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| STS seal | **The Society of Thoracic Surgeons**  **Adult Cardiac Surgery Database**  **Data Collection Form Version 2.81**  April 23, 2015 |

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| **A. Administrative** | | | | |
| Participant ID:  ParticID (25) | Record ID:(software generated)  RecordID (30) | | STS Cost Link:  CostLink (35) | |
| Patient ID:(software generated)  PatID (40) |  |  | |  |
| Patient participating in STS-related clinical trial:  None Trial 1 Trial 2 Trial 3 Trial 4 Trial 5 Trial 6 (If not “None” →)  ClinTrial (45) | | | Clinical trial patient ID:  ClinTrialPatID (46)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **B. Demographics** | | | | | | | | | | | | | | |
| Patient Last Name:  PatLName (50) | | | | Patient First Name:  PatFName (55) | | | | | | Patient Middle Name:  PatMName (60) | | | | |
| Date of Birth: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)  DOB (65) | | | | | Patient Age: \_\_\_\_\_\_  Age (70) | | | | | | | Sex: Male Female  Gender (75) | | |
| Social Security Number: \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_  SSN (80) | | | | | | | | Medical Record Number:  MedRecN (85) | | | | | | |
| Street Address:  PatAddr (90) | | | | | | | | | City:  PatCity (95) | | | | | |
| Region: PatRegion (100) | | | | | | ZIP Code: PatZIP (105) | | | | | | | Country: PatientCountry (115) | |
| Is This Patient’s Permanent Address: Yes No Unknown PermAddr (120) | | | | | | | | | | | | | | |
| Is the Patient’s Race Documented? Yes No Pt. Declined to Disclose  RaceDocumented (150) | | | | | | | | | | | | | | |
| (If Yes →) | Race : (Select all that apply→) | | White:  RaceCaucasian (155) | | | | Yes No | | | | Am Indian/Alaskan:  RaceNativeAm (170) | | | Yes No |
|  | | | Black/African American:  RaceBlack (160) | | | | Yes No | | | | Hawaiian/Pacific Islander:  RacNativePacific (175) | | | Yes No |
|  | | | Asian:  RaceAsian (165) | | | | Yes No | | | | Other:  RaceOther (180) | | | Yes No |
| Hispanic, Latino or Spanish Ethnicity: | | Yes No Not Documented Ethnicity (185) | | | | | | | | | | | | |

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| **C. Hospitalization** | | | | | | | | | | | | | |
| Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If Not Missing →)  HospName (205) | | | | | | | | | Hospital ZIP Code:  HospZIP (210) | | | | Hospital Region:  HospStat (215) |
| Hospital National Provider Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HospNPI (220) | | | | | | | | | | | | | |
| Payor – (Select all that apply↓)  Government Health Insurance: PayorGov (225) 🞎 Yes 🞎 No (If Yes, select all that apply ↓) | | | | | | | | | | | | | |
|  | Medicare: 🞎 Yes 🞎 No (If Yes →)  PayorGovMcare (230) | | | | | Medicare Fee For Service: 🞎 Yes 🞎 No  PayorGovMcareFFS (240) | | | | | |  | |
|  | Medicaid: 🞎 Yes 🞎 No  PayorGovMcaid (245) | | | | | Military Health Care: 🞎 Yes 🞎 No  PayorGovMil (250) | | | | | | State-Specific Plan: 🞎 Yes 🞎 No  PayorGovState (255) | |
|  | Indian Health Service: 🞎 Yes 🞎 No  PayorGovIHS (260) | | | | | Correctional Facility: 🞎 Yes 🞎 No  PayorGovCor (265) | | | | | | Other Gov’t. Plan: 🞎 Yes 🞎 No  PayorGovOth (270) | |
| Commercial Health Insurance:  PayorCom (275) | | | | 🞎 Yes 🞎 No | | | Health Maintenance Organization:  PayorHMO (280) | | | 🞎 Yes 🞎 No | | | |
| Non-U.S. Insurance:  PayorNonUS (285) | | | 🞎 Yes 🞎 No | | | | None / Self:  PayorNS (290) | 🞎 Yes 🞎 No | | | | | |
| Admit Date:\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_  (mm/dd/yyyy)  AdmitDt (305) | | | | | Date of Surgery: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_\_\_  (mm/dd/yyyy)  SurgDt (310) | | | | | | Date of Discharge: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_\_\_  (mm/dd/yyyy)  DischDt (315) | | |
| Admit Source: | | Elective Admission Emergency Department Transfer in from another hospital/acute care facility Other | | | | | | | | | | | |
| AdmitSrc (320) | | (If Transfer →) Other Hospital Performs Cardiac Surgery Yes No  OthHosCS (325) | | | | | | | | | | | |

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| **D. Risk Factors** “Unknown” should only be selected if Patient / Family unable to provide history | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Height (cm): \_\_\_\_\_\_\_\_ HeightCm (330) | | | | | | | | | | | | | | | | | | | | | Weight (kg): \_\_\_\_\_\_\_\_WeightKg (335) | | | | | | |
| Family History of Premature Coronary Artery Disease: 🞎 Yes 🞎 No 🞎 Unknown FHCAD (355) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diabetes: 🞎 Yes 🞎 No 🞎 Unknown (If Yes →) Diabetes-Control: 🞎 None 🞎 Diet only 🞎 Oral 🞎 Insulin 🞎 Other subq 🞎 Other 🞎 Unknown  Diabetes (360) DiabCtrl (365) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dyslipidemia: 🞎 Yes 🞎 No 🞎 Unknown  Dyslip (370) | | | | | | | | | | | | Dialysis: 🞎 Yes 🞎 No 🞎 Unknown  Dialysis (375) | | | | | | | | | | | | | Hypertension: 🞎 Yes 🞎 No 🞎 Unknown  Hypertn (380) | | |
| Endocarditis: 🞎 Yes 🞎 No (If Yes→) Endocarditis Type: 🞎 Treated 🞎 Active  InfEndo (385) InfEndTy (390) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | Endocarditis Culture: | | | | | | | | 🞎 Culture negative 🞎 Staph aureus 🞎 Strep species 🞎 Coagulase negative staph | | | | | | | | | | | | | | | | | | |
|  | InfEndCult (395) | | | | | | | | 🞎 Enterococcus species 🞎 Fungal 🞎 Other 🞎Unknown | | | | | | | | | | | | | | | | | | |
| Tobacco use:  TobaccoUse (400) | | | | | 🞎 Never smoker  🞎 Current every day smoker  🞎 Current some day smoker | | | | | | | | | | | | | | | 🞎 Smoker, current status (frequency) unknown  🞎 Former smoker  🞎 Smoking status unknown | | | | | | | |
| Lung Disease: 🞎 No 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Lung disease documented, severity unknown 🞎 Unknown  ChrLungD (405) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Mild, Moderate or Severe→) | | | | | | | Type: | | | | | | 🞎 Obstructive 🞎 Reactive 🞎 Interstitial Fibrosis 🞎 Other 🞎 Multiple 🞎 Not Documented  ChrLungDType (410) | | | | | | | | | | | | | | |
| Pulmonary Function Test Done: 🞎 Yes 🞎 No PFT (415) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | FEV1 % Predicted: \_\_\_\_\_\_\_\_  FEV1 (420) | | | | | | | | | | | | DLCO Test Performed: 🞎 Yes 🞎 No (If Yes →)  DLCO (425) | | | | | | | | | | | | | DLCO % Predicted: \_\_\_\_\_  DLCOPred (430) |
| Room Air ABG Performed: 🞎 Yes 🞎 No (If Yes →)  ABG (435) | | | | | | | | | | | | | | | Carbon Dioxide Level:\_\_\_\_\_\_\_\_  PCO2 (440) | | | | | | | | | Oxygen Level : \_\_\_\_\_\_\_  PO2 (445) | | | |
| Home Oxygen: 🞎 Yes, PRN 🞎 Yes, oxygen dependent 🞎 No 🞎 Unknown  HmO2 (450) | | | | | | | | | | | | | | | | | | | Inhaled Medication or Oral Bronchodilator Therapy:  🞎 Yes 🞎 No 🞎 Unknown BDTx (455) | | | | | | | | |
| Sleep Apnea: 🞎 Yes 🞎 No 🞎 Unknown  SlpApn (460) | | | | | | | | | | | | | | | | | | | Pneumonia: 🞎 Recent 🞎 Remote 🞎 No 🞎 Unknown  Pneumonia (465) | | | | | | | | |
| Illicit Drug Use: 🞎 Recent 🞎 Remote 🞎 No 🞎 Unknown  IVDrugAb (470) | | | | | | | | | | | | | | | | | | | | | | | Depression 🞎 Yes 🞎 No 🞎 Unknown  Depression (475) | | | | |
| Alcohol Use: 🞎 <=1 drink/week 🞎 2- 7 drinks/week 🞎 >=8 drinks/week 🞎 None 🞎 Unknown  Alcohol (480) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liver Disease: 🞎 Yes 🞎 No 🞎 Unknown  LiverDis (485) | | | | | | | | | | | | | | | | Immunocompromise Present: 🞎 Yes 🞎 No 🞎 Unknown  ImmSupp (490) | | | | | | | | | | | |
| Mediastinal Radiation: 🞎 Yes 🞎 No 🞎 Unknown  MediastRad (495) | | | | | | | | | | | | | | | | Cancer Within 5 Years: 🞎 Yes 🞎 No 🞎 Unknown  Cancer (500) | | | | | | | | | | | |
| Peripheral Artery Disease: 🞎 Yes 🞎 No 🞎 Unknown  PVD (505) | | | | | | | | | | | | | | | | | | | | | | Thoracic Aorta Disease: 🞎 Yes 🞎 No 🞎 Unknown  ThAoDisease (510) | | | | | |
| Syncope: 🞎 Yes 🞎 No 🞎 Unknown  Syncope (515) | | | | | | | | | | | | | | | | | | | | | | Unresponsive State: 🞎 Yes 🞎 No 🞎 Unknown  UnrespStat (520) | | | | | |
| Cerebrovascular Disease: CVD (525) 🞎 Yes 🞎 No 🞎 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | Prior CVA: 🞎 Yes 🞎 No 🞎 Unknown (If Yes →)  CVA (530) | | | | | | | | | | | | | | Prior CVA-When: 🞎 <= 30 days 🞎 > 30 days  CVAWhen (535) | | | | | | | | | | |
| CVD TIA: CVDTIA (540) 🞎 Yes 🞎 No 🞎 Unknown | | | | | | | | | | | | | | | | | | | | | | | | |
| CVD Carotid stenosis: CVDCarSten (545) 🞎 Right 🞎 Left 🞎 Both 🞎 None | | | | | | | | | | | | | | | | | | | | | | | | |
| (If “Right” or “Both” →) | | | | | | | Severity of stenosis on the right carotid artery: 🞎 50-79% 🞎 80 – 99% 🞎 100% 🞎 Not documented  CVDStenRt (550) | | | | | | | | | | | | | | | | | |
| (If “Left” or “Both” →) | | | | | | | Severity of stenosis on the left carotid artery: 🞎 50-79% 🞎 80 – 99% 🞎 100% 🞎 Not documented  CVDStenLft (555) | | | | | | | | | | | | | | | | | |
| History of previous carotid artery surgery and/or stenting: CVDPCarSurg (560) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter available lab results below. Not all tests are expected or appropriate for all patients. Data Quality Report will only flag missing Creatinine or if both Hemoglobin & Hematocrit are missing | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WBC Count: \_\_\_\_\_\_  WBC (565) | | | | | | | | Hemoglobin: \_\_\_\_\_\_  RFHemoglobin (570) | | | | | | | | | | Hematocrit: \_\_\_\_\_\_\_  Hct (575) | | | | | | Platelet Count: \_\_\_\_\_\_  Platelets (580) | | | |
| Last Creatinine Level: \_\_\_\_\_\_\_  CreatLst (585) | | | | | | | | Total Albumin:\_\_\_\_\_\_  TotAlbumin (590) | | | | | | | | | | Total Bilirubin: \_\_\_\_\_\_\_  TotBlrbn (595) | | | | | | A1c Level: \_\_\_\_\_\_  A1cLvl (600) | | | |
| HIT Antibodies 🞎 Yes 🞎 No 🞎 Not Applicable  HITAnti (605) | | | | | | | | | | | | | | | | | | INR: \_\_\_\_\_\_\_  INR (610) | | | | | | MELD Score: \_\_\_\_\_\_ (System Calculation)  MELDScr (615) | | | |
| BNP \_\_\_\_\_  BNP (620) | | | | NTproBNP \_\_\_\_\_  NTproBNP (625) | | | | | | | hsTNT \_\_\_\_\_\_\_\_  hsTnT (630) | | | | | | | hsCRP \_\_\_\_\_\_\_\_  hsCRP (635) | | | | | | GDF-15 \_\_\_\_\_\_\_\_  GDF15 (640) | | | |
| Five Meter Walk Test Done: FiveMWalkTest (645) 🞎 Yes 🞎 No 🞎 Non-ambulatory patient | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | | Time 1: \_\_\_\_\_\_\_ (seconds)  FiveMWalk1 (650) | | | | | | | | | | | | | | | Time 2: \_\_\_\_\_\_\_(seconds)  FiveMWalk2 (655) | | | | | Time 3 : \_\_\_\_\_\_ (seconds)  FiveMWalk3 (660) | |

