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|  | **The Society of Thoracic Surgeons**  **Adult Cardiac Surgery Database**  **Data Collection Form Version 2.9**  7/2017 |

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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:  ClinTrial (45)  🞎 None 🞎 Trial 1 🞎 Trial 2 🞎 Trial 3 🞎 Trial 4 🞎 Trial 5 🞎 Trial 6 (If not “None” →) | | | | 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) | | |
| National Identification (Social Security)Number Known: Yes No Refused (If Yes →)  SSNKnown (76) | | | | | | | | National ID 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:  Ethnicity (185) | | 🞎 Yes 🞎 No 🞎 Not Documented | | | | | | | | | | | |

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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) | | | Hospital CMS Certification Number: \_ \_ \_ \_ \_ \_  HospCMSCert (221) | | |
| Primary Payor: (Choose one)  PayorPrim (291) | | | (If Primary Payor <>None/Self ↓) Secondary Payor: (Choose one)   PayorSecond (293) | | |
| 🞎 | None/Self | | 🞎 | None | |
| 🞎 | Medicare (includes commercially managed options) | | 🞎 | Medicare | |
| 🞎 | Medicaid (includes commercially managed options) | | 🞎 | Medicaid | |
| 🞎 | Military Health | | 🞎 | Military Health | |
| 🞎 | Indian Health Service | | 🞎 | Indian Health Service | |
| 🞎 | Correctional Facility | | 🞎 | Correctional Facility | |
| 🞎 | State Specific Plan | | 🞎 | State Specific Plan | |
| 🞎 | Other Government Insurance | | 🞎 | Other Government Insurance | |
| 🞎 | Commercial Health Insurance | | 🞎 | Commercial Health Insurance | |
| 🞎 | Health Maintenance Organization | | 🞎 | Health Maintenance Organization | |
| 🞎 | Non -U.S. Plan | | 🞎 | Non -U.S. Plan | |
| 🞎 | Charitable care/ Foundation Funding | | 🞎 | Charitable care/ Foundation Funding | |
| (if Medicare →) Primary Payor Medicare Fee for Service: 🞎Yes 🞎 No   PrimMCareFFS (292) | | | (if Medicare →) Secondary Payor Medicare Fee for Service: 🞎 Yes 🞎 No   SecondMCareFFS (294) | | |
| Admit Date:\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_  (mm/dd/yyyy)  AdmitDt (305) | | | Date of Surgery: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_\_\_  (mm/dd/yyyy)  SurgDt (310) | | |
| Admit Source:  AdmitSrc (320) | | 🞎 Elective Admission 🞎 Emergency Department 🞎 Transfer in from another hospital/acute care facility 🞎Other | | | |
|  | | (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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did the patient have a laboratory confirmed diagnosis of Covid-19? 🞎 No (Harvest Code 10)  TempCode (7230) 🞎 Yes, prior to hospitalization for this surgery (Harvest Code 11)  🞎 Yes, in hospital prior to surgery (Harvest Code 12)  🞎 Yes, in hospital after surgery (Harvest Code 13)  🞎 Yes, after discharge within 30 days of surgery (Harvest Code 14) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Positive Covid-19 Test (closest to OR date) \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (mm/dd/yyyy)  TempDt (7225) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 (360)  Diabetes-Control: 🞎 None 🞎 Diet only 🞎 Oral 🞎 Insulin 🞎 Other SubQ 🞎 Other 🞎 Unknown  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 Endocarditis Yes→) | | | Endocarditis Culture:  InfEndCult (395) | | | | | | 🞎 Culture negative 🞎 Strep species 🞎 MRSA 🞎 MSSA 🞎 Coagulase negative staph  🞎 Enterococcus species 🞎 Gram negative species 🞎 Polymicrobial | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | 🞎 Mycobacterium (chimera) 🞎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 🞎 Restrictive 🞎 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:  BDTx (455)  🞎 Yes 🞎 No 🞎 Unknown | | | | | | | |
| 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 (If Yes →)  LiverDis (485) | | | | | | | | | | | Child –Pugh Class 🞎 A 🞎 B 🞎 C 🞎 Unknown  LiverChildPugh (486) | | | | | | | | | | | | | | | |
| Listed for liver transplant: 🞎 Yes 🞎 No  LiverTransList (487) | | | | | | | | | | | | | | | |
| Status post liver transplant: 🞎 Yes 🞎 No  LiverStatusPost (488) | | | | | | | | | | | | | | | |
| 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  UnrespStat (520) | | | | | | | | | | | | | | | Chest wall Deformity: 🞎 Yes 🞎 No 🞎 Unknown  ChestWallDef (521) | | | | | | | | | | | |
| Cerebrovascular Disease: 🞎 Yes 🞎 No 🞎 Unknown  CVD (525) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | Prior CVA: 🞎 Yes 🞎 No 🞎 Unknown (If Yes →)  CVA (530) | | | | | | | | | | | | | | | Prior CVA-When: 🞎 <= 30 days 🞎 > 30 days  CVAWhen (535) | | | | | | | | | |
| CVD TIA: 🞎 Yes 🞎 No 🞎 Unknown  CVDTIA (540) | | | | | | | | | | | | | | | | | | | | | | | | |
| CVD Carotid stenosis: 🞎 Right 🞎 Left 🞎 Both 🞎 None 🞎 Not Documented  CVDCarSten (545) | | | | | | | | | | | | | | | | | | | | | | | | |
| (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: 🞎 Yes 🞎 No  CVDPCarSurg (560) | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter available lab results below. Not all tests are expected or appropriate for all patients. Data Quality Report will flag missing Creatinine or if both Hemoglobin & Hematocrit are missing. if Liver disease is present, Creatinine, Bilirubin and INR are expected | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) |
| Five Meter Walk Test Done: 🞎 Yes 🞎 No 🞎 Non-ambulatory patient  FiveMWalkTest (645) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | | | | Time 1: \_ \_ \_.\_ \_ (seconds) FiveMWalk1 (650) | | | | | | | | | | | Time 2: \_ \_ \_.\_ \_ (seconds)  FiveMWalk2 (655) | | | | | | | | Time 3 : \_ \_ \_.\_ \_ (seconds)  FiveMWalk3 (660) | | |
| Six Minute Walk test done: 🞎 Yes 🞎 No (If Yes →)  SixMWalkDone (661) | | | | | | | | | | | | Total Distance : \_\_\_\_\_\_\_\_\_\_\_ feet  SixMWalkDist (662) | | | | | | | | | | | | | | |

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| **E. Previous Cardiac Interventions** | | | | | | | | | | | | | | | | | |
| Previous Cardiac Interventions: 🞎 Yes 🞎 No 🞎 Unknown  PrCVInt (665) | | | | | | | | | | | | | | | | | |
| (If Yes → ) | Previous coronary artery bypass (CAB): 🞎 Yes 🞎 No  PrCAB (670) | | | | | | | | | | | | | | | | |
|  | Previous valve procedure: 🞎 Yes 🞎 No If PrValve Yes, Enter at least one previous valve procedure and up to 5 🡫  PrValve (675) | | | | | | | | | | | | | | | | |
|  |  | | | | | #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: 🞎 Yes 🞎 No  POCPCI (775) | | | | | | | | | | | | | | | | |
|  | (If Yes →) | PCI Performed Within This Episode Of Care: 🞎 Yes, at this facility 🞎 Yes, at some other acute care facility 🞎 No  POCPCIWhen (780)  (If “Yes, at this facility” or “Yes, at some other acute care facility” ↓) | | | | | | | | | | | | | | | |
|  |  | 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 | | | |  | |  | |  | | |  |  | |  | |  |
|  | Cardiac Tumor | | | |  | |  | |  | | |  |  | |  | |  |
|  | Cardioversion(s) | | | |  | |  | |  | | |  |  | |  | |  |
