



**III. Pre-Procedure Risk Factors (Answer all that apply)**

**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

**Creatinine**

Cardiac Symptoms    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-procedure 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           | 23 <input type="checkbox"/> Extensive Aortic Atherosclerosis           | 25 <input type="checkbox"/> Hepatic Failure            | 33 <input type="checkbox"/> PCI Before This Episode       |
| 18 <input type="checkbox"/> Heart Failure, Current                | 24 <input type="checkbox"/> Diabetes                                   | 27 <input type="checkbox"/> Renal Failure, Dialysis    | 38 <input type="checkbox"/> Stent Thrombosis              |
| 19 <input type="checkbox"/> Heart Failure, Past                   | 24a Diabetes Therapy   | 32 <input type="checkbox"/> Previous PCI, This Episode | 39 <input type="checkbox"/> Any Previous Organ Transplant |
| 20 <input type="checkbox"/> Malignant Ventricular Arrhythmia      | 1 <input type="checkbox"/> None 6 <input type="checkbox"/> Other Sub-q |  | 40 <input type="checkbox"/> Heart Transplant Candidate    |
| 21 <input type="checkbox"/> Chronic Lung Disease                  | 2 <input type="checkbox"/> Diet 5 <input type="checkbox"/> Other       |  | 62 <input type="checkbox"/> Active Endocarditis           |
| 1 <input type="checkbox"/> None 3 <input type="checkbox"/> Mod.   | 3 <input type="checkbox"/> Oral 7 <input type="checkbox"/> Unknown     |  |   |
| 2 <input type="checkbox"/> Mild 4 <input type="checkbox"/> Severe | 4 <input type="checkbox"/> Insulin                                     |  |   |

**IV. Major Events Following Procedure (Answer all that apply)**

- |   |   |   |
|---|---|---|
| 0 <input type="checkbox"/> None                         | 5 <input type="checkbox"/> 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-Procedure 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. POST-PROCEDURE TRANSTHORACIC ECHO (Mitral TEER cases only)**

Post Procedure TTE performed? 1  Yes 2  No

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

**VI. Discharge Information**

- |  |   |
|--|---|
| <b>Discharged Alive to:</b><br>11 <input type="checkbox"/> Home 12 <input type="checkbox"/> Hospice 13 <input type="checkbox"/> Acute Care Facility<br>14 <input type="checkbox"/> Skilled Nursing Home 15 <input type="checkbox"/> Inpatient Physical Medicine & Rehab<br>19 <input type="checkbox"/> Other (Specify) _____ | <b>Died in:</b><br>2 <input type="checkbox"/> Operating Room 3 <input type="checkbox"/> Recovery Room<br>4 <input type="checkbox"/> Critical Care Unit 5 <input type="checkbox"/> Medical/Surgical Floor<br>6 <input type="checkbox"/> In Transit to Other Facility<br>8 <input type="checkbox"/> Elsewhere in Hospital (Specify) _____ |
| <b>Hospital Discharge Date</b> <input type="text"/> <input type="text"/> <input type="text"/>  | <b>30 Day Status:</b> 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 Priority = Emergency or Salvage. Also report for patients with a Clinical Diagnosis of Cardiogenic Shock within 12 hours before procedure start. For all data elements below, the term "Case Start" refers to time that the skin incision, vascular access, or its equivalent, was made in order to start the procedure

Clinical Diagnosis of Cardiogenic Shock within 12 hours before procedure start

**Pre-Procedure 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 Procedure	3 <input type="checkbox"/> Prior to this Procedure 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 <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Record #: \_\_\_\_\_ (For Reference Only)