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| **E. Previous Cardiac Interventions**  Previous Cardiac Interventions: PrCVInt (665) 🞎 Yes 🞎 No 🞎 Unknown | | | | | | | | | | | | | | | | | |
| (If Yes → ) | Previous coronary artery bypass (CAB): PrCAB (670) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | |
|  | Previous valve procedure: PrValve (675) 🞎 Yes 🞎 No If PrValve Yes, Enter at least one previous valve procedure and up to 5 🡫 | | | | | | | | | | | | | | | | |
|  |  | | | | | #1  PrValveProc1 (695) | | #2  PrValveProc2 (700) | | | #3  PrValveProc3 (705) | | | #4  PrValveProc4 (710) | | #5  PrValveProc5 (715) | |
|  | No additional valve procedure(s) | | | | |  | |  | | |  | | |  | |  | |
|  | Aortic valve balloon valvotomy/valvuloplasty | | | | |  | |  | | |  | | |  | |  | |
|  | Aortic valve repair, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Aortic valve replacement, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Aortic valve replacement, transcatheter | | | | |  | |  | | |  | | |  | |  | |
|  | Mitral valve balloon valvotomy/valvuloplasty | | | | |  | |  | | |  | | |  | |  | |
|  | Mitral valve commissurotomy, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Mitral valve repair, percutaneous | | | | |  | |  | | |  | | |  | |  | |
|  | Mitral valve repair, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Mitral valve replacement, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Mitral valve replacement, transcatheter | | | | |  | |  | | |  | | |  | |  | |
|  | Tricuspid valve balloon valvotomy/valvuloplasty | | | | |  | |  | | |  | | |  | |  | |
|  | Tricuspid valve repair, percutaneous | | | | |  | |  | | |  | | |  | |  | |
|  | Tricuspid valve repair, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Tricuspid valve replacement, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Tricuspid valve replacement, transcatheter | | | | |  | |  | | |  | | |  | |  | |
|  | Tricuspid valvectomy | | | | |  | |  | | |  | | |  | |  | |
|  | Pulmonary valve balloon valvotomy/valvuloplasty | | | | |  | |  | | |  | | |  | |  | |
|  | Pulmonary valve repair, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Pulmonary valve replacement, surgical | | | | |  | |  | | |  | | |  | |  | |
|  | Pulmonary valve replacement, transcatheter | | | | |  | |  | | |  | | |  | |  | |
|  | Pulmonary valvectomy | | | | |  | |  | | |  | | |  | |  | |
|  | Other valve procedure | | | | |  | |  | | |  | | |  | |  | |
|  | Previous PCI: POCPCI (775) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | |
|  | (If Yes →) | PCI Performed Within This Episode Of Care: 🞎 Yes, at this facility 🞎 Yes, at some other acute care facility 🞎 No  POCPCIWhen (780) | | | | | | | | | | | | | | | |
|  |  | Indication for Surgery: | | 🞎 PCI Complication | | | | | | 🞎 PCI Failure without Clinical Deterioration | | | | | | | |
|  |  | POCPCIndSurg (785) | | 🞎 PCI Failure with Clinical Deterioration | | | | | | 🞎 PCI/Surgery Staged (not STEMI) | | | | | | | |
|  | | 🞎 PCI for STEMI, multivessel disease | | | | | | 🞎 Other | | | | | | | |
|  |  | PCI Stent: 🞎 Yes 🞎 No  POCPCISt (790) | | (If Yes →) Stent Type: 🞎 Bare metal 🞎 Drug-eluting 🞎 Bioresorbable 🞎Multiple 🞎Unknown  POCPCIStTy (795) | | | | | | | | | | | | | |
| PCI Interval:  POCPCIIn (800) | 🞎 <= 6 Hours 🞎 > 6 Hours | | | | | | | | | | | | | | |
|  | Other Previous Cardiac Interventions: 🞎 Yes 🞎 No (If Yes, Enter at least one previous other cardiac procedure and up to 7 ↓)  POC (805) | | | | | | | | | | | | | | | | |
|  |  | | | | #1  POCInt1 (810) | | #2  POCInt2 (815) | | #3  POCInt3 (820) | | | #4  POCInt4 (825) | #5  POCInt5 (830) | | #6  POCInt6 (835) | | #7  POCInt7 (840) |
|  | No additional interventions | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ablation, catheter, atrial fibrillation | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ablation, catheter, other or unknown | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ablation, catheter, ventricular | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ablation, surgical, atrial fibrillation | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ablation, surgical, other or unknown | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aneurysmectomy, LV | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic procedure, arch | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic procedure, ascending | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic procedure, descending | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic procedure, root | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic procedure, thoracoabdominal | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic Procedure, TEVAR | | | |  | |  | |  | | |  |  | |  | |  |
|  | Aortic root procedure, valve sparing | | | |  | |  | |  | | |  |  | |  | |  |
|  | Atrial appendage obliteration, Left, surgical | | | |  | |  | |  | | |  |  | |  | |  |
|  | Atrial appendage obliteration, Left, transcatheter | | | |  | |  | |  | | |  |  | |  | |  |
|  | Atrial appendage obliteration, Right, surgical | | | |  | |  | |  | | |  |  | |  | |  |
|  | Atrial appendage obliteration, Right, transcatheter | | | |  | |  | |  | | |  |  | |  | |  |
|  | Cardiac Tumor | | | |  | |  | |  | | |  |  | |  | |  |
|  | Cardioversion(s) | | | |  | |  | |  | | |  |  | |  | |  |
|  | Closure device, atrial septal defect | | | |  | |  | |  | | |  |  | |  | |  |
|  | Closure device, ventricular septal defect | | | |  | |  | |  | | |  |  | |  | |  |
|  | Congenital cardiac repair, surgical | | | |  | |  | |  | | |  |  | |  | |  |
|  | Implantable Cardioverter Defibrillator (ICD) with or without pacer | | | |  | |  | |  | | |  |  | |  | |  |
|  | Pacemaker | | | |  | |  | |  | | |  |  | |  | |  |
|  | Pericardiectomy | | | |  | |  | |  | | |  |  | |  | |  |
|  | Pulmonary thrombectomy | | | |  | |  | |  | | |  |  | |  | |  |
|  | Total Artificial Heart (TAH) | | | |  | |  | |  | | |  |  | |  | |  |
|  | Transmyocardial Laser Revascularization (TMR) | | | |  | |  | |  | | |  |  | |  | |  |
|  | Transplant heart & lung | | | |  | |  | |  | | |  |  | |  | |  |
|  | Transplant, heart | | | |  | |  | |  | | |  |  | |  | |  |
|  | Transplant, lung(s) | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ventricular Assist Device (VAD), BiVAD | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ventricular Assist Device (VAD), left | | | |  | |  | |  | | |  |  | |  | |  |
|  | Ventricular Assist Device (VAD), right | | | |  | |  | |  | | |  |  | |  | |  |
|  | Other Cardiac Intervention (not listed) | | | |  | |  | |  | | |  |  | |  | |  |