|  | Closure device, atrial septal defect | | | |  | |  | |  | | |  |  | |  | |  |
|  | Closure device, ventricular septal defect | | | |  | |  | |  | | |  |  | |  | |  |
|  | Congenital cardiac repair, surgical | | | |  | |  | |  | | |  |  | |  | |  |
|  | ECMO | | | |  | |  | |  | | |  |  | |  | |  |
|  | Implantable Cardioverter Defibrillator (ICD) with or without pacemaker | | | |  | |  | |  | | |  |  | |  | |  |
|  | Pacemaker | | | |  | |  | |  | | |  |  | |  | |  |
|  | Pericardial window/Pericardiocentesis | | | |  | |  | |  | | |  |  | |  | |  |
|  | Pericardiectomy | | | |  | |  | |  | | |  |  | |  | |  |
|  | Pulmonary Thromboembolectomy | | | |  | |  | |  | | |  |  | |  | |  |
|  | 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: 🞎 Yes 🞎 No 🞎 Unknown (If Yes ↓)  PrevMI (885) | | | | | | | | | | | | | |
|  | |  | 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 | | | | | |  | | | |  | | |
| Heart Failure:🞎 Yes 🞎 No 🞎 Unknown (If Yes→) HeartFail (911) | | | | | Timing: 🞎 Acute 🞎 Chronic 🞎 Both  HeartFailTmg (912) | | | | Type: 🞎 Systolic 🞎 Diastolic 🞎 Both 🞎 Unavailable  HeartFailType (913) | | | | |
|  | | | | | Classification-NYHA: 🞎 Class I 🞎 Class II 🞎 Class III 🞎 Class IV 🞎 Not Documented  ClassNYH (915) | | | | | | | | |
| 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  Arrhythmia (945) | | | | | | | | | | | | | |
| (If Arrhythmia = Yes →) | | | | Permanently Paced Rhythm: 🞎 Yes 🞎 No  ArrhythPPaced (947) | | | | | | | | | |
| (If Yes , choose one response below for each rhythm →) | | | | VTach/VFib  ArrhythVV (950) | | Sick Sinus Syndrome  ArrhythSSS (955) | | AFlutter  ArrhythAFlutter (960) | | AFibrillation  ArrhythAtrFib (961) | | Second Degree Heart Block  ArrhythSecond (965) | Third Degree Heart Block  ArrhythThird (970) |
| None | | | |  | |  | |  | |  | |  |  |
| Remote (> 30 days preop) | | | |  | |  | |  | |  | |  |  |
| Recent (<= 30 days preop) | | | |  | |  | |  | |  | |  |  |
| (If AFibrillation not ‘None’ →) | | | | Atrial Fibrillation Type: 🞎 Paroxysmal 🞎 Persistent 🞎 Longstanding Persistent 🞎 Permanent  ArrhythAFib (962) | | | | | | | | | |

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| **G. Preoperative Medications** | | | | | |
| **Medication** | | **Timeframe** | **Administration** | | |
| ACE or ARB  MedACEI48 (1020) | | Within 48 hours | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | | |
| Amiodarone  MedAmiodarone (1025) | | Prior to surgery | 🞎 Yes, on home therapy 🞎 Yes, therapy started this admission 🞎 No  🞎 Unknown | | |
| Antianginal | Beta Blocker  MedBeta (1030) | Within 24 hours | 🞎 Yes 🞎 No 🞎 Contraindicated | | |
| Beta Blocker  MedBetaTher (1035) | On therapy for ≥ 2 weeks prior to surgery | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | | |
| Calcium Channel Blocker  MedCChanTher (1040) | On therapy for ≥ 2 weeks prior to surgery | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | | |
| Long-acting Nitrate  MedLongActNit (1045) | On therapy for ≥ 2 weeks prior to surgery | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | | |
| Nitrates, intravenous  MedNitIV (1050) | Within 24 hours | 🞎 Yes 🞎 No | | |
| Other Antianginal  MedOthAntiang (1055) | On therapy for ≥ 2 weeks prior to surgery | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | | |
| Antiplatelet | ADP Inhibitor  (includes P2Y12)  MedADP5Days (1060) | Within 5 days | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown  (If Yes→)ADP Inhibitors Discontinuation: \_\_\_\_\_\_\_ (# days prior to surgery)   MedADPIDis (1065) | | |
| Aspirin  MedASA (1070) | Within 5 days | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | | |
|  |  | (If Yes→) | Aspirin Discontinuation: \_\_\_\_\_\_\_ (# days prior to surgery)  MedASADis (1071) | |
|  |  | Aspirin one time dose: 🞎 Yes 🞎 No  MedASAOnce (1072) | |
| Glycoprotein IIb/IIIa  MedGP (1073) | Within 24 hours | 🞎 Yes 🞎 No | | |
| Anticoagulant | Anticoagulants (Intravenous/ SubQ)  MedACoag (1075) | Within 48 hours | 🞎 Yes 🞎 No (If Yes→) Medication:  MedACMN (1080) | | 🞎 Heparin (Unfractionated) 🞎 Heparin (Low Molecular)  🞎 Both  🞎 Other |
| Warfarin (Coumadin)  MedCoum5Days (1091) | Within 5 days | 🞎 Yes 🞎 No 🞎 Unknown  (If Yes→) Coumadin Discontinuation: \_\_\_\_\_\_\_ (# days prior to surgery)   MedCoum5Dis (1092) | | |
| Factor Xa inhibitors  MedXa5Days (1101) | Within 5 days | 🞎 Yes 🞎 No 🞎 Unknown  (If Yes→)Factor Xa Discontinuation: \_\_\_\_\_\_\_ (# days prior to surgery)   MedXa5DDis (1102) | | |
| Novel Oral Anticoagulant  MedNOAC5Days (1111) | Within 5 days | 🞎 Yes 🞎 No 🞎 Unknown  (If Yes→) NOAC Discontinuation: \_\_\_\_\_\_\_ (# days prior to surgery)   MedNOACDisc (1112) | | |
| Thrombin Inhibitors  MedThromIn5Days (1121) | Within 5 days | 🞎 Yes 🞎 No 🞎 Unknown  (If Yes→) Thrombin Inhibitor Discontinuation: \_\_\_\_\_\_\_ (# days prior to surgery)   MedThromInDisc (1122) | | |
|  | Thrombolytics  MedThrom (1125) | Within 48 hours | 🞎 Yes 🞎 No | | |
| Inotropic, intravenous  MedInotr (1130) | | Within 48 hours | 🞎 Yes 🞎 No | | |
| Lipid lowering  MedLipid (1135) | | Within 24 hours | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown  (If Yes→)Medication Type : 🞎 Statin 🞎 Statin + Other 🞎 Non-statin/Other   MedLipType (1141) | | |
| Steroids  MedSter (1143) | | Within 24 hours | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Unknown | | |

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| **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)  (If one, two or three vessel disease 🡫) | | | | | | | | | | | 🞎 None 🞎 One 🞎 Two 🞎 Three | | | | | | | | | | | | |
| Each Column with a “yes” response below must have documentation on at least one vessel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Coronary** | | | | | | | | **Native Artery**  % Stenosis Known:  PctStenKnown (1175)  🞎 Yes 🞎 No (If yes🡫) | | | | **Graft(s)**  Graft(s) Present:  GraftsPrsnt (1180)  🞎 Yes 🞎 No (If yes🡫) | | | | | | | | | | **Stent(s)**  Stent(s) Present:  StentPrsnt (1185)  🞎 Yes 🞎 No (If yes🡫) | | | | | | | **Fractional Flow Reserve (FFR) p**erformed:  FFRPerf (1190)  🞎Yes 🞎No (If yes🡫) | **Instantaneous wave-free ratio (iFR)** performed:  IFRPerf (1191)  🞎Yes 🞎No(If yes🡫) |
| **Left Main** | | | | | | | | \_\_\_\_\_%  PctStenLMain (1195) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenLMain (1200) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenLMain (1205) | | | | | | | \_\_\_\_\_  FFRLMain (1210) | \_\_\_\_\_  IFRLMain (1212) |
| **Proximal LAD** | | | | | | | | \_\_\_\_\_%  PctStenProxLAD (1215) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenProxLAD (1220) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenProxLAD (1225) | | | | | | | \_\_\_\_\_  FFRProxLAD (1230) | \_\_\_\_\_  IFRProxLAD (1232) |
| **Mid LAD** | | | | | | | | \_\_\_\_\_%  PctStenMidLAD (1235) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenMidLAD (1240) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenMidLAD (1245) | | | | | | | \_\_\_\_\_  FFRMidLAD (1250) | \_\_\_\_\_  IFRMidLAD (1252) |
