 20 <input type="checkbox"/> Malignant Ventricular Arrhythmia | 2 <input type="checkbox"/> Diet 5 <input type="checkbox"/> Other | 40 <input type="checkbox"/> Heart Transplant Candidate | 3 <input type="checkbox"/> PCI Complication |
| 21 <input type="checkbox"/> Chronic Lung Disease | 3 <input type="checkbox"/> Oral 7 <input type="checkbox"/> Unknown | 62 <input type="checkbox"/> Active Endocarditis | 4 <input type="checkbox"/> EP Proc Comp |
| 1 <input type="checkbox"/> None 3 <input type="checkbox"/> Mod. | 4 <input type="checkbox"/> Insulin | | 5 <input type="checkbox"/> Valve Proc Comp |
| 2 <input type="checkbox"/> Mild 4 <input type="checkbox"/> Severe | 25 <input type="checkbox"/> Hepatic Failure | | 6 <input type="checkbox"/> LAA Occlus. Dev. Comp |
| 23 <input type="checkbox"/> Extensive Aortic Atherosclerosis | 27 <input type="checkbox"/> Renal Failure, Dialysis | | 7 <input type="checkbox"/> Other Catheter Proc Comp |
| | 32 <input type="checkbox"/> Previous PCI, This Episode | | |

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

- 0 None
- 1 Stroke
- 2 Post-Op MI
- 4 Deep Sternal Wound Infection
- 5 Bleeding Requiring Reoperation
 - 1 Acute
 - 2 Late
- 8 Sepsis
- 9 G-I Event
- 10 Renal Failure
- 13 Prolonged Ventilator Dependence
- 14 Unplanned Cardiac Re-op or Interventional Proc.

V. POST-PROCEDURE TRANSTHORACIC ECHO (Mitral Valve Repair cases only)

Post Procedure TTE performed? 1 Yes 2 No

If yes:	If No, Reason not reported:
Date: <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Patient Mortality 2 <input type="checkbox"/> Not done pre- or post-discharge 3 <input type="checkbox"/> Not done pre-discharge, unkn if done post-discharge within 90D
Location: 1 <input type="checkbox"/> This Hospital 2 <input type="checkbox"/> Another Hospital 3 <input type="checkbox"/> Other (e.g. clinic, office)	
Mitral Regurgitation <input type="checkbox"/>	
MV Mean Gradient <input type="text"/> <input type="text"/> <input type="text"/> mmHg	
Effective Regurgitant Orifice Area (EROA) <input type="text"/> <input type="text"/> <input type="text"/> cm ²	
Ejection Fraction <input type="text"/> <input type="text"/> %	

VI. Discharge Information

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

VII. 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> <tr> <td> </td> <td> </td> <td> </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> <tr> <td> </td> <td> </td> <td> </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> <tr> <td> </td> <td> </td> <td> </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)