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| **F. Preoperative Cardiac Status** | | | | | | | | | | |
| Prior Myocardial Infarction: PrevMI (885) 🞎 Yes 🞎 No 🞎 Unknown (If Yes ↓) | | | | | | | | | | |
|  | | |  | MI When: 🞎 <=6 Hrs. 🞎 >6 Hrs. but <24 Hrs. 🞎 1 to 7 Days 🞎 8 to 21 Days 🞎 >21 Days  MIWhen (890) | | | | | | |
| Cardiac Presentation/Symptoms: (Choose one from the list below for each column🡫) | | | | | | | | | | |
|  | | | | | | At time of this admission:  CardSympTimeOfAdm (895) | | | | At time of surgery:  CardSympTimeOfSurg (900) |
|  | No Symptoms | | | | |  | | | |  |
|  | Stable Angina | | | | |  | | | |  |
|  | Unstable Angina | | | | |  | | | |  |
|  | Non-ST Elevation MI (Non-STEMI) | | | | |  | | | |  |
|  | ST Elevation MI (STEMI) | | | | |  | | | |  |
|  | Angina Equivalent | | | | |  | | | |  |
|  | Other | | | | |  | | | |  |
| Anginal Classification Within 2 weeks: 🞎 CCS Class 0 🞎 CCS Class I 🞎 CCS Class II 🞎 CCS Class III 🞎 CCS Class IV  AnginalClass (905) | | | | | | | | | | |
| Heart Failure Within 2 weeks : 🞎 Yes 🞎 No 🞎 Unknown (If Yes→) Classification-NYHA: 🞎 Class I 🞎 Class II 🞎 Class III 🞎 Class IV  CHF (910) ClassNYH (915) | | | | | | | | | | |
| Prior Heart failure: 🞎 Yes 🞎 No 🞎 Unknown  PriorHF (920) | | | | | | | | | | |
| Cardiogenic Shock : 🞎 Yes, at the time of the procedure 🞎 Yes, not at the time of the procedure but within prior 24 hours 🞎 No  CarShock (930) | | | | | | | | | | |
| Resuscitation: 🞎 Yes - Within 1 hour of the start of the procedure 🞎 Yes - More than 1 hour but less than 24 hours of the start of the procedure 🞎 No  Resusc (935) | | | | | | | | | | |
| Arrhythmia: 🞎 Yes 🞎 No 🞎 Unknown  Arrhythmia (945) | | | | | | | | | | |
| (If Yes →) | | (Choose one response for each rhythm below 🡫) | | | | | | | | |
|  | | VTach/VFib  ArrhythVV (950) | | | Sick Sinus Syndrome  ArrhythSSS (955) | | AFlutter  ArrhythAFlutter (960) | Second Degree Heart Block  ArrhythSecond (965) | Third Degree Heart Block  ArrhythThird (970) | |
| None | |  | | |  | |  |  |  | |
| Remote (> 30 days preop) | |  | | |  | |  |  |  | |
| Recent (<= 30 days preop) | |  | | |  | |  |  |  | |
|  | |  | | | | | | | | |
| (If Yes →) | | Permanently Paced Rhythm: ArrhythPPaced (975) 🞎 Yes 🞎 No | | | | | | | | |
|  | | Atrial Fibrillation: ArrhythAFib (980) 🞎 None 🞎 Paroxysmal 🞎 Continuous/Persistent | | | | | | | | |
|  | | If Continuous/persistent→ Indicate duration 🞎 ≤ one year  🞎 > one year   🞎 unknown  ArrhythAFibDur (985) | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **G. Preoperative Medications** | | | |
| **Medication** | **Timeframe** | **Administration** | |
| ACE or ARB  MedACEI48 (1020) | Within 48 hours | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | |
| ADP Inhibitor  MedADP5Days (1025) | Within 5 days | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown  (If Yes→)ADP Inhibitors Discontinuation: \_\_\_\_\_\_\_ (# days prior to surgery)  MedADPIDis (1030) | |
| Amiodarone  MedAmiodarone (1035) | Prior to surgery | 🞎 Yes, on home therapy 🞎 Yes, therapy started this admission  🞎 No 🞎 Unknown | |
| Anticoagulants  MedACoag (1040) | Within 48 hours | 🞎 Yes 🞎 No (If Yes→)Medication: | 🞎 Heparin (Unfractionated) 🞎 Heparin (Low Molecular)  🞎 Other MedACMN (1045) |
| Antiplatelets  MedAplt5Days (1050) | Within 5 days | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | |
| Aspirin  MedASA (1055) | Within 5 days | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | |
| Beta Blocker\*  MedBeta (1060) | Within 24 hours | 🞎 Yes 🞎 No 🞎 Contraindicated\* | |
| Beta Blocker  MedBetaTher (1065) | On therapy for ≥ 2 weeks prior to surgery | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | |
| Calcium Channel Blocker  MedCChanTher (1070) | On therapy for ≥ 2 weeks prior to surgery | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | |
| Coumadin  MedCoum (1075) | Within 24 hours | 🞎 Yes 🞎 No 🞎 Unknown | |
| Factor Xa inhibitors  MedXaInhibitors (1080) | Within 24 hours | 🞎 Yes 🞎 No 🞎 Unknown | |
| Glycoprotein IIb/IIIa  MedGP (1085) | Within 24 hours | 🞎 Yes 🞎 No 🞎 Unknown  (If Yes→)Medication Name: 🞎 Abciximab (ReoPro) 🞎 Eptifibatide (Integrilin)  MedGPMN (1090) 🞎 Tirofiban (Aggrastat) 🞎 Other | |
| Inotropic, intravenous  MedInotr (1095) | Within 48 hours | 🞎 Yes 🞎 No | |
| Lipid lowering  MedLipid (1100) | Within 24 hours | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown  (If Yes→)Medication Type : 🞎 Statin 🞎 Non-statin 🞎 Other 🞎 Combination  MedLipMN (1105) | |
| Long-acting Nitrate  MedLongActNit (1110) | On therapy for ≥ 2 weeks prior to surgery | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | |
| Nitrates, intravenous  MedNitIV (1115) | Within 24 hours | 🞎 Yes 🞎 No | |
| Other Antianginal Medication MedOthAntiang (1120) | On therapy for ≥ 2 weeks prior to surgery | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | |
| Steroids  MedSter (1130) | Within 24 hours | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | |
| Thrombin Inhibitors  MedThrombinIn (1135) | Within 24 hours | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | |
| Thrombolytics  MedThrom (1140) | Within 48 hours | 🞎 Yes 🞎 No | |
| ***\*NQF Measure included in composite score for CABG*** | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **H. Hemodynamics/Cath/Echo** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardiac Catheterization Performed : 🞎 Yes 🞎 No (If Yes→)  CarCathPer (1145) | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cardiac Catheterization Date: \_\_ \_\_/ \_\_ \_\_/\_\_ \_\_ \_\_ \_\_  CarCathDt (1150) | | | | | | | | | | | | | | | | | | |
| Coronary Anatomy/Disease known: 🞎 Yes 🞎 No (If Yes🡫) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| CorAnatDisKnown (1155) | | | | | | | | | | | | | | | Dominance:  Dominance (1160) | | | | | | | | | | | | | | 🞎 Left 🞎 Right 🞎 Co-dominant 🞎 Not Documented | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Source(s) used to quantify stenosis : StenSource (1165) | | | | | | | | | | | | | | 🞎 Angiogram 🞎 CT 🞎 IVUS 🞎 Progress/OP Note 🞎 Other 🞎 Multiple | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Number Diseased Vessels :  NumDisV (1170) | | | | | | | | | | | | | | 🞎 None 🞎 One 🞎 Two 🞎 Three | | | | | | | | | | | | | | | | | |
| (If one, two or three vessel disease 🡫) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each Column with a “yes” response below must have documentation on at least one vessel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Coronary**  (Last known value pre-op) | | | | | | | | | | | | **Native Artery**  % Stenosis Known:  🞎 Yes 🞎 No (If yes🡫)  PctStenKnown (1175) | | | | | | | **Graft(s)**  Graft(s) Present:  🞎 Yes 🞎 No (If yes🡫)  GraftsPrsnt (1180) | | | | | | | | | | | **Stent(s)**  Stent(s) Present:  🞎 Yes 🞎 No (If yes🡫)  StentPrsnt (1185) | | | | | | | | | **Fractional Flow Reserve (FFR)**  FFR Performed:  🞎Yes 🞎No (If yes🡫)  FFRPerf (1190) | | | | | | | |
| **Left Main** | | | | | | | | | | | | \_\_\_\_\_%  PctStenLMain (1195) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenLMain (1200) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenLMain (1205) | | | | | | | | | \_\_\_\_\_  FFRLMain (1210) | | | | | | | |
| **Proximal LAD** | | | | | | | | | | | | \_\_\_\_\_%  PctStenProxLAD (1215) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenProxLAD (1220) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenProxLAD (1225) | | | | | | | | | \_\_\_\_\_  FFRProxLAD (1230) | | | | | | | |
| **Mid LAD** | | | | | | | | | | | | \_\_\_\_\_%  PctStenMidLAD (1235) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenMidLAD (1240) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenMidLAD (1245) | | | | | | | | | \_\_\_\_\_  FFRMidLAD (1250) | | | | | | | |
| **Distal LAD** | | | | | | | | | | | | \_\_\_\_\_%  PctStenDistLAD (1255) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenDistLAD (1260) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenDistLAD (1265) | | | | | | | | | \_\_\_\_\_  FFRDistLAD (1270) | | | | | | | |
| **Diagonal 1** | | | | | | | | | | | | \_\_\_\_\_%  PctStenDiag1 (1275) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenDiag1 (1280) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenDiag1 (1285) | | | | | | | | | \_\_\_\_\_  FFRDiag1 (1290) | | | | | | | |
| **Diagonal 2** | | | | | | | | | | | | \_\_\_\_\_%  PctStenDiag2 (1295) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenDiag2 (1300) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenDiag2 (1305) | | | | | | | | | \_\_\_\_\_  FFRDiag2 (1310) | | | | | | | |
| **Diagonal 3** | | | | | | | | | | | | \_\_\_\_\_%  PctStenDiag3 (1315) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenDiag3 (1320) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenDiag3 (1325) | | | | | | | | | \_\_\_\_\_  FFRDiag3 (1330) | | | | | | | |
| **Circumflex** | | | | | | | | | | | | \_\_\_\_\_%  PctStenCircflx (1335) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenCircflx (1340) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenCircflx (1345) | | | | | | | | | \_\_\_\_\_  FFRCircflx (1350) | | | | | | | |
| **Obtuse Marginal1** | | | | | | | | | | | | \_\_\_\_\_%  PctStenOM1 (1355) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenOM1 (1360) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenOM1 (1365) | | | | | | | | | \_\_\_\_\_  FFROM1 (1370) | | | | | | | |
| **Obtuse Marginal2** | | | | | | | | | | | | \_\_\_\_\_%  PctStenOM2 (1375) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenOM2 (1380) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenOM2 (1385) | | | | | | | | | \_\_\_\_\_  FFROM2 (1390) | | | | | | | |
| **Obtuse Marginal3** | | | | | | | | | | | | \_\_\_\_\_%  PctStenOM3 (1395) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenOM3 (1400) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenOM3 (1405) | | | | | | | | | \_\_\_\_\_  FFROM3 (1410) | | | | | | | |
| **Ramus** | | | | | | | | | | | | \_\_\_\_\_%  PctStenRamus (1415) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenRamus (1420) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenRamus (1425) | | | | | | | | | \_\_\_\_\_  FFRRamus (1430) | | | | | | | |
| **RCA** | | | | | | | | | | | | \_\_\_\_\_%  PctStenRCA (1435) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenRCA (1440) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenRCA (1445) | | | | | | | | | \_\_\_\_\_  FFRRCA (1450) | | | | | | | |
| **Acute Marginal (AM)** | | | | | | | | | | | | \_\_\_\_\_%  PctStenAM (1455) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenAM (1460) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenAM (1465) | | | | | | | | | \_\_\_\_\_  FFRAM (1470) | | | | | | | |
| **Posterior Descending (PDA)** | | | | | | | | | | | | \_\_\_\_\_%  PctStenPDA (1475) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenPDA (1480) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenPDA (1485) | | | | | | | | | \_\_\_\_\_  FFRPDA (1490) | | | | | | | |
| **Posterolateral (PLB)** | | | | | | | | | | | | \_\_\_\_\_%  PctStenPLB (1495) | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenPLB (1500) | | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenPLB (1505) | | | | | | | | | \_\_\_\_\_  FFRPLB (1510) | | | | | | | |
| Syntax Score Known: SyntaxScrKnown (1515) 🞎 Yes 🞎 No (If Yes→) Syntax Score: SyntaxScr (1520) \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stress Test: 🞎 Yes 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| StressTst (1525) | | | | | | | | | | | Result: 🞎 Normal 🞎 Abnormal 🞎 Unavailable  StressTstRes (1530) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Risk/Extent of ischemia: 🞎 Low Risk 🞎 Intermediate Risk 🞎 High Risk 🞎 Unavailable  RiskIschemia (1535) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ejection Fraction Done: HDEFD (1540) 🞎 Yes 🞎 No (If Yes→) | | | | | | | | | | | | | | | | | | | | | | | Ejection Fraction: HDEF (1545) \_\_\_\_\_\_\_\_\_ (%) | | | | | | | | | | | | | | | | | | | | | | | |
| Dimensions Available: DimAvail (1555) 🞎 Yes 🞎 No (If Yes🡫) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | LV End-Systolic Dimension: \_\_\_\_\_\_\_\_ (mm)  LVSD (1560) | | | | | | | | | | | | | LV End-Diastolic Dimension: \_\_\_\_\_\_\_ (mm)  LVEDD (1565) | | | | | | | | | | | | | | | | | | | | | | | |
| PA Systolic Pressure Measured: 🞎 Yes 🞎 No (If Yes→)  PASYSMeas (1570) | | | | | | | | | | | | | | | | | | | | | | | PA Systolic Pressure: \_\_\_\_\_\_\_\_ mmHg  PASYS (1575) | | | | | | | | | | | | | | | | | | | | | | | |
| **Aortic Valve** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aortic Insufficiency: 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented  VDInsufA (1590) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aortic Valve Disease: VDAort (1595) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→ ) | | | | | | Aortic Stenosis: 🞎 Yes 🞎 No (If Yes→) Hemodynamic/Echo data available: 🞎 Yes 🞎 No (If Yes ↓)  VDStenA (1600) AoHemoDatAvail (1605) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | |  | | | | | | | | | | Smallest Aortic Valve Area: VDAoVA (1610) \_\_\_\_\_\_\_\_ cm2 | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes🡫 ) | | | | | | | |  | | | | | |  | | | | | | | | | | Highest Mean Gradient: VDGradA (1615) \_\_\_\_\_\_\_\_ mmHg | | | | | | | | | | | | | | | | | | | | | | |
| Etiology: (Choose at least one and up to 5 etiologies) | | | | | | | | | | | | | | | | | | | | | | | | | #1  VDAoEt1 (1625) | | | | | | | | #2  VDAoEt2 (1630) | | | #3  VDAoEt3 (1635) | | | | | #4  VDAoEt4 (1640) | | | | | #5  VDAoEt5 (1645) |
|  | | | Unknown | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | No additional etiology | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Bicuspid valve disease | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Congenital (other than bicuspid) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Degenerative- Calcified | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Degenerative- Leaflet prolapse with or without annular dilation | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Degenerative- Pure annular dilation without leaflet prolapse | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Endocarditis with root abscess | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Endocarditis without root abscess | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | LV Outflow Tract Pathology, HOCM | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | LV Outflow Tract Pathology, Sub-aortic membrane | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | LV Outflow Tract Pathology, Sub-aortic Tunnel | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | LV Outflow Tract Pathology, Other | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Primary Aortic Disease, Aortic Dissection | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Primary Aortic Disease, Atherosclerotic Aneurysm | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Primary Aortic Disease, Ehler-Danlos Syndrome | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Primary Aortic Disease, Hypertensive Aneurysm | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Primary Aortic Disease, Idiopathic Root Dilation | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Primary Aortic Disease, Inflammatory | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Primary Aortic Disease, Loeys-Dietz Syndrome | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Primary Aortic Disease, Marfan Syndrome | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Primary Aortic Disease, Other Connective tissue disorder | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Prior Aortic Intervention, Etiology Unknown | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Rheumatic | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Supravalvular Aortic Stenosis | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Trauma | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Tumor, Carcinoid | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Tumor, Myxoma | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Tumor, Papillary Fibroelastoma | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Tumor, Other | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
|  | | | Other | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | |  | | | | |  |
| **Mitral Valve** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mitral Insufficiency: VDInsufM (1680) 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mitral Valve Disease: VDMit (1685) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | | | Mitral Stenosis: 🞎 Yes 🞎 No (If Yes→) | | | | | | | | | | | | | | | Hemodynamic/ Echo data available: 🞎 Yes 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | VDStenM (1690) | | | | | | | | | | | | | | | MiHemoDatAvail (1695) | | | | | | | | | | | | | | Smallest Valve Area: \_\_\_\_\_\_\_\_ cm2  VDMVA (1700)  Highest Mean Gradient: \_\_\_\_\_\_\_\_mmHg  VDGradM (1705) | | | | | | | | | | | | |
| (If Yes→)  (If Yes🡫) | | | | | Carpentier Mitral leaflet motion classification:  VDMitFC (1715) | | | | | | | | | | | | | | | | | 🞎 Type I 🞎 Type II 🞎 Type IIIa 🞎 Type IIIb 🞎 Not Documented | | | | | | | | | | | | | | | | | | | | | | | | |
| MV Disease Etiology: (Choose at least one and up to 3 etiologies🡫) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | #1  VDMiEt1 (1720) | | | | | | | | #2  VDMiEt2 (1725) | | | | | | #3  VDMiEt3 (1730) | | |
|  | | | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | No additional etiology | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Degenerative | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Rheumatic | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Ischemic- acute, post infarction | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Ischemic- chronic | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Non-ischemic Cardiomyopathy | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Endocarditis | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Hypertrophic Obstructive Cardiomyopathy (HOCM) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Tumor, Carcinoid | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Tumor, Myxoma | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Tumor, Papillary fibroelastoma | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Tumor, Other | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Carcinoid | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Trauma | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Congenital | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Prior Mitral Valve Intervention, Etiology Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Other | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| MV Lesion(s):(Choose at least one and up to 3 lesions🡫) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | #1  VDMiLes1 (1735) | | | | | | | | #2  VDMiLes2 (1740) | | | | | | #3  VDMiLes3 (1745) | | |
|  | | | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | No additional lesions | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Leaflet prolapse, posterior | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Leaflet prolapse, bileaflet | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Leaflet prolapse, anterior | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Elongated/ruptured chord(s) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Annular dilation | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Leaflet calcification | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Mitral annular calcification | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Papillary muscle elongation | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Papillary muscle rupture | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Leaflet thickening/retraction | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Chordal tethering | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Chordal thickening/retraction/fusion | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Commissural fusion | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
|  | | | Other | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |
| **Tricuspid Valve** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tricuspid Insufficiency: VDInsufT (1775) 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tricuspid Valve Disease: VDTr (1780) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | Tricuspid Stenosis: VDStenT (1785) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | |
| (If Yes→)  (If Yes🡫) | | | Tricuspid Annular Echo Measurement Available: 🞎 Yes 🞎 No (If Yes→)  VDTrAnnMeas (1790) | | | | | | | | | | | | | | | | | | | | | | | | | | | Tricuspid Annulus Size: \_\_\_\_\_\_\_ cm  VDTrAnnSize (1795) | | | | | | | | | | | | | | | | |
|  | TV Etiology: (Choose at least one and up to 3 etiologies🡫) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | #1  VDTrEt1 (1800) | | | | | | | #2  VDTrEt2 (1805) | | | | | | | | #3  VDTrEt3 (1810) | |
|  | | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | No additional etiology | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | Functional | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | Endocarditis | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | Carcinoid | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | Congenital | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | Degenerative | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | Pacing wire/catheter induced dysfunction | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | Rheumatic | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | Tumor | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | Trauma | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | Prior TV intervention, Etiology Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
| **Pulmonic Valve** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulmonic Insufficiency: 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented  VDInsufP (1820) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulmonic Valve Disease: 🞎 Yes 🞎 No  VDPulm (1825) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | | | | | RVEDD Known:  RVEDDKnown (1830) | | | | | | | | | 🞎 Yes 🞎 No (If Yes →) | | | | | | | | | RVEDD Indexed to BSA:  RVEDD (1835) | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_ cm2 | | | |
| (If Yes →) | | | | | | | | | Pulmonic Stenosis:  VDStenP (1840) | | | | | | | | | 🞎 Yes 🞎 No (If Yes→) | | | | | | | | | Hemodynamic /Echo data available: 🞎 Yes 🞎 No (If Yes ↓)  PuHemoDatAvail (1845) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | Highest Mean Gradient : \_\_\_\_\_\_\_mmHg  VDGradP (1850) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | | | | | | | Etiology: VDPuEt (1855) (choose one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | 🞎 Acquired | | | | | | | | | | | | | | | | | | | 🞎 Prior Pulmonic Valve Intervention, Etiology Unknown | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | 🞎 Congenital, s/p Tetralogy of Fallot (TOF) repair | | | | | | | | | | | | | | | | | | | 🞎 Other | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | 🞎 Congenital, no prior Tetralogy of Fallot (TOF) repair | | | | | | | | | | | | | | | | | | | 🞎 Unknown | | | | | | | | | | | | | | |
| **Aortic Disease** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disease of aorta: AortaDisease (1860) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→ ) | | | | | | | Presentation:  ADPres (1865) | | | | | | | | | 🞎 Asymptomatic 🞎 Symptomatic, hemodynamics stable 🞎 Symptomatic, hemodynamics unstable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→ ) | | | | | | | Location: | | | | | | | | | Root  ADLocRoot (1870) | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | Descending Thoracic  ADLocDesThor (1885) | | | | | | | | 🞎 Yes 🞎 No | | | |
|  | | | | | | |  | | | | | | | | | Ascending  ADLocAsc (1875) | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | Thoracoabdominal  ADLocThora (1890) | | | | | | | | 🞎 Yes 🞎 No | | | |
|  | | | | | | |  | | | | | | | | | Arch  ADLocArch (1880) | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | |  | | | | | | | |  | | | |
| (If Yes→ ) | | | | | | | Lesion Type: | | | | | | | | | Aneurysm  ADLesTAneur (1895) | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | Pseudoaneurysm  ADLesTPseudo (1910) | | | | | | | | 🞎 Yes 🞎 No | | | |
|  | | | | | | |  | | | | | | | | | Coarctation/Narrowing  ADLesTCoarcNar (1900) | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | Penetrating Ulcer  ADLesTPenUlcer (1915) | | | | | | | | 🞎 Yes 🞎 No | | | |
|  | | | | | | |  | | | | | | | | | Rupture  ADLesTRup (1905) | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | Intramural Hematoma  ADLesTIntraHema (1920) | | | | | | | | 🞎 Yes 🞎 No | | | |
|  | | | | | | |  | | | | | | | | | Dissection  ADLesTDis (1925) | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | |  | | | | | | | |  | | | |
|  | | | | | | |  | | | | | | | | | (If Dissection → ) | | | | | Dissection Timing: 🞎 Acute 🞎 Chronic 🞎 Acute on chronic 🞎 Not Documented  ADLesTDisTmg (1930) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | Dissection Type: 🞎 Stanford Type A 🞎 Stanford Type B  ADLesTDisTy (1935) | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→ )Etiology (choose at least one and up to 3) | | | | | | | | | | | | | | | | | #1  ADEt1 (1940) | | | | | | | | | #2  ADEt2 (1945) | | | | | | | | | | | | | | #3  ADEt3 (1950) | | | | | | |
|  | | | | Unknown | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | No additional etiologies | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Aberrant Subclavian artery | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Atherosclerosis | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Bicuspid aortic valve syndrome | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Ehler-Danlos syndrome | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Endocarditis | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Hypertensive aneurysm | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Inflammatory | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Loeys-Dietz Syndrome | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Marfan Syndrome | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Trauma | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Other Congenital Disorder | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Other Connective Tissue Disorder | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | Other | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. Operative** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgeon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surgeon (1955) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Surgeon NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SurgNPI (1960) | | | | | | | | | | | | | | | | |
| Taxpayer Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIN (1965) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Incidence: | | | | | | | 🞎 First cardiovascular surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Third re-op cardiovascular surgery | | | | | | | | | | | | | | | |
| Incidenc (1970) | | | | | | | 🞎 First re-op cardiovascular surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Fourth or more re-op cardiovascular surgery | | | | | | | | | | | | | | | |
|  | | | | | | | 🞎 Second re-op cardiovascular surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Status:  Status (1975) | | | | | | | 🞎 Elective | | | | | | | | | | | 🞎 Urgent | | | | | | | | | | | | | | 🞎 Emergent | | | | | | | | | | 🞎 Emergent Salvage  UrgEmergRsn (1990) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (If Urgent or Emergent choose one reason🡫)  Urgent / Emergent reason: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | AMI | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | PCI Incomplete without clinical deterioration | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | Anatomy | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | PCI or attempted PCI with Clinical Deterioration | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | Aortic Aneurysm | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | Pulmonary Edema | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | Aortic Dissection | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | Pulmonary Embolus | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | CHF | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | Rest Angina | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | Device Failure | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | Shock Circulatory Support | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | Diagnostic/Interventional Procedure Complication | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | Shock No Circulatory Support | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | Endocarditis | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | Syncope | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | Failed Transcatheter Valve Therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | Transplant | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | IABP | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | Trauma | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | Infected Device | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | USA | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | Intracardiac mass or thrombus | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | Valve Dysfunction | | | | | | | | | | | | |
|  | | | | | | | | | | 🞎 | | | | | Ongoing Ischemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | Worsening CP | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | | | | Other | | | | | | | | | | | | |
| Was case previously attempted during this admission, but canceled: PCancCase (1995) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | | | Date of previous case: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)  PCancCaseDt (2000) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Timing of previous case:  PCancCaseTmg (2005) | | | | | | | | | | | | | | | | | | | | 🞎 Prior to induction of anesthesia 🞎 After induction, prior to incision 🞎 After incision made | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Reason previous case was canceled:  PCancCaseRsn (2010) | | | | | | | | | | | | | | | | | | | | 🞎 Anesthesiology event 🞎 Cardiac arrest 🞎 Equipment/supply issue 🞎 Access Issue  🞎 Unanticipated tumor 🞎 Donor Organ Unacceptable 🞎 Abnormal Labs 🞎 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Planned previous procedure: | | | | | | | | | | | | | | | | CABG  PCancCaseCAB (2015) | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | Valve, Surgical  PCancCaseValSur (2030) | | | | | | | | 🞎 Yes 🞎 No | | |
|  | | | | |  | | | | | | | | | | | | | | | | Mechanical Assist Device  PCancCaseMech (2020) | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | Valve, Transcatheter  PCancCaseValTrans (2035) | | | | | | | | 🞎 Yes 🞎 No | | |
|  | | | | |  | | | | | | | | | | | | | | | | Other Non-cardiac  PCancCaseONC (2025) | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | Other Cardiac  PCancCaseOC (2040) | | | | | | | | 🞎 Yes 🞎 No | | |
| Was the current procedure canceled: CCancCase (2050) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | | | Canceled Timing:  CCancCaseTmg (2055) | | | | | | | | | | | | | | | 🞎 Prior to induction of anesthesia 🞎 After induction, prior to incision 🞎 After incision made | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Canceled Reason:  CCancCaseRsn (2060) | | | | | | | | | | | | | | | 🞎 Anesthesiology event 🞎 Cardiac arrest 🞎 Equipment/supply issue 🞎 Access Issue  🞎 Unanticipated tumor 🞎 Donor Organ Unacceptable 🞎 Abnormal Labs 🞎 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Planned procedure: | | | | | | | | | | | | | CABG  CCancCaseCAB (2065) | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | Valve, Surgical  CCancCaseValSur (2085) | | | | | | | | | | 🞎 Yes 🞎 No | | | |
|  | | | |  | | | | | | | | | | | | | Mechanical Assist Device  CCancCaseMech (2075) | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | Valve, Transcatheter  CCancCaseValTrans (2090) | | | | | | | | | | 🞎 Yes 🞎 No | | | |
|  | | | |  | | | | | | | | | | | | | Other Non-cardiac  CCancCaseONC (2080) | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | Other Cardiac  CCancCaseOC (2095) | | | | | | | | | | 🞎 Yes 🞎 No | | | |
| Initial Operative Approach:  OPApp (2100) | | | | | | | | | | | 🞎 Full conventional sternotomy  🞎 Partial sternotomy  🞎 Transverse sternotomy  🞎 Right or left parasternal incision  🞎 Sub-xiphoid  🞎 Sub-Costal | | | | | | | | | | | | | | | | | | | | | | 🞎 Left Thoracotomy  🞎 Right Thoracotomy  🞎 Bilateral Thoracotomy  🞎 Limited (mini) Thoracotomy , right  🞎 Limited (mini) Thoracotomy , left  🞎 Limited (mini) Thoracotomy , bilateral | | | | | | | | | | | | | | | | | | | | | | | 🞎 Thoracoabdominal Incision  🞎 Percutaneous  🞎 Port Access  🞎 Other  🞎 None (canceled case) | | | | | | |
| Approach converted during procedure: 🞎 Yes, planned 🞎 Yes, unplanned 🞎 No  ApproachCon (2105) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Robot Used: 🞎 Yes 🞎 No (If Yes →)  Robotic (2110) | | | | | | | | | | | | | | | | | | | | | | 🞎 Used for entire operation 🞎 Used for part of the operation  RobotTim (2115) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coronary Artery Bypass: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No (If “Yes” complete Section J) OpCAB (2120) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valve Surgery: 🞎 Yes 🞎 No (If “Yes” complete Section K)  OpValve (2125) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VAD Implanted or Removed: 🞎 Yes 🞎 No  VADProc (2130) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Cardiac Procedure: 🞎 Yes 🞎 No (If “Yes” complete Section M)  OpOCard (2140) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Cardiac Procedure, AFib:🞎 Yes 🞎 No (If “Yes” complete Section M-1)  AFibProc (2145) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Cardiac Procedure, Aortic: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No (If “Yes” complete Section M-2) AortProc (2150) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Non-Cardiac Procedure: 🞎 Yes 🞎 No (If “Yes” complete Section N)  OpONCard (2155) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter up to 10 CPT-1 Codes pertaining to the surgery for which the data collection form was initiated: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. \_\_\_\_\_  CPT1Code1 (2195) | | | | | | | | | | | | 2. \_\_\_\_\_\_  CPT1Code2 (2200) | | | | | | | | | | | | | | | | | | 3. \_\_\_\_\_\_  CPT1Code3 (2205) | | | | | | | | | | | | | | 4. \_\_\_\_\_\_\_  CPT1Code4 (2210) | | | | | | | | | | | | | 5. \_\_\_\_\_\_\_  CPT1Code5 (2215) | | | | | |
| 6. \_\_\_\_\_\_  CPT1Code6 (2220) | | | | | | | | | | | | 7. \_\_\_\_\_\_  CPT1Code7 (2225) | | | | | | | | | | | | | | | | | | 8. \_\_\_\_\_\_  CPT1Code8 (2230) | | | | | | | | | | | | | | 9. \_\_\_\_\_\_\_  CPT1Code9 (2235) | | | | | | | | | | | | | 10. \_\_\_\_\_\_  CPT1Code10 (2240) | | | | | |
| OR Entry Date And Time: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ \_\_ \_\_: \_\_ \_\_ mm/dd/yyyy hh:mm - 24 hr clock)  OREntryDT (2245) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OR Exit Date And Time: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ \_\_ \_\_:\_\_ \_\_ (mm/dd/yyyy hh:mm - 24 hr clock)  ORExitDT (2250) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Intubation Date and Time: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ \_\_ \_\_: \_\_ \_\_ (mm/dd/yyyy hh:mm - 24 hr clock)  IntubateDT (2255) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Extubation Date and Time: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ \_\_ \_\_: \_\_ \_\_ (mm/dd/yyyy hh:mm - 24 hr clock)  ExtubateDT (2260) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin Incision Start Date and Time: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ \_\_ \_\_: \_\_ \_\_ (mm/dd/yyyy hh:mm - 24 hr clock)  SIStartDT (2265) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin Incision Stop Date and Time: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ \_\_ \_\_: \_\_ \_\_ (mm/dd/yyyy hh:mm - 24 hr clock)  SIStopDT (2270) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anesthesia End Date and Time: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ \_\_ \_\_: \_\_ \_\_ (mm/dd/yyyy hh:mm - 24 hr clock)  AnesEndDT (2275) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appropriate Antibiotic Selection:  AbxSelect (2280)  🞎 Yes 🞎 No 🞎 Exclusion | | | | | | | | | | | | | | | | | | | | | | | | Appropriate Antibiotic Administration Timing:  AbxTiming (2285)  🞎 Yes 🞎 No 🞎 Exclusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Appropriate Antibiotic Discontinuation:  AbxDisc (2290)  🞎 Yes 🞎 No 🞎 Exclusion | | | | | | | |
| Additional intraoperative prophylactic antibiotic dose given : AddIntraopPAnti (2295) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lowest Temperature (o C): \_\_\_\_\_\_\_\_\_\_  LwstTemp (2300) | | | | | | | | | | | | | | | | | | | | | | | Temperature Source:  LwstTempSrc (2305) | | | | | | | | | | | | | | | | Esophageal CPB venous return Bladder Nasopharyngeal  Tympanic Rectal Other Unknown | | | | | | | | | | | | | | | | | | | | | | | |
| Lowest Intra-op Hemoglobin : \_\_\_\_\_\_\_\_\_\_  LwstIntraHemo (2310) | | | | | | | | | | | | | | | | | | | | | | | | | | | Lowest Intra-op Hematocrit : \_\_\_\_\_\_\_\_  LwstHct (2315) | | | | | | | | | | | | | | | | | | | | | | | | | | Highest Intra-op Glucose: \_\_\_\_\_\_\_\_\_\_  HighIntraGlu (2320) | | | | | | | | | |
| CPB Utilization:  CPBUtil (2325) | | | | | | 🞎 None | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 Combination | | | | | | | | (If Combination→) | | | | | | | | | | | | | | Combination Plan: 🞎 Planned 🞎 Unplanned (If Unplanned↓) CPBCmb (2330) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Unplanned Reason:  CPBCmbR (2335) | | | | | | | | | | | 🞎 Exposure/visualization 🞎 Bleeding  🞎 Inadequate size/ diffuse disease of distal vessel  🞎 Hemodynamic instability(hypotension/arrhythmias)  🞎 Conduit quality and/or trauma 🞎 Other | | | | | | | | | | | | | | | | | |
|  | | | | | | 🞎 Full | | | | | | | | (If “Combination” or “Full”↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | Arterial Cannulation Insertion Site: (Select all that apply🡫) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | Aortic  CanArtStAort (2340) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | Axillary  CanArtStAx (2350) | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | Other  CanArtStOth (2360) | | | 🞎 Yes 🞎 No | |
|  | | | | | |  | | | | | | | | | | | | | Femoral  CanArtStFem (2345) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | Innominate  CanArtStInn (2355) | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | |  | | | |  |
|  | | | | | |  | | | | | | | | Venous Cannulation Insertion Site: (Select all that apply🡫) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | Femoral  CanVenStFem (2365) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | Pulmonary Vein  CanVenStPulm (2385) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | Jugular  CanVenStJug (2370) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | Caval/Bicaval  CanVenStBi (2390) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | Rt Atrial  CanVenStRtA (2375) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | Other  CanVenStOth (2395) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | Lt Atrial  CanVenStLfA (2380) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | Cardiopulmonary Bypass Time (minutes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PerfusTm (2400) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Circulatory Arrest: 🞎 Yes 🞎 No (If Yes↓)  CircArr (2405) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Circulatory Arrest Without Cerebral Perfusion Time: \_\_\_\_\_ (min)  DHCATm (2410) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Circulatory Arrest With Cerebral Perfusion: 🞎 Yes 🞎 No  CPerfUtil (2415) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (If Yes →) | | | | | | | | Cerebral Perfusion Time: \_\_\_\_\_\_\_\_\_\_\_ (min) CPerfTime (2420) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | Cerebral Perfusion Type: 🞎 Antegrade 🞎 Retrograde 🞎 Both antegrade and retrograde CPerfTyp (2425) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Total Circulatory Arrest Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(System Calculation) TotCircArrTm (2426) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aortic Occlusion:  AortOccl (2430) | | | | | | | | 🞎 None – beating heart | | | | | | | | | | | | | | | | | | | | | 🞎 Aortic Crossclamp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | 🞎 None – fibrillating heart | | | | | | | | | | | | | | | | | | | | | 🞎 Balloon Occlusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | (If “Aortic crossclamp” or “Balloon occlusion” →): | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cross Clamp Time: \_\_\_\_\_\_\_\_\_\_\_ (min)  XClampTm (2435) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardioplegia Delivery: 🞎 None 🞎 Antegrade 🞎 Retrograde 🞎Both  CplegiaDeliv (2440) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (If “Antegrade”, “Retrograde” or “Both”→) Type of cardioplegia used: 🞎 Blood 🞎 Crystalloid 🞎 Both 🞎 Other  CplegiaType (2445) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cerebral Oximetry Used: CerOxUsed (2450) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diffuse Aortic Calcification (Porcelain Aorta) : ConCalc (2490) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessment of Ascending Aorta/Arch for atheroma/plaque: 🞎 Yes 🞎 No 🞎 Not Reported (If Yes ↓)  AsmtAscAA (2495) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Assessment of Aorta Disease: | | | | | | | | | | | | | | | | 🞎 Normal Aorta/No or minimal plaque | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Extensive intimal thickening | | | | | | | | | | | | | | |
|  | | AsmtAoDx (2500) | | | | | | | | | | | | | | | | 🞎 Protruding Atheroma < 5 mm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Protruding Atheroma >= 5 mm | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | 🞎 Mobile plaques | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Not documented | | | | | | | | | | | | | | |
| Aortic Condition Altered Plan: AsmtAPln (2505) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraop Blood Products Refused: IBldProdRef (2510) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | (If No →) | | | | | Intraop Blood Products: 🞎 Yes 🞎 No  IBldProd (2515) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | (If Yes →) | | | | | Red Blood Cell Units: \_\_\_\_\_\_  IBdRBCU (2520) | | | | | | | | | | | | | | | | | | | | | | | | | | Platelet Units: \_\_\_\_\_\_\_\_\_  IBdPlatU (2530) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | Fresh Frozen Plasma Units: \_\_\_\_\_\_\_  IBdFFPU (2525) | | | | | | | | | | | | | | | | | | | | | | | | | | Cryoprecipitate Units: \_\_\_\_\_\_\_\_  IBdCryoU (2535) | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Intraop Clotting Factors : 🞎 Yes, Factor VIIa 🞎 Yes, FEIBA 🞎 Yes, Composite 🞎 No  IntraClotFact (2545) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraop Antifibrinolytic Medications: | | | | | | | | | | | | | | | | Epsilon Amino-Caproic Acid: 🞎 Yes 🞎 No  IMedEACA (2550) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tranexamic Acid: 🞎 Yes 🞎 No  IMedTran (2555) | | | | | | | | | | | | | | | | | |
| Intraoperative TEE Performed post procedure: InOpTEE (2560) 🞎 Yes 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Highest level aortic insufficiency found: 🞎 None 🞎 Trace/trivial 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Reported  PRepAR (2565) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Highest level mitral insufficiency found: 🞎 None 🞎 Trace/trivial 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Reported  PRepMR (2570) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Highest level tricuspid insufficiency found: 🞎 None 🞎 Trace/trivial 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Reported  PRepTR (2575)  Ejection Fraction post procedure: 🞎 Unchanged 🞎 Increased 🞎 Decreased 🞎 Not Reported  PRepEF (2580) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Combined cardiac surgery and PCI Performed: 🞎 Yes 🞎 No (If Yes ↓)  CombCardPCI (2585) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Procedures: 🞎 PCI + CAB 🞎 PCI + Valve 🞎 PCI + Aortic 🞎 PCI + Other  CombProcs (2590) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Status: 🞎 Concurrent- same setting 🞎 Staged - PCI followed by surgery 🞎 Staged - Surgery followed by PCI  CombProcsStatus (2595) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | PCI Procedure: 🞎 Angioplasty 🞎 Stent 🞎 Angioplasty and Stent 🞎 Attempted PCI  CombProcsPCI (2600)  (If Stent or Angioplasty & Stent→) Stent Type: 🞎 Bare metal 🞎 Drug-eluting 🞎 Bioresorbable 🞎 Multiple 🞎 Not documented  CombProcsStentTy (2605) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **J. Coronary Bypass** (If Coronary Artery Bypass = Yes ↓) | | | | | | | | | | |
| Number of Distal Anastomoses with Arterial Conduits: \_\_\_\_\_\_\_  DistArt (2625) | | | | | | | | | | |
| Number of Distal Anastomoses with Venous Conduits: \_\_\_\_\_\_\_(If >0 ↓)  DistVein (2630) | | | | | | | | | | |
|  | | Vein Harvest Technique: 🞎 Endoscopic 🞎 Direct Vision (open) 🞎 Both 🞎 Cryopreserved  DistVeinHTech (2635) | | | | | | | | |
|  | | (If “Endoscopic”, “Direct Vision (open)” or “Both”→) | | | | | Vein Harvest and Prep Time: \_\_\_\_\_\_\_\_\_ (minutes)  SaphHarPrepTm (2650) | | | |
| Internal Mammary Artery used for Grafts:  IMAArtUs (2655) | | | | | 🞎 Left IMA 🞎 Right IMA 🞎 Both IMAs 🞎 No IMA | | | | | |
|  | (If No IMA→) Indicate **Primary** Reason: NoIMARsn (2660) | | | | | 🞎 Subclavian stenosis | | | 🞎 Emergent or salvage procedure | |
|  |  | | | | | 🞎 Previous cardiac or thoracic surgery | | | 🞎 No (bypassable) LAD disease | |
|  |  | | | | | 🞎 Previous mediastinal radiation | | | 🞎 Other | |
|  | (If Left, Right or Both IMAs→) | | | Total # of Distal Anastomoses done using IMA grafts: \_\_\_\_\_\_\_\_  NumIMADA (2665) | | | | | | |
|  |  | | IMA Harvest Technique:  IMATechn (2670) | | 🞎 Direct Vision (open) | | | 🞎 Thoracoscopy | 🞎 Combination | 🞎 Robotic Assist |
| Number of Radial Arteries Used for Grafts: \_\_\_\_\_\_\_\_\_\_\_ (If >0 ↓)  NumRadArtUs (2675) | | | | | | | | | | |
|  | | Number of Radial Artery Distal Anastomoses : \_\_\_\_\_\_\_\_\_\_  NumRadDA (2680) | | | | | | | | |
|  | | Radial Distal Anastomoses Harvest Technique: 🞎 Endoscopic 🞎 Direct Vision (open) 🞎 Both  RadHTech (2685) | | | | | | | | |
|  | | Radial Artery Harvest and Prep Time: \_\_\_\_\_\_\_\_\_\_\_ (minutes)  RadHarvPrepTm (2700) | | | | | | | | |
| Number Other Arterial Distal Anastomoses Used (other than radial or IMA): NumOArtD (2705) \_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Proximal Technique: ProxTech (2710) 🞎 Single Cross Clamp 🞎 Partial Occlusion Clamp 🞎 Anastomotic Assist Device | | | | | | | | | | |