| **Distal LAD** | | | | | | | | \_\_\_\_\_%  PctStenDistLAD (1255) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenDistLAD (1260) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenDistLAD (1265) | | | | | | | \_\_\_\_\_  FFRDistLAD (1270) | \_\_\_\_\_  IFRDistLAD (1272) |
| **Diagonal 1** | | | | | | | | \_\_\_\_\_%  PctStenDiag1 (1275) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenDiag1 (1280) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenDiag1 (1285) | | | | | | | \_\_\_\_\_  FFRDiag1 (1290) | \_\_\_\_\_  IFRDiag1 (1292) |
| **Diagonal 2** | | | | | | | | \_\_\_\_\_%  PctStenDiag2 (1295) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenDiag2 (1300) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenDiag2 (1305) | | | | | | | \_\_\_\_\_  FFRDiag2 (1310) | \_\_\_\_\_  IFRDiag2 (1312) |
| **Diagonal 3** | | | | | | | | \_\_\_\_\_%  PctStenDiag3 (1315) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenDiag3 (1320) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenDiag3 (1325) | | | | | | | \_\_\_\_\_  FFRDiag3 (1330) | \_\_\_\_\_  IFRDiag3 (1332) |
| **Circumflex** | | | | | | | | \_\_\_\_\_%  PctStenCircflx (1335) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenCircflx (1340) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenCircflx (1345) | | | | | | | \_\_\_\_\_  FFRCircflx (1350) | \_\_\_\_\_  IFRCircflx (1352) |
| **Obtuse Marginal 1** | | | | | | | | \_\_\_\_\_%  PctStenOM1 (1355) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenOM1 (1360) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenOM1 (1365) | | | | | | | \_\_\_\_\_  FFROM1 (1370) | \_\_\_\_\_  IFROM1 (1372) |
| **Obtuse Marginal 2** | | | | | | | | \_\_\_\_\_%  PctStenOM2 (1375) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenOM2 (1380) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenOM2 (1385) | | | | | | | \_\_\_\_\_  FFROM2 (1390) | \_\_\_\_\_  IFROM2 (1392) |
| **Obtuse Marginal 3** | | | | | | | | \_\_\_\_\_%  PctStenOM3 (1395) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenOM3 (1400) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenOM3 (1405) | | | | | | | \_\_\_\_\_  FFROM3 (1410) | \_\_\_\_\_  IFROM3 (1412) |
| **Ramus** | | | | | | | | \_\_\_\_\_%  PctStenRamus (1415) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenRamus (1420) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenRamus (1425) | | | | | | | \_\_\_\_\_  FFRRamus (1430) | \_\_\_\_\_  IFRRamus (1432) |
| **RCA** | | | | | | | | \_\_\_\_\_%  PctStenRCA (1435) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenRCA (1440) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenRCA (1445) | | | | | | | \_\_\_\_\_  FFRRCA (1450) | \_\_\_\_\_  IFRRCA (1452) |
| **Acute Marginal (AM)** | | | | | | | | \_\_\_\_\_%  PctStenAM (1455) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenAM (1460) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenAM (1465) | | | | | | | \_\_\_\_\_  FFRAM (1470) | \_\_\_\_\_  IFRAM (1472) |
| **Posterior Descending (PDA)** | | | | | | | | \_\_\_\_\_%  PctStenPDA (1475) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenPDA (1480) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenPDA (1485) | | | | | | | \_\_\_\_\_  FFRPDA (1490) | \_\_\_\_\_  IFRPDA (1492) |
| **Posterolateral (PLB)** | | | | | | | | \_\_\_\_\_%  PctStenPLB (1495) | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 100% occlusion  🞎 Not Documented  GrftStenPLB (1500) | | | | | | | | | | 🞎 Patent  🞎 Stenosis >=50%  🞎 Not Documented  StntStenPLB (1505) | | | | | | | \_\_\_\_\_  FFRPLB (1510) | \_\_\_\_\_  IFRPLB (1512) |
| Syntax Score Known: 🞎 Yes 🞎 No (If Yes→) Syntax Score: \_\_\_\_\_\_\_\_\_\_  SyntaxScrKnown (1515) SyntaxScr (1520) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stress Test: 🞎 Yes 🞎 No (If Yes →) Result: 🞎 Negative (Normal) 🞎 Positive (Abnormal) 🞎 Not Documented  StressTst (1525) StrsTstRes (1531) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ejection Fraction Done: 🞎 Yes 🞎 No (If Yes→)  HDEFD (1540) | | | | | | | | | | | | | Ejection Fraction: \_\_\_\_\_\_\_\_\_ (%) HDEF (1545) | | | | | | | | | | | | | | | | | |
| Dimensions Available: 🞎 Yes 🞎 No (If Yes→)  DimAvail (1555) | | | | | | | | | | | 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  (If not “None” ↓ )  VDInsufA (1590) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Eccentric Jet: 🞎 Yes 🞎 No 🞎 Not Documented  VDAVEccJet (1591) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aortic Valve Disease: 🞎 Yes 🞎 No  VDAort (1595) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes ↓→ ) | | | | | | | | | Aortic Stenosis: 🞎 Yes 🞎 No (If Yes→) Hemodynamic/Echo data available: 🞎 Yes 🞎 No (If Yes ↓)  VDStenA (1600) AoHemoDatAvail (1605) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | |  | | | | | | Smallest Aortic Valve Area: \_\_\_\_\_\_\_\_ cm2  VDAoVA (1610) | | | | | | | | | | | | | | |
|  | | | | | |  | | | |  | | | | | | Highest Mean Gradient: \_\_\_\_\_\_\_\_ mmHg  VDGradA (1615)  Maximum Aortic jet velocity ( Vmax): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_m/s  VDVMax (1616) | | | | | | | | | | | | | | |
| AV Disease Etiology Choose PRIMARY Etiology (one):  VDAoPrimEt (1646) | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |
| 🞎 | Bicuspid valve disease | | | | | | | | | | | | | | | | | | 🞎 | | | | Primary Aortic Disease, Hypertensive Aneurysm | | | | | | | |
| 🞎 | Congenital (other than bicuspid) | | | | | | | | | | | | | | | | | | 🞎 | | | | Primary Aortic Disease, Idiopathic Root Dilatation | | | | | | | |
| 🞎 | | Degenerative- Calcified | | | | | | | | | | | | | | | | | 🞎 | | | | Primary Aortic Disease, Inflammatory | | | | | | | |
| 🞎 | | Degenerative- Leaflet prolapse with or without annular dilation | | | | | | | | | | | | | | | | | 🞎 | | | | Primary Aortic Disease, Loeys-Dietz Syndrome | | | | | | | |
| 🞎 | | Degenerative- Pure annular dilatation without leaflet prolapse | | | | | | | | | | | | | | | | | 🞎 | | | | Primary Aortic Disease, Marfan Syndrome | | | | | | | |
| 🞎 | | Degenerative- Commissural rupture | | | | | | | | | | | | | | | | | 🞎 | | | | Primary Aortic Disease, Other Connective tissue disorder | | | | | | | |
| 🞎 | | Degenerative- Extensive fenestration | | | | | | | | | | | | | | | | | 🞎 | | | | Reoperation-Failure of previous AV repair or replacement | | | | | | | |
| 🞎 | | Degenerative- Leaflet perforation/hole | | | | | | | | | | | | | | | | | 🞎 | | | | Rheumatic | | | | | | | |
| 🞎 | | Endocarditis with root abscess | | | | | | | | | | | | | | | | | 🞎 | | | | Supravalvular Aortic Stenosis | | | | | | | |
| 🞎 | | Endocarditis without root abscess | | | | | | | | | | | | | | | | | 🞎 | | | | Trauma | | | | | | | |
| 🞎 | | LV Outflow Tract Pathology, HOCM | | | | | | | | | | | | | | | | | 🞎 | | | | Tumor, Carcinoid | | | | | | | |
| 🞎 | | LV Outflow Tract Pathology, Sub-aortic membrane | | | | | | | | | | | | | | | | | 🞎 | | | | Tumor, Myxoma | | | | | | | |
| 🞎 | | LV Outflow Tract Pathology, Sub-aortic Tunnel | | | | | | | | | | | | | | | | | 🞎 | | | | Tumor, Papillary Fibroelastoma | | | | | | | |
| 🞎 | | LV Outflow Tract Pathology, Other | | | | | | | | | | | | | | | | | 🞎 | | | | Tumor, Other | | | | | | | |
| 🞎 | | Primary Aortic Disease, Aortic Dissection | | | | | | | | | | | | | | | | | 🞎 | | | | Mixed Etiology | | | | | | | |
| 🞎 | | Primary Aortic Disease, Atherosclerotic Aneurysm | | | | | | | | | | | | | | | | | 🞎 | | | | Not Documented | | | | | | | |
| 🞎 | | Primary Aortic Disease, Ehler-Danlos Syndrome | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |
| (If Bicuspid valve disease→) Sievers Class: 🞎 0 No raphe 🞎 1 one raphe 🞎 2 two raphe 🞎 Not Documented   VDAoSievers (1647) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mitral Valve** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mitral Insufficiency: 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented  VDInsufM (1680) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If not “None” ↓ ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Eccentric Jet: 🞎 Yes 🞎 No 🞎 Not Documented  VDMVEccJet (1681) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mitral Valve Disease: 🞎 Yes 🞎 No  VDMit (1685) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes ↓→) | | | | | Mitral Stenosis: 🞎 Yes 🞎 No (If Yes→)  VDStenM (1690) | | | | | | | | | | Hemodynamic/ Echo data available: 🞎 Yes 🞎 No (If Yes ↓)  MiHemoDatAvail (1695) | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | | | Smallest Valve Area: \_\_\_\_\_\_\_\_ cm2  Highest Mean Gradient:  VDMVA (1700)  \_\_\_\_\_\_\_\_mmHg  VDGradM (1705) | | | | | |
| MV Disease Etiology Choose PRIMARY Etiology (one):  VDMiPrimEt (1731) | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |
| 🞎 | | | | Myxomatous degeneration/prolapse | | | | | | | | | | | | | | | | 🞎 | | | | Tumor, Papillary fibroelastoma | | | | | | |
| 🞎 | | | | Rheumatic | | | | | | | | | | | | | | | | 🞎 | | | | Tumor, Other | | | | | | |
| 🞎 | | | | Ischemic- acute, post infarction (MI ≤ 21 days) | | | | | | | | | | | | | | | | 🞎 | | | | Carcinoid | | | | | | |
| 🞎 | | | | Ischemic- chronic (MI > 21 days) | | | | | | | | | | | | | | | | 🞎 | | | | Trauma | | | | | | |
| 🞎 | | | | Non-ischemic Cardiomyopathy | | | | | | | | | | | | | | | | 🞎 | | | | Congenital | | | | | | |
| 🞎 | | | | Endocarditis | | | | | | | | | | | | | | | | 🞎 | | | | Pure annular dilatation | | | | | | |
| 🞎 | | | | Hypertrophic Obstructive Cardiomyopathy (HOCM) | | | | | | | | | | | | | | | | 🞎 | | | | Reoperation-Failure of previous MV repair or replacement | | | | | | |
| 🞎 | | | | Tumor, Carcinoid | | | | | | | | | | | | | | | | 🞎 | | | | Mixed Etiology | | | | | | |
| 🞎 | | | | Tumor, Myxoma | | | | | | | | | | | | | | | | 🞎 | | | | Not Documented | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MV Lesion Choose PRIMARY Lesion (one):  VDMiPrimLes (1746) | | | | | | | | | | | | | | |
| 🞎 | | Leaflet prolapse, posterior | | | | | | 🞎 | | | | Papillary muscle elongation | | |
| 🞎 | | Leaflet prolapse, bileaflet | | | | | | 🞎 | | | | Papillary muscle rupture | | |
| 🞎 | | Leaflet prolapse, anterior | | | | | | 🞎 | | | | Leaflet thickening | | |
| 🞎 | | Leaflet prolapse, unspecified | | | | | | 🞎 | | | | Leaflet retraction | | |
| 🞎 | | Elongated/ruptured chord(s)/Flail | | | | | | 🞎 | | | | Chordal tethering | | |
| 🞎 | | Annular dilatation | | | | | | 🞎 | | | | Chordal thickening/retraction/fusion | | |
| 🞎 | | Leaflet calcification | | | | | | 🞎 | | | | Commissural fusion | | |
| 🞎 | | Leaflet perforation/hole | | | | | | 🞎 | | | | Mixed lesion | | |
| 🞎 | | Mitral annular calcification | | | | | | 🞎 | | | | Not Documented | | |
| **Tricuspid Valve** | | | | | | | | | | | | | | |
| Tricuspid Insufficiency: 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented  VDInsufT (1775) | | | | | | | | | | | | | | |
| Tricuspid Annular Echo Measurement Available: 🞎 Yes 🞎 No (If Yes→)  VDTrAnnMeas (1777) | | | | | | | | | Tricuspid Diameter: \_\_\_\_\_\_\_ cm  VDTrAnnSize (1778) | | | | | |
| Tricuspid Valve Disease: 🞎 Yes 🞎 No (If Yes→) Tricuspid Stenosis: 🞎 Yes 🞎 No  VDTr (1780) VDStenT (1785) | | | | | | | | | | | | | | |
| (If Tricuspid Disease Yes →) | | | | | TV Etiology: Choose PRIMARY Etiology (one):  VDTrPrimEt (1811) | | | | | | | | | |
| 🞎 | Functional/ secondary | | | | | | | 🞎 | | | | | Rheumatic | |
| 🞎 | Endocarditis | | | | | | | 🞎 | | | | | Tumor | |
| 🞎 | Carcinoid | | | | | | | 🞎 | | | | | Trauma | |
| 🞎 | Congenital | | | | | | | 🞎 | | | | | Reoperation-Failure of previous TV repair or replacement | |
| 🞎 | Degenerative | | | | | | | 🞎 | | | | | Mixed etiology | |
| 🞎 | Pacing wire/catheter induced dysfunction | | | | | | | 🞎 | | | | | Not Documented | |
| **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: \_\_\_\_\_\_\_\_\_\_ cm2  RVEDD (1835) | | | | | | | |
| (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: (choose one)  VDPuEt (1855) | | | | | | | | | | | |
|  | | | 🞎 | Acquired | | | | | | | 🞎 | | | Reoperation-Failure of previous PV repair or replacement |
|  | | | 🞎 | Congenital, s/p Tetralogy of Fallot (TOF) repair | | | | | | | 🞎 | | | Mixed etiology |
|  | | | 🞎 | Congenital, no prior Tetralogy of Fallot (TOF) repair | | | | | | | 🞎 | | | Not Documented |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. Operative** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgeon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surgeon (1955) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Surgeon NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SurgNPI (1960) | | | | | | | | | | | | | | | | | | | | |
| Taxpayer Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIN (1965) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Indicate whether the STS Risk Calculator score was discussed with the patient/family prior to surgery.   RiskDiscussed (1966) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 🞎 Yes, STS risk calculator score was calculated and discussed with the patient/family prior to surgery as documented in the medical record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 🞎 No, STS risk calculator score was available for scheduled procedure but not discussed with the patient/family prior to surgery or the discussion was not documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 🞎 NA, Not applicable (emergent or salvage case, or no risk model available for this procedure) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incidence:  Incidenc (1970) | | | | | | | 🞎 First cardiovascular surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Third re-op cardiovascular surgery | | | | | | | | | | | | | | | | | |