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| **CABG NUMBER (one column per distal insertion)** | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **GRAFT** | YesCAB (02-10) | | NA | 2770 | 2830 | 2890 | 2950 | 3010 | 3070 | 3130 | 3190 | 3250 |
| No | |  |  |  |  |  |  |  |  |  |  |
| **DISTAL INSERTION SITE** | Left Main CABDistSite (01-10) | | 2730 | 2790 | 2850 | 2910 | 2970 | 3030 | 3090 | 3150 | 3210 | 3270 |
| Proximal LAD | |  |  |  |  |  |  |  |  |  |  |
| Mid LAD | |  |  |  |  |  |  |  |  |  |  |
| Distal LAD | |  |  |  |  |  |  |  |  |  |  |
| Diagonal 1 | |  |  |  |  |  |  |  |  |  |  |
| Diagonal 2 | |  |  |  |  |  |  |  |  |  |  |
| Diagonal 3 | |  |  |  |  |  |  |  |  |  |  |
| Circumflex | |  |  |  |  |  |  |  |  |  |  |
| Obtuse Marginal 1 | |  |  |  |  |  |  |  |  |  |  |
| Obtuse Marginal 2 | |  |  |  |  |  |  |  |  |  |  |
| Obtuse Marginal 3 | |  |  |  |  |  |  |  |  |  |  |
| Ramus | |  |  |  |  |  |  |  |  |  |  |
| RCA | |  |  |  |  |  |  |  |  |  |  |
| Acute Marginal (AM) | |  |  |  |  |  |  |  |  |  |  |
| Posterior Descending (PDA) | |  |  |  |  |  |  |  |  |  |  |
| Posterolateral (PLB) | |  |  |  |  |  |  |  |  |  |  |
| Other | |  |  |  |  |  |  |  |  |  |  |
| **PROXIMAL SITE** | In Situ Mammary CABProximalSite (01-10) | | 2740 | 2800 | 2860 | 2920 | 2980 | 3040 | 3100 | 3160 | 3220 | 3280 |
| Ascending aorta | |  |  |  |  |  |  |  |  |  |  |
| Descending aorta | |  |  |  |  |  |  |  |  |  |  |
| Subclavian artery | |  |  |  |  |  |  |  |  |  |  |
| Innominate artery | |  |  |  |  |  |  |  |  |  |  |
| T-graft off SVG | |  |  |  |  |  |  |  |  |  |  |
| T-graft off Radial | |  |  |  |  |  |  |  |  |  |  |
| T-graft off LIMA | |  |  |  |  |  |  |  |  |  |  |
| T-graft off RIMA | |  |  |  |  |  |  |  |  |  |  |
| Natural Y vein graft | |  |  |  |  |  |  |  |  |  |  |
| Other | |  |  |  |  |  |  |  |  |  |  |
| **CONDUIT** | Vein graft CABConduit (01-10) | | 2750 | 2810 | 2870 | 2930 | 2990 | 3050 | 3110 | 3170 | 3230 | 3290 |
| In Situ LIMA | |  |  |  |  |  |  |  |  |  |  |
| In Situ RIMA | |  |  |  |  |  |  |  |  |  |  |
| Free IMA | |  |  |  |  |  |  |  |  |  |  |
| Radial artery | |  |  |  |  |  |  |  |  |  |  |
| Other arteries, homograft | |  |  |  |  |  |  |  |  |  |  |
| Synthetic graft | |  |  |  |  |  |  |  |  |  |  |
| **DISTAL POSITION** | End to Side CABDistPos (01-10) | | 2755 | 2815 | 2875 | 2935 | 2995 | 3055 | 3115 | 3175 | 3235 | 3295 |
| Sequential (side to side) | |  |  |  |  |  |  |  |  |  |  |
| **ENDARTERECTOMY** | | Yes CABEndArt (01-10) | 2760 | 2820 | 2880 | 2940 | 3000 | 3060 | 3120 | 3180 | 3240 | 3300 |
| No |  |  |  |  |  |  |  |  |  |  |