|  | | | | | | | 🞎 First re-op cardiovascular surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Fourth or more re-op cardiovascular surgery | | | | | | | | | | | | | | | | | |
|  | | | | | | | 🞎 Second re-op cardiovascular surgery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 NA- not a cardiovascular surgery | | | | | | | | | | | | | | | | | |
| Status:  Status (1975) | | | | | | | 🞎 Elective | | | | | | | | | | | | | | 🞎 Urgent | | | | | | | | | | | | | | | 🞎 Emergent | | | | | | | | | | | | | 🞎 Emergent Salvage | | | | | |
|  | | | | | | | (If Urgent or Emergent choose the most pressing reason🡫)  Urgent / Emergent reason:  UrgEmergRsn (1990) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | 🞎 | | 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 , acute annular disruption | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | Transplant | | | | | | | | | | |
|  | | | | | | | 🞎 | | Failed Transcatheter Valve Therapy , acute device malposition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | Trauma | | | | | | | | | | |
|  | | | | | | | 🞎 | | Failed Transcatheter Valve Therapy , subacute device dysfunction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | USA | | | | | | | | | | |
|  | | | | | | | 🞎 | | IABP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | Valve Dysfunction | | | | | | | | | | |
|  | | | | | | | 🞎 | | Infected Device | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | Worsening CP | | | | | | | | | | |
|  | | | | | | | 🞎 | | Intracardiac mass or thrombus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | | | Other | | | | | | | | | | |
|  | | | | | | | 🞎 | | Ongoing Ischemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | |
| Was case previously attempted during this admission, but canceled: 🞎 Yes 🞎 No  PCancCase (1995) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (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: 🞎 Yes 🞎 No  CCancCase (2050) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (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  OpCAB (2120) 🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No (If “Yes” complete Section J) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Valve Surgery: 🞎 Yes 🞎 No (If “Yes” complete Section K)  (If Yes →) Did the surgeon provide input for valve surgery data abstraction? 🞎 Yes 🞎 No  OpValve (2125) OpValSurgInput (2126) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aorta procedure Performed: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  AortProc (2128) 🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No(If “Yes” complete Section M 2)  (If Yes →) Did the surgeon provide input for aortic surgery data abstraction? 🞎 Yes 🞎 No   AortProcSurgInput (2129) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Cardiac Procedure: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  OpOCard (2140) 🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No (If “Yes” complete Section M) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Cardiac Procedure, AFib:🞎 Yes 🞎 No (If Yes →) (Complete Section M 1)  AFibProc (2145)  (If Yes →) Did the surgeon provide input for AFib data abstraction? 🞎 Yes 🞎 No   AFibProcSurgInput (2146) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Anesthesia: 🞎 Yes 🞎 No (If General Anesthesia No→)  GenAnes (2251) | | | | | | | | | | | | | | | | | | | | | | | | | | | | Procedural Sedation : 🞎 Yes 🞎 No  ProcSed (2252) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If General Anesthesia Yes →) Intubation: 🞎 Yes, prior to entering OR for this procedure 🞎 Yes, in OR for this procedure 🞎 No   Intubate (2253) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Intubation Yes →) | | | | | | | | | | | | | 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 : 🞎 Yes 🞎 No  AddIntraopPAnti (2295) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature Measured: 🞎 Yes 🞎 No  TempMeas (2296) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| (If Yes→) | | | 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 Cross clamp | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 None – fibrillating heart | | | | | | | | | | | | | | | | | | | | | | 🞎 Balloon Occlusion | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (If “Aortic cross clamp” or “Balloon occlusion” →): | | | | | | | | | | | | | | | | | | | | | | Cross Clamp Time: \_\_\_\_\_\_\_\_\_\_\_ (min)  XClampTm (2435) | | | | | | | | | | | | | | | | | | | | | | |
| Cardioplegia Delivery:  CplegiaDeliv (2440) 🞎 None 🞎 Antegrade 🞎 Retrograde 🞎 Both | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (If “Antegrade”, “Retrograde” or “Both”→) Type of cardioplegia used: 🞎 Blood 🞎 Crystalloid 🞎 Both 🞎 Other   CplegiaType (2445) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cerebral Oximetry Used: 🞎 Yes 🞎 No  CerOxUsed (2450) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diffuse Aortic Calcification (Porcelain Aorta) : 🞎 Yes 🞎 No  ConCalc (2490) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessment of Ascending Aorta/Arch for atheroma/plaque: 🞎 Yes 🞎 No 🞎 Not Reported (If Yes ↓)  AsmtAscAA (2495) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Assessment method:  AsmtAoDxMeth (2497) | | | | | | | | | | | | | 🞎 TEE | | | | | | | | | | 🞎 Epiaortic ultrasound | | | | | | | | | | | | | 🞎 CT scan | | | | | | | | | 🞎 Other diagnostic modality | | | | | | | |
|  | | Assessment of Aorta Plaque:  AsmtAoDx (2500) | | | | | | | | | | | | | | | | | 🞎 Normal Aorta/No or minimal plaque | | | | | | | | | | | | | | | | | | | | | | | 🞎 Extensive intimal thickening | | | | | | | | | | | | |
|  | | 🞎 Protruding Atheroma < 5 mm | | | | | | | | | | | | | | | | | | | | | | | 🞎 Protruding Atheroma >= 5 mm | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | 🞎 Mobile plaques | | | | | | | | | | | | | | | | | | | | | | | 🞎 Not documented | | | | | | | | | | | | |
| Aortic Condition Altered Plan: 🞎 Yes 🞎 No  AsmtAPln (2505) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraop Blood Products Refused: 🞎 Yes 🞎 No  IBldProdRef (2510) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (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 Prothrombin Complex concentrate: 🞎 Yes 🞎 No  IntraopProComCon (2546) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intraop Antifibrinolytic Medications: | | | | | | | | | | | | | | | | | Epsilon Amino-Caproic Acid: 🞎 Yes 🞎 No  IMedEACA (2550) | | | | | | | | | | | | | | | | | | | | | | | Tranexamic Acid: 🞎 Yes 🞎 No  IMedTran (2555) | | | | | | | | | | | | | | |
| Intraoperative TEE Performed post procedure: 🞎 Yes 🞎 No (If Yes ↓)  InOpTEE (2560) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Highest level aortic insufficiency found:  PRepAR (2565) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Mean Aortic Gradient:\_\_\_\_\_  PRepAGradM (2566) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Aortic Paravalvular leak:  PRepAPVL (2567) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Highest level Mitral insufficiency found:  PRepMR (2570) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Mean Mitral Gradient:\_\_\_\_\_\_\_  PRepMGradM (2571) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Mitral Paravalvular leak:  PRepMPVL (2572) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Highest level Tricuspid insufficiency found:  PRepTR (2575) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Mean Tricuspid Gradient:\_\_\_\_\_\_\_  PRepTGradM (2576) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Tricuspid Paravalvular leak:  PRepTPVL (2577) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Ejection Fraction Measured post procedure: 🞎 Yes 🞎 No (If Yes →) Ejection Fraction:\_\_\_\_\_  PPEFMeas (2581) PPEF (2582) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgery followed by a planned PCI: 🞎 Yes 🞎 No  PPPlanedPCI (2606) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **J. Coronary Bypass** | | | | | | | | | | | | | | | | | | | | | | | |
| (If Coronary Artery Bypass = Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | |
| Internal Mammary Artery (arteries) used: 🞎 Yes 🞎 No  IMAUsed (2626) | | | | | | | | | | (If yes→) Total Number of Distal Anastomoses with IMA conduits: \_\_\_\_\_   NumIMADA (2628) | | | | | | | | | | | | | |
| (If no→) | Reason for no IMA:  NoIMARsn (2627) | | | | | 🞎 Subclavian stenosis | | | | | | | 🞎 Previous mediastinal radiation | | | | | | 🞎 No (bypassable) LAD disease | | | | |
|  |  | | | | | 🞎 Previous cardiac or thoracic surgery | | | | | | | 🞎 Emergent or salvage procedure | | | | | | 🞎 Other | | | | |
| (If yes→) | Left IMA: 🞎 Yes, pedicle 🞎 Yes, skeletonized 🞎 No  LeftIMA (2629) | | | | | | | | | | | | | | | | | | | | | | |
|  | (If not no→) | | LIMA Harvest technique: 🞎 Direct Vision (open) 🞎 Thoracoscopy 🞎 Combination 🞎 Robotic Assist  LIMAHarvTech (2630) | | | | | | | | | | | | | | | | | | | | |
|  | Right IMA: 🞎 Yes, pedicle 🞎 Yes, skeletonized 🞎 No  RightIMA (2631) | | | | | | | | | | | | | | | | | | | | | | |
|  | (If not no→) | | | RIMA Harvest technique: 🞎 Direct Vision (open) 🞎 Thoracoscopy 🞎 Combination 🞎 Robotic Assist  RIMAHarvTech (2632) | | | | | | | | | | | | | | | | | | | |
| Radial Artery (arteries) used: 🞎 Yes 🞎 No  RadialArtUsed (2633) | | | | | | | | | (If yes→) Total Number of Distal Anastomoses with radial artery conduits: \_\_\_\_\_   NumRadDA (2634) | | | | | | | | | | | | | | |
| (If yes→) | Radial Artery Harvest Technique: 🞎 Endoscopic 🞎 Direct Vision (open) 🞎 Both  RadHTech (2635) | | | | | | | | | | | | | | | | | | | | | | |
|  | Radial Artery Harvest and Prep Time: \_\_\_\_\_\_\_\_\_\_\_ (minutes)  RadHarvPrepTm (2636) | | | | | | | | | | | | | | | | | | | | | | |
| Venous Conduit(s) used: 🞎 Yes 🞎 No  VenousCondUsed (2637) | | | | | | | | (If yes→) Total Number of Distal Anastomoses with venous conduits: \_\_\_\_\_\_\_   DistVein (2638) | | | | | | | | | | | | | | | |
| (If yes→) | Vein Harvest Technique: 🞎 Endoscopic 🞎 Direct Vision (open) 🞎 Both 🞎 Cryopreserved  DistVeinHTech (2639) | | | | | | | | | | | | | | | | | | | | | | |
|  | Vein Harvest and Prep Time: \_\_\_\_\_\_\_\_\_ (minutes)  SaphHarPrepTm (2640) | | | | | | | | | | | | | | | | | | | | | | |
| Number of Distal Anastomoses : | | | | | | | with other arterial conduits: \_\_\_\_\_  NumOArtD (2641) | | | | | | | | | with arterial- venous composite conduits: \_\_\_\_\_  NumArtVenComp (2650) | | | | | | | |
|  | | | | | | | with venous -arterial composite conduits: \_\_\_\_\_  NumVenArtComp (2651) | | | | | | | | | with arterial- arterial composite conduits: \_\_\_\_\_  NumArtArtComp (2652) | | | | | | | |
| (Note: the total number of distals above should equal the number of columns in the CABG Grid) | | | | | | | | | | | | | | | | | | | | | | | |
| Proximal Technique: 🞎 Single Cross Clamp 🞎 Partial Occlusion Clamp 🞎 Anastomotic Assist Device 🞎 None (isolated in situ mammary)  ProxTech (2710) | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | |  |  | |  |  | |  |  | |  |  |  |  |
| Composite artery-vein | | | | | | | | |  |  | |  |  | |  |  | |  |  |  |  |
| 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 | | | | | |  |  | |  |  | |  |  | |  |  |  |  |
| **VEIN PATCH ANGIOPLASTY** | | | | | Yes CABVeinPatAng (01-10) | | | | | | 2765 | 2825 | | 2885 | 2945 | | 3005 | 3065 | | 3125 | 3185 | 3245 | 3305 |
| No | | | | | |  |  | |  |  | |  |  | |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **K. Valve Surgery** (If Valve Surgery=Yes ↓) | | | | | | | | | | | | | |
|  | Valve Prosthesis Explant: 🞎 Yes 🞎 No (If Yes ↓) ValExp (3310) | | | | | | | | | | | | |
|  | | Explant Position: | | 🞎 Aortic 🞎 Mitral 🞎 Tricuspid 🞎 Pulmonic ValExpPos (3315) | | | | | | | | | |
|  | | 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 | | 🞎 Paravalvular leak | | 🞎 Stenosis | | | | 🞎 Unknown | |
|  | |  | |  | |  | |  | | | |  | |
|  | | Explant Device known: 🞎 Yes 🞎 No (If Yes→) Explant model#:\_\_\_\_\_\_\_\_ | | | | | | Unique Device Identifier (UDI):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | ValExpDevKnown (3330) ValExpDev (3335) ValExpUDI (3340)  Second Valve Prosthesis Explant: 🞎 Yes 🞎 No (If Yes↓)  ValExp2 (3350) | | | | | | | | | | | |
|  | | | 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 | | 🞎 Paravalvular 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:  VSAV (3390) | | | | | | | | | | | | | | 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | |
|  | | Procedure Performed:  VSAVPr (3395) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | 🞎 Replacement (If Replacement↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | Transcatheter Valve Replacement: 🞎 Yes 🞎 No (If Yes ↓)  VSTCV (3400) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  |  | | | | Approach: 🞎 Transapical 🞎 Transaxillary 🞎 Transfemoral 🞎 Transaortic 🞎 Subclavian 🞎 Other  VSTCVR (3405) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | Surgical valve Replacement: 🞎 Yes 🞎 No  VSAVSurgRep (3407) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | (If Yes →) | | | | | | | | Device type: 🞎 Mechanical 🞎 Bioprosthetic 🞎 Surgeon fashioned pericardium (Ozaki) 🞎 Other  VSAVSurgType (3408) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | | | | (If Bioprosthetic→) Valve type: 🞎 Stented 🞎 Stentless subcoronary valve only 🞎 Sutureless/rapid deployment   VSAVSurgBioT (3409) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 🞎 Repair/Reconstruction (If Repair/Reconstruction ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | Repair Type (Select all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  |  | | | | Commissural suture annuloplasty  VSAVRComA (3410) | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | Ring annuloplasty  VSAVRRingA (3435) | | | | | | | 🞎 Yes 🞎 No | |
|  | | | | |  |  | | | | External Suture Annuloplasty  VSAVRExSutAn (3411) | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | (If Yes →) Type:  VSAVRRingATy (3436) | | | 🞎 External Ring | | | 🞎 Internal Ring | | |