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| **K. Valve Surgery** (If Valve Surgery=Yes ↓) | | | | | | | | | | | | | |
|  | Valve Prosthesis Explant: ValExp (3310) 🞎 Yes 🞎 No (If Yes ↓) | | | | | | | | | | | | |
|  | | Explant Position: ValExpPos (3315) | | 🞎 Aortic 🞎 Mitral 🞎 Tricuspid 🞎 Pulmonic | | | | | | | | | |
|  | | Explant Type:  ValExpTyp (3320) | | 🞎 Mechanical Valve | | 🞎 Bioprosthetic Valve | | 🞎 Homograft | | | | 🞎 Annuloplasty Device | |
|  | |  | | 🞎 Leaflet Clip | | 🞎 Transcatheter Device | | 🞎 Other | | | | 🞎 Unknown | |
|  | | Explant Etiology:  ValExpEt (3325) | | 🞎 Endocarditis | | 🞎 Incompetence | | 🞎 Prosthetic Deterioration | | | | 🞎 Thrombosis | |
|  | |  | | 🞎 Failed Repair | | 🞎 Pannus | | 🞎 Sizing/Positioning issue | | | | 🞎 Other | |
|  | |  | | 🞎 Hemolysis | | 🞎 Para-valvular leak | | 🞎 Stenosis | | | | 🞎 Unknown | |
|  | |  | |  | |  | |  | | | |  | |
|  | | Explant Device known: 🞎 Yes 🞎 No (If Yes→) Explant model#:\_\_\_\_\_\_\_\_  ValExpDevKnown (3330) ValExpDev (3335) | | | | | | Unique Device Identifier (UDI):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ValExpUDI (3340) | | | | | |
|  | | Second Valve Prosthesis Explant: ValExp2 (3350) 🞎 Yes 🞎 No (If Yes↓) | | | | | | | | | | | |
|  | | | Explant Position:  ValExpPos2 (3355) | | 🞎 Aortic 🞎 Mitral 🞎 Tricuspid 🞎 Pulmonic | | | | | | | | |
|  | | | Explant Type:  ValExpTyp2 (3360) | | 🞎 Mechanical Valve | | 🞎 Bioprosthetic Valve | | 🞎 Homograft | | 🞎 Annuloplasty Device | | |
|  | | |  | | 🞎 Leaflet Clip | | 🞎 Transcatheter Device | | 🞎 Other | | 🞎 Unknown | | |
|  | | | Explant Etiology:  ValExpEt2 (3365) | | 🞎 Endocarditis | | 🞎 Incompetence | | 🞎 Prosthetic Deterioration | | | | 🞎 Thrombosis |
|  | | |  | | 🞎 Failed Repair | | 🞎 Pannus Formation | | 🞎 Sizing/Positioning issue | | | | 🞎 Other |
|  | | |  | | 🞎 Hemolysis | | 🞎 Para-valvular leak | | 🞎 Stenosis | | | | 🞎 Unknown |
|  | | | Explant Device known: 🞎 Yes 🞎 No (If Yes→) Explant model#:\_\_\_\_\_\_\_\_\_  ValExpDevKnown2 (3370) ValExpDev2 (3375) | | | | | | | Unique Device Identifier (UDI):\_\_\_\_\_\_\_\_\_\_\_\_  ValExpDevUDI (3380) | | | |