|  | | | | |  |  | | | | Leaflet plication  VSAVRLPlic (3415) | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | Leaflet resection suture  VSAVRLResect (3440) | | | | | | | 🞎 Yes 🞎 No | |
|  | | | | |  |  | | | | Nodular Release  VSAVRNodRel (3416) | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | Leaflet Shaving  VSAVRLeafShav (3441) | | | | | | | 🞎 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 | |
|  | | | | | Aortic annular enlargement with patch 🞎 Yes 🞎 No  AnlrEnl (3460)  (If Yes →) Technique: 🞎 Nicks-Nunez 🞎 Manougian 🞎 Konno 🞎 Other 🞎 Unknown   AnlrEnlTech (3461) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Root Procedure 🞎 Yes 🞎 No (If Yes ↓) (For AV surgery involving the aortic root→ also complete section M-2)  VSAVRoot (3462) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | Root Replacement with coronary Ostial Reimplantation (Bentall) 🞎 Yes 🞎 No  VSAVRootOReimp (3463) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | (If Yes →) | | | | | Type: VSAVRootOReimpTy (3464)  🞎 Mechanical 🞎 Bioprosthetic  🞎 Autograft with native pulmonary valve (Ross procedure) 🞎 Homograft root replacement | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | (If Bioprosthetic→) 🞎 Stented valve composite graft 🞎 Stentless biologic full root  VSAVRepBioTy (3465) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | Valve Sparing root operation: 🞎 Yes 🞎 No (If Yes ↓)  VSAVSparRt (3466)  VSAVSparRtOp (3467) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | 🞎 Resuspension AV without replacement of ascending aorta | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | 🞎 Resuspension AV with replacement of ascending aorta | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | 🞎 Valve sparing root reimplantation (David) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | 🞎 Valve sparing root remodeling (Yacoub) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | 🞎 Valve sparing root reconstruction (Florida Sleeve) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | Major root reconstruction/ debridement with or without pericardial patch 🞎 Yes 🞎 No  VSAVRootRecon (3468) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Patch used: 🞎 Yes 🞎 No (If Yes →) Patch type: 🞎 Synthetic 🞎 Bioprosthetic 🞎 Autologous  VSAVPat (3469) VSAVPatTy (3470) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Aortic Valve Implant: 🞎 Yes 🞎 No (If Yes ↓)  AorticImplant (3472)  Aortic valves/valve repair devices only, use section M 2 for root devices | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | Implant Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSAoIm (3480) | | | | | | | | | | | | | | | | | | | | | | Implant Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSAoImSz (3485) | | | | | | | | | | |
|  | |  | | | Unique Device identifier (UDI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSAoImUDI (3490) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Mitral Valve Procedure Performed:  VSMV (3495) | | | | | | | | | | | | | | 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | |
|  | | Procedure Performed:  VSMVPr (3500) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | 🞎 Repair (If Repair↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Repair Approach: 🞎 Transcatheter 🞎 Surgical  VSMVRepApp (3501) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | If Surgical (Select all that apply↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Annuloplasty: 🞎 Yes 🞎 No  VSMitRAnnulo (3505) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Leaflet resection: 🞎 Yes 🞎 No (If Yes↓)  VSMitRLeafRes (3510) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | Resection Type: 🞎 Triangular 🞎 Quadrangular 🞎 Other  VSLeafResTyp (3515) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | Resection Location(s): | | | | | | | Anterior resection: 🞎 Yes 🞎 No  VSLeafAntRes (3517) | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | (If Yes→) | | | | Location documented: 🞎 Yes 🞎 No (If Yes↓)  VSLeafAntResLocD (3518) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | |  | | | | Anterior leaflet resection location: A1 🞎 Yes 🞎 No A2 🞎 Yes 🞎 No A3 🞎 Yes 🞎 No   VSLeafAntResA1 (3519) VSLeafAntResA2 (3520) VSLeafAntResA3 (3521) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | Posterior Resection: 🞎 Yes 🞎 No  VSLeafPostRes (3522) | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | (If Yes→) | | | | Location documented: 🞎 Yes 🞎 No (If Yes↓)  VSLeafPostResLocD (3523) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | |  | | | | Posterior leaflet resection location: P1 🞎 Yes 🞎 No P2 🞎 Yes 🞎 No P3🞎 Yes 🞎 No  VSLeafPostResP1 (3524) VSLeafPostResP2 (3525) VSLeafPostResP3 (3526) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | Commissure Resection: 🞎 Yes 🞎 No(If Yes↓)  VSLeafComRes (3527) | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | |  | | | | Commissural resection location: 🞎 Medial (C2) 🞎 Lateral (C1) 🞎 Both 🞎 Not Documented  VSLeafComResLoc (3528) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Neochords (PTFE): 🞎 Yes 🞎 No (If Yes↓)  VSMitRPTFE (3532) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | Neochord Location(s): | | | | | | | Anterior Neochords: 🞎 Yes 🞎 No  VSNeoAnt (3534) | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | (If Yes→) | | | | Location documented: 🞎 Yes 🞎 No (If Yes↓)  VSNeoAntLocD (3535) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | |  | | | | Anterior neochord location: A1 🞎 Yes 🞎 No A2 🞎 Yes 🞎 No A3🞎 Yes 🞎 No   VSNeoAntA1 (3536) VSNeoAntA2 (3537) VSNeoAntA3 (3538) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | Posterior Neochords: 🞎 Yes 🞎 No  VSNeoPost (3539) | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | (If Yes→) | | | | Location documented: 🞎 Yes 🞎 No (If Yes↓)  VSNeoPostLocD (3540) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | |  | | | | Posterior Neochord location: P1 🞎 Yes 🞎 No P2 🞎 Yes 🞎 No P3🞎 Yes 🞎 No   VSNeoPostP1 (3541) VSNeoPostP2 (3542) VSNeoPostP3 (3543) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | 🞎 Commissure Neochords: 🞎 Yes 🞎 No(If Yes↓)  VSNeoCom (3544) | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | |  | | | | Commissure Neochord location: 🞎 Medial (C2) 🞎 Lateral(C1) 🞎 Both 🞎 Not Documented  VSNeoComLoc (3545) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Chordal/ Leaflet transfer: 🞎 Yes 🞎 No (If Yes↓)  VSMitRChord (3550) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | Chordal/ Leaflet Transfer Location(s): | | | | | | | 🞎 Anterior Chordal/Leaflet transfer: 🞎 Yes 🞎 No  VSChorLfAnt (3551) | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | (If Yes→) | | | | Location documented: 🞎 Yes 🞎 No (If Yes↓)  VSChorLfAntLocD (3552) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | |  | | | | Anterior chordal/leaflet transfer location: A1 🞎 Yes 🞎 No A2 🞎 Yes 🞎 No A3🞎 Yes 🞎 