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|  | Aortic Valve Procedure Performed: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication VSAV (3390)  🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Procedure Performed: VSAVPr (3395) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 🞎 Replacement (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | | | | | | | Transcatheter Valve Replacement: 🞎 Yes 🞎 No (If Yes ↓) VSTCV (3400) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | | | | | | | | | | Approach: 🞎 Transapical 🞎 Transaxillary 🞎 Transfemoral 🞎 Transaortic 🞎 Subclavian 🞎 Other  VSTCVR (3405) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 🞎 Repair / Reconstruction If Repair / Reconstruction **↓**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Primary Repair Type: (Select all that apply) | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | Commissural Annuloplasty  VSAVRComA (3410) | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | Ring Annuloplasty  VSAVRRingA (3435) | | | | | | 🞎 Yes 🞎 No | | |
|  | | | | | | | | | | | | | | | | | Leaflet plication  VSAVRLPlic (3415) | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | Leaflet resection suture  VSAVRLResect (3440) | | | | | | 🞎 Yes 🞎 No | | |
|  | | | | | | | | | | | | | | | | | Leaflet free edge reinforcement (PTFE)  VSAVRPTFE (3420) | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | Leaflet pericardial patch  VSAVRLPPatch (3445) | | | | | | 🞎 Yes 🞎 No | | |
|  | | | | | | | | | | | | | | | | | Leaflet commissural resuspension suture  VSAVRComRS (3425) | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | Leaflet debridement  VSAVRDeb (3450) | | | | | | 🞎 Yes 🞎 No | | |
|  | | | | | | | | | | | | | | | | | Division of fused leaflet raphe  VSAVRRaphe (3430) | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | Repair of Periprosthetic Leak  VSAVRPeriLeak (3455) | | | | | | 🞎 Yes 🞎 No | | |
|  | | |  | | | | 🞎 Root Replacement with valved conduit (Bentall) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 🞎 Replacement AV and insertion aortic non-valved conduit in supra-coronary position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 🞎 Replacement AV and major root reconstruction/debridement with valved conduit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 🞎 Resuspension AV without replacement of ascending aorta | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 🞎 Resuspension AV with replacement of ascending aorta | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 🞎 Apico-aortic conduit (Aortic valve bypass) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 🞎 Autograft with pulmonary valve (Ross procedure) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 🞎 Homograft root replacement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 🞎 Valve sparing root reimplantation (David) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 🞎 Valve sparing root remodeling (Yacoub) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | 🞎 Valve sparing root reconstruction (Florida Sleeve) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Aortic Annular Enlargement: AnlrEnl (3460) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Implant: AorticImplant (3470) 🞎 Yes 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | Implant Type:  AorticImplantTy (3475) | | | | | | | | | | 🞎 Mechanical Valve | | | | | | 🞎 Bioprosthetic Valve | | | | | | | | | | | | | | 🞎 Homograft | | | | 🞎 Autograft (Ross) | | | | | |
|  | | |  | | | | | | | | | | | | | | | | 🞎 Annuloplasty Device | | | | | | 🞎 Transcatheter Device | | | | | | | | | | | | | | 🞎 Other | | | |  | | | | | |
|  | | |  | | | | | | Implant Model Number : VSAoIm (3480)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Size: VSAoImSz (3485) \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  | | |  | | | | | | Unique Device Identifier (UDI): VSAoImUDI (3490)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Mitral Valve Procedure Performed: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication VSMV (3495)  🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Procedure Performed: VSMVPr (3500) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | 🞎 Repair | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | |  | | | | | | | | | | | (If Repair→) Repair Type: (Select all that apply↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | |  | | | | | | | | | Annuloplasty  VSMitRAnnulo (3505) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Leaflet Resection  VSMitRLeafRes (3510) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | (If Yes↓) | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Resection Type: 🞎 Triangular 🞎 Quadrangular 🞎 Other  VSLeafResTyp (3515) | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Location: 🞎 Anterior 🞎 Posterior 🞎 Both Anterior and Posterior  VSLeafRepLoc (3520) | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Leaflet Plication  VSMitRLeafPlic (3525) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Leaflet Debridement  VSMitRLeafDeb (3530) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Folding Plasty  VSMitRFold (3535) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Sliding Plasty  VSMitRSlidP (3540) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Annular decalcification/debridement  VSMitRADecalc (3545) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Neochords (PTFE)  VSMitRPTFE (3550) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | (If Yes→) # of neochords inserted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSNeoChNum (3555) | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Chordal /Leaflet transfer  VSMitRChord (3560) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Leaflet extension/replacement/patch  VSMitRLeafERP (3565) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Edge to Edge Repair  VSMitREdge (3570) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Mitral leaflet clip  VSMitRMLeafClip (3575) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Mitral commissurotomy  VSMitRMitComm (3580) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Mitral commissuroplasty  VSMitRMitCplasty (3585) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Mitral Cleft repair (scallop closure)  VSMitRMitCleft (3590) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | Other repair  VSMitRMitOth (3595) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | 🞎 Replacement | | | | | | | | | | | (If Replacement🡫) | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | |  | | | | | | | | | | | Repair attempted prior to Mitral Valve Replacement: 🞎 Yes 🞎 No  MitralIntent (3600) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | |  | | | | | | | | | | | Mitral Chords Preserved:  VSChorPres (3605) | | | | | | 🞎Anterior 🞎 Posterior 🞎 Both 🞎 None | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | |  | | | | | | | | | | | Transcatheter Replacement: 🞎 Yes 🞎 No  VSTCVMit (3610) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Implant: MitralImplant (3615) 🞎 Yes 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | Implant Type: | | | | | | | | | 🞎 Mechanical Valve | | | | | | 🞎 Bioprosthetic Valve | | | | | | | | | | | | | | 🞎 Annuloplasty Device | | | | | | |  |
|  | | | | | MitralImplantTy (3620) | | | | | | | | | | | | | | | | 🞎 Mitral Leaflet Clip | | | | | | 🞎 Transcatheter Device | | | | | | | | | | | | | | 🞎 Other | | | | | | |  |
|  | | | | |  | | | | | | | Implant Model Number: VSMiIm (3625)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Size: VSMiImSz (3630) \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | |  | | | | | | | Unique Device Identifier (UDI): VSMiImUDI (3635)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Tricuspid Valve Procedure Performed: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication VSTV (3640)  🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Procedure Performed: OpTricus (3645) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 🞎 Annuloplasty only | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 🞎 Replacement | | | | | | | | | | | | | | | | | | | | (If Replacement→) | | | | | | | | | | | Transcatheter Replacement: 🞎 Yes 🞎 No | | | | | | | | | | | |
|  | | | | | | 🞎 Reconstruction with Annuloplasty | | | | | | | | | | | | | | | | | | | | VSTCVTri (3650) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 🞎 Reconstruction without Annuloplasty | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | (If “Annuloplasty only” OR “Reconstruction with Annuloplasty” →) | | | | | | | | | | | | | | | | | | | | | | | | | | | | Type of Annuloplasty: OpTricusAnTy (3655)  🞎 Pericardium 🞎Suture 🞎 Prosthetic Ring 🞎 Prosthetic Band  🞎 Other | | | | | | | | | | | | | | |
|  | | | | | | 🞎 Valvectomy | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Implant: TricuspidImplant (3660) 🞎 Yes 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Implant Type: | | | | | | | | | 🞎 Mechanical Valve | | | | | | | 🞎 Bioprosthetic Valve | | | | | | | | | | | | 🞎 Homograft | | | |  | | | |
|  | | | | | | | | | | | | | TricusImplantTy (3665) | | | | | | | | | 🞎 Annuloplasty Device | | | | | | | 🞎 Transcatheter Device | | | | | | | | | | | | 🞎 Other | | | |  | | | |
|  | | | | | | | | | | | | | Implant Model Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSTrIm (3670) | | | | | | | | | | | | | | | | | | | Size: \_\_\_\_\_\_\_\_\_\_\_  VSTrImSz (3675) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Unique Device Identifier (UDI): VSTrImUDI (3680)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Pulmonic Valve Procedure Performed: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication VSPV (3685)  🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Procedure Performed: OpPulm (3690) | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | 🞎 Replacement | | | | | | | | | | | | | | | (If Replacement→) | | | | | | | Transcatheter Replacement: 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | 🞎 Reconstruction | | | | | | | | | | | | | | | VSTCVPu (3695) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | 🞎 Valvectomy | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Implant: PulmonicImplant (3700) 🞎 Yes 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Implant Type: | | | | | | | | | | | 🞎 Mechanical Valve | | | | | | 🞎 Bioprosthetic Valve | | | | | | | | | | | | | | 🞎 Homograft | | | | |  | |
|  | | | | | | | | | | | PulmonicImplantTy (3705) | | | | | | | | | | | 🞎 Annuloplasty Device | | | | | | 🞎 Transcatheter Device | | | | | | | | | | | | | | 🞎 Other | | | | |  | |
|  | | | | | | | | | | | Implant Model Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSPuIm (3710) | | | | | | | | | | | | | | | | | | | | | | Size: \_\_\_\_\_\_\_\_\_\_\_  VSPuImSz (3715) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Unique Device Identifier (UDI): VSPuImUDI (3720)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **L. Mechanical Cardiac Assist Devices** | | | | | | | | | | | | | | | | | |
| Intra-Aortic Balloon Pump (IABP): 🞎 Yes 🞎 No (If Yes ↓)  IABP (3725) | | | | | | | | | | | | | | | | | |
|  | | IABP Insertion: 🞎 Preop 🞎 Intraop 🞎 Postop  IABPWhen (3730) | | | | | | | | | | | | | | | |
|  | | Primary Reason for Insertion: 🞎 Hemodynamic Instability 🞎 Procedural Support 🞎 Unstable Angina  IABPInd (3735) 🞎 CPB Weaning Failure 🞎 Prophylactic 🞎 Other | | | | | | | | | | | | | | | |
| Catheter Based Assist Device Used: 🞎 Yes 🞎 No (If Yes ↓)  CathBasAssist (3745) | | | | | | | | | | | | | | | | | |
|  | | Type: 🞎 RV 🞎 LV 🞎 BiV  CathBasAssistTy (3755) | | | | | | | | | | | | | | | |
|  | | When Inserted: 🞎 Preop 🞎 Intraop 🞎 Postop 🞎 Non-operative  CathBasAssistWhen (3760) | | | | | | | | | | | | | | | |
|  | | Primary Reason for Insertion: 🞎 Hemodynamic instability 🞎 CPB weaning failure 🞎 PCI failure 🞎 Procedural support 🞎Other  CathBasAssistInd (3765) | | | | | | | | | | | | | | | |
| ECMO: 🞎 Veno-venous 🞎 Veno-arterial 🞎 Veno-venous converted to Veno-arterial 🞎 No (If Yes ↓)  ECMO (3775) | | | | | | | | | | | | | | | | | |
|  | | ECMO Initiated: 🞎 Preop 🞎 Intraop 🞎 Postop 🞎 Non-operative  ECMOWhen (3780) | | | | | | | | | | | | | | | |
|  | | Clinical Indication for ECMO: 🞎 Cardiac Failure 🞎 Respiratory Failure 🞎 Hypothermia 🞎 Rescue/salvage 🞎 Other  ECMOInd (3785) | | | | | | | | | | | | | | | |
| **L.2 Ventricular Assist Devices** | | | | | | | | | | | | | | | | | |
| (Use Key to complete table below -will be dropdown lists in software) | | | | | | | | | | | | | | | | | |
|  | **Timing:** | | | | 1. Pre-Operative (during same hospitalization but not same OR trip as CV surgical procedure)  2. Stand-alone VAD procedure  3. In conjunction with CV surgical procedure (same trip to the OR)- planned  4. In conjunction with CV surgical procedure (same trip to the OR)- unplanned  5. Post-Operative (after surgical procedure during reoperation) | | | | | | | | | | | | |
|  | **Indication:** | | | | 1. Bridge to Transplantation  2. Bridge to Recovery  3. Destination  4. Postcardiotomy Ventricular Failure  5. Device Malfunction  6. End of (device) Life | | | **Type:** | 1. Right VAD (RVAD)  2. Left VAD (LVAD)  3. Biventricular VAD (BiVAD)  4. Total Artificial Heart (TAH) | | | | | **Reason:** | | 1. Cardiac Transplant  2. Recovery  3. Device Transfer  4. Device-Related Infection  5. Device Malfunction  6. End of (device) Life | |
|  |  | | | | 7. Salvage | | |  |  | | | | |  | |  | |
|  | **Device:** | | | | See VAD list | | |  |  | | | | |  | |  | |
| **Was patient admitted with VAD** PrevVAD (3790) 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | Previous VAD implanted at another facility PrevVADF (3795) 🞎 Yes 🞎 No | | | | | | | | | | | | | |
| Insertion date: PrevVADD (3800) \_\_/\_\_/\_\_\_\_ | | | | | | | | | | | | | |
| Indication: PrevVADIn (3805) | | | | | | | | | | | | | |
| Type: PrevVADTy (3810) | | | | | | | | | | | | | |
| Device Model Number: PrevVADDevice (3815) | | | | | | | | | | | | | |
| UDI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PrevVADUDI (3820) | | | | | | | | | | | | | |
| Previous VAD Explanted During This Admission: | | | | | | | | | 🞎 Yes, not during this procedure  🞎 Yes, during this procedure  🞎 No  PrevVADExp (3825) | | | | |
| (If “Yes, not during this procedure” or “Yes, during this procedure” →) | | | | | | | | Reason: PrevVADExpRsn (3830) | | | | | |
| (If “Yes, not during this procedure” →) | | | | | | | | Date: PrevVADExpDt (3835) \_\_/\_\_/\_\_\_\_ | | | | | |
| **Ventricular Assist Device Implanted during this hospitalization** 🞎 Yes 🞎 No VADImp (3840) | | | | | | | | | | | | | | | | | |
| (If Yes, provide data on up to 3 separate devices implanted 🡫) | | | | | | | | | | | | | | | | | |
| **VAD IMPLANT(s)** | | | | | | **Initial implant** | | | | **2nd device implanted?**  VImp2 (3895)  🞎 Yes 🞎 No (If Yes ↓) | | | | | **3rd Device implanted?**  VImp3 (3950)  🞎 Yes 🞎 No (If Yes ↓) | | |
| Timing | | | | | | VADImpTmg (3845) | | | | VADImpTmg2 (3900) | | | | | VADImpTmg3 (3955) | | |
| Indication | | | | | | VADInd (3850) | | | | VADInd2 (3905) | | | | | VADInd3 (3960) | | |
| Type | | | | | | VImpTy (3855) | | | | VImpTy2 (3910) | | | | | VImpTy3 (3965) | | |
| Device | | | | | | VProdTy (3860) | | | | VProdTy2 (3915) | | | | | VProdTy3 (3970) | | |
| Implant Date | | | | | | \_\_/\_\_/\_\_\_\_  VImpDt (3865) | | | | \_\_/\_\_/\_\_\_\_  VImpDt2 (3920) | | | | | \_\_/\_\_/\_\_\_\_  VImpDt3 (3975) | | |
| UDI | | | | | | VImpUDI (3870) | | | | VImpUDI2 (3925) | | | | | VImpUDI3 (3980) | | |
| **VAD was explanted** | | | | | | 🞎 Yes, not during this procedure  🞎 Yes, during this procedure  🞎 No  VExp (3875) | | | | 🞎 Yes, not during this procedure  🞎 Yes, during this procedure  🞎 No  VExp2 (3930) | | | | | 🞎 Yes, not during this procedure  🞎 Yes, during this procedure  🞎 No  VExp3 (3985) | | |
| Reason  (If “Yes, not during this procedure” or “Yes, during this procedure” →) | | | | | | VExpRsn (3880) | | | | VExpRsn2 (3935) | | | | | VExpRsn3 (3990) | | |
| Date  (If “Yes, not during this procedure” →) | | | | | | \_\_/\_\_/\_\_\_\_  VExpDt (3885) | | | | \_\_/\_\_/\_\_\_\_  VExpDt2 (3940) | | | | | \_\_/\_\_/\_\_\_\_  VExpDt3 (3995) | | |
| **Complications related to Mechanical Assist Device(s):** CompMAD (4010)  🞎 No 🞎 Yes, IABP 🞎 Yes, CBAD 🞎 Yes, ECMO 🞎 Yes, VAD 🞎 Yes, Multiple devices | | | | | | | | | | | | | | | | | |
| (If Yes, select up to 3 complications →) | | | | | | | **1st complication**  CompMAD1 (4015) | | | | **2nd complication**  CompMAD2 (4020) | | | | | | **3rd complication**  CompMAD3 (4025) |
|  | | | No additional complications | | | |  | | | |  | | | | | |  |
|  | | | Cannula/Insertion site issue | | | |  | | | |  | | | | | |  |
|  | | | Cardiac | | | |  | | | |  | | | | | |  |
|  | | | GI | | | |  | | | |  | | | | | |  |
|  | | | Hemorrhagic | | | |  | | | |  | | | | | |  |
|  | | | Hemolytic | | | |  | | | |  | | | | | |  |
|  | | | Infection | | | |  | | | |  | | | | | |  |
|  | | | Metabolic | | | |  | | | |  | | | | | |  |
|  | | | Neurologic | | | |  | | | |  | | | | | |  |
|  | | | Pulmonary | | | |  | | | |  | | | | | |  |
|  | | | Other | | | |  | | | |  | | | | | |  |

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| **M. Other Cardiac Procedure**  (If Other Cardiac Procedure = Yes ↓) | | | | | | |
| These procedures do not impact isolated category | | These procedures move the case out of isolated category | | | | |
| AFib Epicardial lesions (complete M-1)  OCarAFibEpLes (4070) | 🞎 Yes 🞎 No | AFib Intracardiac lesions (complete M-1) | | | | 🞎 Yes 🞎 No  OCarAFibIntraLes (4105) |
| ASD repair- PFO type  OCarASDPFO (4075) | 🞎 Yes 🞎 No | ASD Repair- secundum or sinus venosus | | | | 🞎 Yes 🞎 No  OCarASDSec (4110) |
| Atrial Appendage procedure: 🞎 RAA 🞎LAA 🞎 Both 🞎 No  OCarAAProc (4080) | | Lead Extraction  OCarACDLE (4120) | | 🞎 Yes, planned  🞎 Yes, unplanned due to surgical complication  🞎 Yes, unplanned due to unsuspected disease or anatomy  🞎 No | | |
| Arrhythmia Device: OCarACD (4085)  🞎 Pacemaker 🞎 Pacemaker with CRT  🞎 ICD 🞎 ICD with CRT 🞎 Implantable Recorder 🞎 None | | LV Aneurysm Repair: | | | | 🞎 Yes 🞎 No  OCarLVA (4125) |
| Pulmonary Thromboembolectomy: | | | | 🞎 Yes, Acute 🞎 Yes, Chronic 🞎 No OCPulThromDis (4130) |
| Lead Insertion  OCarLeadInsert (4090) | 🞎 Yes 🞎 No | Subaortic Stenosis Resection  (If Yes 🡫) | | | | 🞎 Yes 🞎 No  OCarSubaStenRes (4135) |
| Myocardial Stem Cell Therapy  OCarStemCell (4095) | 🞎 Yes 🞎 No | Type : 🞎 Muscle 🞎 Ring 🞎 Membrane 🞎 Web 🞎 Not Reported  OCarSubaStenResTy (4140) | | | | |
| TMR  OCarLasr (4100) | 🞎 Yes 🞎 No | Surgical Ventricular Restoration: | | | | 🞎 Yes 🞎 No  OCarSVR (4145) |
|  |  | Tumor: | 🞎 Myxoma 🞎Fibroelastoma 🞎 Hypernephroma 🞎 Sarcoma  🞎 Other 🞎 No  OCTumor (4150) | | | |
|  |  | Cardiac Transplant: | | | 🞎 Yes 🞎 No  OCarCrTx (4152) | |
|  |  | Cardiac Trauma: | | | 🞎 Yes 🞎 No  OCarTrma (4153) | |
|  |  | VSD Repair: | | | 🞎 Yes-congenital 🞎 Yes-acquired 🞎 No  OCarVSD (4155) | |
|  |  | Other Cardiac Procedure: | | | 🞎 Yes 🞎 No  OCarOthr (4160) | |
| This procedures can sometimes (but not always) impact isolated category:  Congenital Defect Repair (complete M-3) 🞎 Yes 🞎 No  OCarCong (4162) | | | | | | |

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| **M.1. Complete for Epicardial and Intracardiac Atrial Fibrillation Procedures** (If Other Cardiac Procedure, AFib = Yes ↓) | | | | | | | | | | | | | |
| Lesion location: 🞎 Primarily epicardial 🞎 Primarily Intracardiac OCarAFibLesLoc (4191) | | | | | | | | | | | | | |
| Lesions Documented: OCarLesDoc (4195) 🞎 Yes 🞎 No (If Yes ↓) | | | | | | | | | | | | | |
|  | Method of Lesion Creation: (Select all that apply↓) | | | | | | | | | | | | |
|  |  | | Radiofrequency  OCarAFibMethRad (4200) | | | 🞎 Yes 🞎 No (If Yes →) | Bipolar 🞎 Yes 🞎 No  OCarAFibMethRadBi (4205) | | | |  |  |  |
|  |  | | Cut-and-sew  OCarAFibMethCAS (4210) | | | 🞎 Yes 🞎 No |  | | | |  |  |  |
|  |  | | Cryo  OCarAFibMethCryo (4215) | | | 🞎 Yes 🞎 No |  | | | |  |  |  |
| **P:\STS_Dev\RegistrySystemModules\AFib\v1_0\Baseline\graphics\lesionclose.jpg** | | | | | | | | | | | | | |
|  | | Lesions: (check all that apply ↓) | | | | | | | | | | | |
|  | | 🞎 | | 1 | Pulmonary Vein Isolation  AFibLes1 (4250) | | | 🞎 | 9 | Intercaval Line to Tricuspid Annulus (“T” lesion)  AFibLes9 (4295) | | | |
|  | | 🞎 | | 2 | Box Lesion  AFibLes2 (4255) | | | 🞎 | 10 | Tricuspid Cryo Lesion, Medial  AFibLes10 (4300) | | | |
|  | | 🞎 | | 3a | Inferior Pulmonary Vein Connecting Lesion  AFibLes3a (4260) | | | 🞎 | 11 | Intercaval Line  AFibLes11 (4305) | | | |
|  | | 🞎 | | 3b | Superior Pulmonary Vein Connecting Lesion  AFibLes3b (4265) | | | 🞎 | 12 | Tricuspid Annular Line to RAA  AFibLes12 (4310) | | | |
|  | | 🞎 | | 4 | Posterior Mitral Annular Line  AFibLes4 (4270) | | | 🞎 | 13 | Tricuspid Cryo Lesion  AFibLes13 (4315) | | | |
|  | | 🞎 | | 5 | Pulmonary Vein Connecting Lesion to Anterior Mitral Annulus  AFibLes5 (4275) | | | 🞎 | 14 | RAA Ligation/Removal  AFibLes14 (4320) | | | |
|  | | 🞎 | | 6 | Mitral Valve Cryo Lesion  AFibLes6 (4280) | | | 🞎 | 15a | RAA Lateral Wall (Short)  AFibLes15a (4325) | | | |
|  | | 🞎 | | 7 | LAA Ligation/Removal  AFibLes7 (4285) | | | 🞎 | 15b | RAA Lateral Wall to “T” Lesion  AFibLes15b (4330) | | | |
|  | | 🞎 | | 8 | Pulmonary Vein to LAA  AFibLes8 (4290) | | | 🞎 | 16 | Other  AFibLes16 (4335) | | | |

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| **M.2. Complete for Aortic Procedures** (If Other Cardiac Procedure , Aortic = Yes ↓) | | | | | |
| Procedure Location: (Choose all that apply) | | Root | | | 🞎 Yes 🞎 No AortProcRoot (4340) |
|  | | Ascending | | | 🞎 Yes 🞎 No AortProcAsc (4345) |
|  | | Hemi- Arch | | | 🞎 Yes 🞎 No AortProcHemi (4350) |
|  | | Total Arch | | | 🞎 Yes 🞎 No AortProcTotArch (4355) |
|  | | Descending - Proximal | | | 🞎 Yes 🞎 No AortProcDesProx (4360) |
|  | | Descending - Mid | | | 🞎 Yes 🞎 No AortProcDesMid (4365) |
|  | | Descending - Distal | | | 🞎 Yes 🞎 No AortProcDesDist (4370) |
|  | | Thoracoabdominal | | | 🞎 Yes 🞎 No AortProcThora (4375) |
| Synthetic Graft used: SynthGft (4380) | 🞎 Yes 🞎 No | | (If Yes →) | Intercostal vessels re-implanted: 🞎 Yes 🞎 No SynthGftInter (4385) | |
|  | | | | CSF drainage utilized: 🞎 Yes 🞎 No SynthGftCSF (4390) | |
|  | | | | Elephant Trunk: 🞎 Yes 🞎 No SynthGftEleph (4395) | |
| Coil Embolization of aortic false lumen: 🞎 Yes 🞎 No AortProcCoil (4400) | | | | | |
| TEVAR: 🞎 Yes with debranching 🞎 Yes without debranching 🞎 No AortProcTEVAR (4405) | | | | | |
| Other Aortic Surgery: 🞎 Yes 🞎 No AortProcOther (4410) | | | | | |

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| **M.3. Complete for Congenital Defect Repair (other than ASD, VSD or Bicuspid valve)** | |
|  | Congenital Diagnoses: Select up to three most significant diagnoses: (refer to “Congenital Diagnoses/Procedures List” document)  Diagnosis 1: \_\_\_\_\_\_\_\_\_ Diagnosis 2: \_\_\_\_\_\_\_\_\_ Diagnosis 3: \_\_\_\_\_\_\_\_\_  OCarCongDiag1 (4500) OCarCongDiag2 (4505) OCarCongDiag3 (4510) |
|  | Congenital Procedures: Select up to three most significant: (refer to “Congenital Diagnoses/Procedures List” document)  Procedure 1: \_\_\_\_\_\_\_\_\_ Procedure 2: \_\_\_\_\_\_\_\_\_ Procedure 3: \_\_\_\_\_\_\_\_\_  OCarCongProc1 (4515) OCarCongProc2 (4520) OCarCongProc3 (4525) |

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| **N. Other Non-Cardiac Procedures** (If Other Non-Cardiac Procedure = Yes ↓) | |
|  | Carotid Endarterectomy: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No ONCCarEn (4530) |
|  | Other Vascular: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No ONCOVasc (4535) |
|  | Other Thoracic: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No ONCOThor (4540) |
|  | Other: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No ONCOther (4545) |

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| **O. Post-Operative** | | | | | | | | | |
| Peak Glucose within18-24 hours of anesthesia end time:\_\_\_\_\_\_\_\_\_ PostOpPeakGlu (4550) | | | | | | | | | |
| Postoperative Creatinine Level: \_\_\_\_\_\_\_\_\_\_\_\_ PostCreat (4555) | | | | | | | | | |
| Blood Products Used Postoperatively: 🞎 Yes 🞎 No (If Yes ↓) BldProd (4560) | | | | | | | | | |
|  | Red Blood Cell Units: \_\_\_\_\_\_  BdRBCU (4565) | | | Fresh Frozen Plasma Units: \_\_\_\_\_\_  BdFFPU (4570) | | | | Cryoprecipitate Units: \_\_\_\_\_\_  BdCryoU (4575) | Platelet Units: \_\_\_\_\_\_  BdPlatU (4580) |
| Extubated in OR: 🞎 Yes 🞎 No ExtubOR (4585) | | | | | | | | | |
| Re-intubated During Hospital Stay: 🞎 Yes 🞎 No ReIntub (4590) (If yes →) Additional Hours Ventilated: \_\_\_\_\_\_\_\_\_\_\_\_ VentHrsA (4595)  Total post-operative ventilation hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(System Calculation) VentHrsTot (4600) | | | | | | | | | |
| ICU Visit: 🞎 Yes 🞎 No (If Yes →) ICUVisit (4605) Initial ICU Hours: \_\_\_\_\_\_\_\_ ICUInHrs (4610) | | | | | | | | | |
| Readmission to ICU: 🞎 Yes 🞎 No ICUReadm (4615) (If Yes →) Additional ICU Hours: \_\_\_\_\_\_\_\_\_\_ ICUAdHrs (4620) | | | | | | | | | |
| Post Op Echo Performed to evaluate valve(s): 🞎 Yes 🞎 No (If Yes ↓) POpTTEch (4625) | | | | | | | | | |
|  | | Highest level aortic insufficiency found: 🞎 None 🞎 Trace/trivial 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Reported POpTTAR (4630) | | | | | | | |
|  | | Highest level mitral insufficiency found: 🞎 None 🞎 Trace/trivial 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Reported POpTTMR (4635) | | | | | | | |
|  | | Highest level tricuspid insufficiency found: 🞎 None 🞎 Trace/trivial 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Reported POpTTTR (4640) | | | | | | | |
|  | | Highest level pulmonic insufficiency found: 🞎 None 🞎 Trace/trivial 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Reported POpTTPu (4645) | | | | | | | |
| Post Op Ejection Fraction: 🞎 Yes 🞎 No POpEFD (4650)(If Yes →) | | | | | | Post Op Ejection Fraction: \_\_\_\_\_\_\_\_\_ (%) POpEF (4655) | | | |
| Cardiac Enzymes (biomarkers) Drawn: 🞎 Yes 🞎 No (If Yes →)  POpEnzDrawn (4660) | | | | | Peak CKMB: \_\_\_\_\_\_ Peak Troponin I \_\_\_\_\_ Peak Troponin T \_\_\_\_\_  POpPkCKMB (4665) POpPkTrI (4670) POpPkTrT (4675) | | | | |
| 12-Lead EKG Findings: POpEKG (4680)🞎 Not performed 🞎 No ischemic changes 🞎 New ST changes 🞎 New Pathological Q-wave or LBBB  🞎 New STEMI 🞎 Other 🞎 NA (no pre-op EKG for comparison, transplant) | | | | | | | | | |
| Imaging Study for Myocardial Injury : POpImagStdy (4685) | | | | | | |  | | |
|  | | | 🞎 Not performed | | | | | | |
|  | | | 🞎 Angiographic evidence of new thrombosis or occlusion of graft or native coronary | | | | | | |
|  | | | 🞎 Imaging evidence of new loss of viable myocardium | | | | | | |
|  | | | 🞎 No evidence of new myocardial injury | | | | | | |
|  | | | 🞎 Other | | | | | | |

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| **P. Postoperative Events** | | | | | | | |
| Surgical Site Infection within 30 days of operation: 🞎 Yes 🞎 No (If Yes ↓) SurSInf (4690) | | | | | | | |
|  | | | Sternal Superficial Wound Infection: 🞎 Yes, within 30 days of procedure 🞎 Yes, >30 days after procedure but during hosp. for surgery 🞎 No CSternalSupInf (4695) | | | | |
|  | | | Deep Sternal Infection/ Mediastinitis: DeepSternInf (4700)  🞎 Yes, within 30 days of procedure 🞎 Yes, >30 days after procedure but during hosp. for surgery 🞎 No  (If either Yes value →) Diagnosis Date: \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy) DeepSternInfDt (4705) | | | | |
|  | | | Thoracotomy: 🞎 Yes, within 30 days of procedure 🞎 Yes, >30 days after procedure but during hosp. for surgery 🞎 No CIThor (4710) | | | | |
|  | | | Conduit Harvest : 🞎 Yes, within 30 days of procedure 🞎 Yes, >30 days after procedure but during hosp. for surgery 🞎 No ConduitHarv (4715) | | | | |
|  | | | Cannulation Site: 🞎 Yes, within 30 days of procedure 🞎 Yes, >30 days after procedure but during hosp. for surgery 🞎 No CanSite (4720) | | | | |
|  | | | Wound Intervention/Procedure: 🞎 Yes 🞎 No (If Yes ↓) WoundInter (4725) | | | | |
|  | | |  | Wound Intervention – Open with Packing/Irrigation:  WoundIntOpen (4730) | | | 🞎 Yes, primary incision 🞎 Yes, secondary incision 🞎 Both 🞎No |
|  | | |  | Wound Intervention – Wound Vac: WoundIntVac (4735) | | | 🞎 Yes, primary incision 🞎 Yes, secondary incision 🞎 Both 🞎 No |
|  | | |  | Secondary Procedure Muscle Flap: WoundIntMuscle (4740) | | | 🞎 Yes, primary incision 🞎 Yes, secondary incision 🞎 Both 🞎 No |
|  | | |  | Secondary Procedure Omental Flap: WoundIntOmental (4745) | | | 🞎 Yes 🞎 No |
| Other In Hospital Postoperative Event Occurred: 🞎 Yes 🞎 No (If Yes ↓) Complics (4750) | | | | | | | |
|  | **Operative** | | | | | | |
|  | ReOp for Bleeding /Tamponade: 🞎 Yes 🞎 No COpReBld (4755) (If Yes →) Bleed Timing: 🞎 Acute 🞎 Late COpReBldTim (4760) | | | | | | |
|  | ReOp for Valvular Dysfunction: 🞎 Yes, surgical 🞎 Yes, transcatheter 🞎 No COpReVlv (4765) | | | | | | |
|  | ReOp for Graft Occlusion: 🞎 Yes, surgical 🞎 Yes, PCI 🞎 No COpReGft (4770) | | | | | | |
|  | ReOp for Other Cardiac Reasons: 🞎 Yes 🞎 No COpReOth (4775) | | | | | | |
|  | ReOp for Other Non-Cardiac Reasons: 🞎 Yes 🞎 No COpReNon (4780) | | | | | | |
|  | Open chest with planned delayed sternal closure: 🞎 Yes 🞎 No COpPlndDelay (4785) | | | | | | |
|  | Sternotomy Issue: 🞎 Yes 🞎 No CSternal (4790) (If Yes →) Sternal instability/dehiscence (sterile): 🞎 Yes 🞎 No CSternalDehis (4795) | | | | | | |
|  | **Infection** | | | | | | |
|  | Sepsis: 🞎 Yes 🞎 No CSepsis (4800) (If Yes →) Positive Blood Cultures: 🞎 Yes 🞎 No CSepsisPBC (4805) | | | | | | |
|  | **Neurologic** | | | | | | |
|  | Postoperative Stroke: 🞎 Yes, hemorrhagic  🞎 Yes, embolic    🞎 Yes, undetermined type  🞎 No CNStrokP (4810) | | | | | | |
|  | Transient Ischemic Attack (TIA): 🞎 Yes 🞎 No CNStrokTTIA (4815) | | | | | | |
|  | Encephalopathy: 🞎 None 🞎 Anoxic 🞎 Embolic 🞎 Drug 🞎 Metabolic 🞎 Intracranial Bleeding 🞎 Other 🞎 Unknown  CNComaEnceph (4820) | | | | | | |
|  | Paralysis: 🞎 Yes 🞎 No CNParal (4825) (If Yes →) Paralysis Type: 🞎 Transient 🞎 Permanent CNParalTy (4830) | | | | | | |
|  | **Pulmonary** | | | | | | |
|  | Prolonged Ventilation: 🞎 Yes 🞎 No (OR exit time until initial extubation, plus any additional reintubation hours) CPVntLng (4835) | | | | | | |
|  | Pneumonia: 🞎 Yes 🞎 No CPPneum (4840) | | | | | | |
|  | Venous Thromboembolism – VTE: 🞎 Yes 🞎 No (If Yes ↓) CVTE (4845) | | | | | | |
|  |  | | | | Pulmonary Thromboembolism: 🞎 Yes 🞎 No PulmEmb (4850) | | |
|  |  | | | | Deep Venous Thrombosis: 🞎 Yes 🞎 No DVT (4855) | | |
|  | Pleural Effusion Requiring Drainage: 🞎 Yes 🞎 No CPlEff (4860) | | | | | | |
|  | Pneumothorax Requiring Intervention: 🞎 Yes 🞎 No PostOpPneumo (4865) | | | | | | |
|  | | **Renal** | | | | | |
|  | | Renal Failure: 🞎 Yes 🞎 No (If Yes ↓) CRenFail (4870) | | | | | |
|  | |  | | | | Dialysis (Newly Required): 🞎 Yes 🞎 No (If Yes →) Required after Hospital Discharge: 🞎 Yes 🞎 No  CRenDial (4875) DialDur (4880) | |
|  | | Ultra Filtration Required: 🞎 Yes 🞎 No CUltraFil (4885) | | | | | |
|  | | **Vascular** | | | | | |
|  | | Iliac/Femoral Dissection: 🞎 Yes 🞎 No CVaIlFem (4890) | | | | | |
|  | | Acute Limb Ischemia: 🞎 Yes 🞎 No CVaLbIsc (4895) | | | | | |
|  | | **Other** | | | | | |
|  | | Rhythm Disturbance Requiring Permanent Device: 🞎 Pacemaker 🞎 ICD 🞎 Pacemaker/ICD 🞎 Other 🞎None CRhythmDis (4900) | | | | | |
|  | | Cardiac Arrest: 🞎 Yes 🞎 No COtArrst (4905) | | | | | |
|  | | Anticoagulant Event: 🞎 Yes 🞎 No COtCoag (4910) | | | | | |
|  | | Tamponade (Non-Surgical Intervention): 🞎 Yes 🞎 No COtTamp (4915) | | | | | |
|  | | Gastro-Intestinal Event: 🞎 Yes 🞎 No COtGI (4920) | | | | | |
|  | | Multi-System Failure: 🞎 Yes 🞎 No COtMSF (4925) | | | | | |
|  | | Atrial Fibrillation: 🞎 Yes 🞎 No COtAFib (4930) | | | | | |
|  | | Aortic Dissection: 🞎 Yes 🞎 No CVaAoDis (4935) | | | | | |
|  | | Recurrent Laryngeal Nerve Injury: 🞎 Yes 🞎 No RecLarynNrvInj (4940) | | | | | |
|  | | Phrenic Nerve Injury: 🞎 Yes 🞎 No PhrenNrvInj (4945) | | | | | |
|  | | Other: 🞎 Yes 🞎 No COtOther (4950) | | | | | |

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| **Q. Mortality** | | | | | | | |
| Mortality: 🞎 Yes 🞎 No  Mortalty (5005) | | Discharge Status: 🞎 Alive 🞎 Dead  MtDCStat (5010) | | | | Status at 30 days After Surgery: 🞎 Alive 🞎 Dead 🞎 Unknown  Mt30Stat (5015) | |
| Primary method used to verify 30-day status: Mt30StatMeth (5020) | | | | | | | |
|  | 🞎 Phone call to patient or family  🞎 Letter from medical provider | | | 🞎 Medical record  🞎 Office visit >= 30 days after procedure | | | 🞎 Social Security Death Master File /NDI  🞎 Other |
|  | (If Mortality = Yes ↓) | | | | | | |
|  | Operative Death: 🞎 Yes 🞎 No MtOpD (5025) | | | | Mortality - Date \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy) MtDate (5030) | | |
|  | Location of Death:  MtLocatn (5035) | | 🞎 OR During Initial Surgery 🞎 Hospital (Other than OR) 🞎 Home 🞎 Extended Care Facility  🞎 Hospice 🞎 Acute Rehabilitation 🞎 OR During Reoperation 🞎 Unknown 🞎 Other | | | | |
|  | Primary Cause of Death (select only one) MtCause (5040) | | | | | | |
|  | 🞎 Cardiac 🞎 Neurologic 🞎 Renal 🞎 Vascular 🞎 Infection 🞎 Pulmonary 🞎 Unknown 🞎 Other | | | | | | |

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| **R. Discharge** (If Discharge Status = Alive↓) | | | | | |
| Discharge Location:  DisLoctn (5045) | | | 🞎 Home 🞎 Extended Care/Transitional Care Unit/Rehab 🞎 Other Acute Care Hospital  🞎 Nursing Home 🞎 Hospice 🞎 Left AMA 🞎 Other | | |
| Cardiac Rehabilitation Referral: | | | | 🞎 Yes 🞎 No 🞎 Not Applicable CardRef (5050) | |
| Smoking Cessation Counseling: | | | | 🞎 Yes 🞎 No 🞎 Not Applicable SmokCoun (5055) | |
| **Medication(s) Prescribed:** | | | | | |
| Antiplatelets | | Aspirin | | | 🞎 Yes 🞎 No 🞎 Contraindicated DCASA (5060) |
| P2Y12 Antagonists | | | 🞎 Yes 🞎 No 🞎 Contraindicated DCP2Y12 (5065) |
| ADP Inhibitor | | | 🞎 Yes 🞎 No 🞎 Contraindicated DCADP (5070) |
| Other Antiplatelet | | | 🞎 Yes 🞎 No 🞎 Contraindicated DCOthAntiplat (5075) |
| Anticoagulants | | Thrombin Inhibitors | | | 🞎 Yes 🞎 No 🞎 Contraindicated DCDirThromIn (5080) |
| Warfarin (Coumadin) | | | 🞎 Yes 🞎 No 🞎 Contraindicated DCCoum (5085) |
| Factor Xa inhibitors | | | 🞎 Yes 🞎 No 🞎 Contraindicated DCFactorXa (5090) |
| Other Anticoagulant | | | 🞎 Yes 🞎 No 🞎 Contraindicated DCOthAnticoag (5095) |
|  | ACE or ARB | | | | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Not indicated (no hx CHF or EF>40%) DCACE (5100) |
|  | Beta Blocker | | | | 🞎 Yes 🞎 No 🞎 Contraindicated DCBeta (5105) |
|  | Amiodarone | | | | 🞎 Yes 🞎 No 🞎 Contraindicated DCAmiodarone (5110) |
|  | Lipid lowering Statin | | | | 🞎 Yes 🞎 No 🞎 Contraindicated DCLipLowStat (5115) |
|  | Lipid lowering non-Statin | | | | 🞎 Yes 🞎 No 🞎 Contraindicated DCLipLowNonStat (5120) |

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| **S. Readmission** | | | | | |
| (If Discharge Status = Alive↓) | | | | | |
| Readmit : 🞎 Yes 🞎 No 🞎 Unknown (If Yes ↓) Readmit (5140) | | | | | |
|  | Readmit Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy) ReadmitDt (5145) | | | | |
|  | Readmit Primary Reason: ReadmRsn (5160) | | | | |
|  | | 🞎 Anticoagulation Complication - Pharmacological  🞎 Anticoagulation Complication – Valvular  🞎 Arrhythmia/Heart Block  🞎 Congestive Heart Failure  🞎 Coronary Artery/Graft Dysfunction  🞎 DVT  🞎 Endocarditis  🞎 Infection, Conduit Harvest Site  🞎 Infection, Deep Sternum / Mediastinitis  🞎 Myocardial Infarction and/or Recurrent Angina  🞎 PE  🞎 Pericardial Effusion and/or Tamponade  🞎 Pleural effusion requiring intervention | | | 🞎 Pneumonia  🞎 Renal Failure  🞎 Respiratory complication, Other  🞎 Stroke  🞎 TIA  🞎 Transplant Rejection  🞎 VAD Complication  🞎 Valve Dysfunction  🞎 Vascular Complication, acute  🞎 Other – Related Readmission  🞎 Other – Nonrelated Readmission  🞎 Other – Planned Readmission  🞎 Unknown |
|  | | | |  | |
|  | Readmit Primary Procedure: ReadmPro (5165) | | |  | |
|  | | 🞎 No Procedure Performed  🞎 Cath lab for Valve Intervention  🞎 Cath lab for Coronary Intervention (PCI)  🞎 Dialysis  🞎 OR for Bleeding  🞎 OR for Coronary Artery Intervention  🞎 OR for Sternal Debridement / Muscle Flap  🞎 OR for Valve Intervention  🞎 OR for Vascular Procedure | | 🞎 Pacemaker Insertion / AICD  🞎 Pericardiotomy / Pericardiocentesis  🞎 Thoracentesis/ Chest tube insertion  🞎 Wound vac  🞎 Other Procedure  🞎 Unknown | |
|  | | | | | |
| Temporary Coded Field: Indicate whether the STS Risk Calculator score was discussed with the patient/family prior to surgery. | | | | | |
| TempCode (5230) | | | 1 Yes – A risk calculator score was calculated and discussed with the patient/family prior to surgery as documented in the medical record | | |
|  | | | 2 No – A risk calculator score was calculated but not discussed with the patient/family prior to surgery or discussion was not documented | | |
|  | | | 3 NA – Not applicable (emergent or salvage case, or no risk score calculated for this procedure) | | |