No   VSChorLfAntA1 (3553) VSChorLfAntA2 (3554) VSChorLfAntA3 (3555) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | 🞎 Posterior Chordal/Leaflet transfer: 🞎 Yes 🞎 No  VSChorLfPost (3556) | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | (If Yes→) | | | | Location documented: 🞎 Yes 🞎 No (If Yes↓)  VSChorLfPostLocD (3557) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | |  | | | | Posterior chordal/leaflet transfer location: P1 🞎 Yes 🞎 No P2 🞎 Yes 🞎 No P3🞎 Yes 🞎 No   VSChorLfPostP1 (3558) VSChorLfPostP2 (3559) VSChorLfPostP3 (3560) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | 🞎 Commissure Chordal/Leaflet transfer: 🞎 Yes 🞎 No(If Yes↓)  VSChorLfCom (3561) | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | |  | | | | | | |  | | | | Commissural chordal/leaflet transfer location: 🞎 Medial (C2) 🞎 Lateral(C1) 🞎 Both 🞎 Not Documented  VSChorLfComLoc (3562) | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Folding Plasty: 🞎 Yes 🞎 No  VSMitRFold (3565) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Sliding Plasty: 🞎 Yes 🞎 No  VSMitRSlidP (3566) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Annular decalcification/ debridement: 🞎 Yes 🞎 No  VSMitRADecalc (3567) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Leaflet extension/replacement patch: 🞎 Yes 🞎 No  VSMitRLeafERP (3568) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | | (If Yes→) Patch Location: 🞎 Anterior 🞎 Posterior 🞎 Both 🞎 Not Documented   VSMitRLeafERPLoc (3569) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Edge to edge repair: 🞎 Yes 🞎 No  VSMitREdge (3570) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Mitral commissurotomy: 🞎 Yes 🞎 No  VSMitRMitComm (3580) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Mitral commissuroplasty: 🞎 Yes 🞎 No  VSMitRMitCplasty (3585) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Mitral cleft repair: (scallop closure): 🞎 Yes 🞎 No  VSMitRMitCleft (3590) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Mitral paraprosthetic leak repair: 🞎 Yes 🞎 No  VSMitParaprosLeak (3591) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | 🞎 Replacement (If Replacement ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Mitral repair attempted prior to replacement: 🞎 Yes 🞎 No  MitralIntent (3600) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Mitral chords preserved: 🞎 Anterior 🞎 Posterior 🞎 Both 🞎 None  VSChorPres (3605) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | Transcatheter replacement: 🞎 Yes 🞎 No  VSTCVMit (3610) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Implant: 🞎 Yes 🞎 No (If Yes  MitralImplant (3615) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | Implant type: 🞎 Mechanical valve 🞎 Bioprosthetic valve 🞎 Annuloplasty device 🞎 Mitral Leaflet clip 🞎 Transcatheter device  MitralImplantTy (3620) 🞎 Surgically implanted transcatheter device 🞎 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | Implant Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VSMiIm (3625) | | | | | | | | | | | | | | | | | | | | | | | Implant 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 ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | Repair : 🞎 Yes 🞎 No (If Yes↓)  VSTrRepair (3646) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | Annuloplasty 🞎 Yes 🞎 No (If Yes↓)  VSTrRepAnnulo (3647) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | | | | Type of Annuloplasty: 🞎 Pericardium 🞎Suture 🞎 Prosthetic Ring 🞎 Prosthetic Band 🞎 Other  OpTricusAnTy (3648) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | Leaflet Resection: 🞎 Yes 🞎 No  VSTrLeafRes (3649) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | Replacement: 🞎 Yes 🞎 No  VSTrReplace (3650) | | | | | | | | | | | | (If Yes→) | | | | Transcatheter Replacement: 🞎 Yes 🞎 No  VSTCVTri (3652) | | | | | | | | | | | | | | | | |
|  | | | | | Valvectomy: 🞎 Yes 🞎 No  VSTrValvec (3653) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Implant: 🞎 Yes 🞎 No (If Yes ↓)  TricuspidImplant (3660) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | 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) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | 🞎 Repair/Leaflet Reconstruction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 🞎 Replacement | | | | | | | | (If Replacement→) | | | | | | | Transcatheter Replacement: 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |
|  | | | | | 🞎 Valvectomy | | | | | | | | VSTCVPu (3695) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Implant: 🞎 Yes 🞎 No (If Yes ↓)  PulmonicImplant (3700) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | Implant Type:  VSPuTypeImp (3701) | | | | | | | | | 🞎Surgeon Fashioned 🞎Commercially Supplied | | | | | | | | | | | | |  | | | | | |  |
|  | | | | | | | | |  | | (If Surgeon Fashioned →) | | | | | | | | | | | Material: 🞎 PTFE (Gore-Tex) 🞎 Pericardium 🞎 Other  VSPuImpMat (3702) | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | (If Commercially Supplied →) | | | | | | | | | | | Device Type: PulmonicImplantTy (3705) | | | | | | 🞎 Mechanical Valve | | | | | 🞎 Annuloplasty Device | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | 🞎 Bioprosthetic Valve | | | | | 🞎 Homograft | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | 🞎 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  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. Post cardiotomy 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 🞎 Yes 🞎 No  PrevVAD (3790) | | | | | | | | | | | | |
| (If Yes →) | | | Previous VAD implanted at another facility 🞎 Yes 🞎 No  PrevVADF (3795) | | | | | | | | | |
| Insertion date: \_\_/\_\_/\_\_\_\_  PrevVADD (3800) | | | | | | | | | |
| Indication:  PrevVADIn (3805) | | | | | | | | | |
| Type:  PrevVADTy (3810) | | | | | | | | | |
| Device Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PrevVADDevice (3815) | | | | | | UDI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PrevVADUDI (3820) | | | |
| Previous VAD Explanted During This Admission:  PrevVADExp (3825) | | | | | | 🞎 Yes, not during this procedure  🞎 Yes, during this procedure  🞎 No | | | |
| (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) | |

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| **M. Other Cardiac Procedures** | | | | | | | |
| (If Other Cardiac Procedure = Yes ↓) See Proc ID Table to determine whether these procedures impact isolate procedure categories | | | | | | | |
| ASD repair- PFO type  OCarASDPFO (4030) | | 🞎 Yes 🞎 No | | Myocardial Stem Cell Therapy: 🞎 Yes 🞎 No  OCarStemCell (4080) | | | |
| ASD Repair- secundum or sinus venosus  OCarASDSec (4035) | | 🞎 Yes 🞎 No | | Pulmonary Thromboembolectomy:  OCPulThromDis (4085) | | | 🞎 Yes, Acute 🞎 Yes, Chronic 🞎 No |
| AFib Intracardiac lesions (If yes, complete M-1)  OCarAFibIntraLes (4040) | | 🞎 Yes 🞎 No | | Subaortic Stenosis Resection: 🞎 Yes 🞎 No (If Yes 🡫)  OCarSubaStenRes (4090) | | | |
| AFib Epicardial lesions (If yes, complete M-1)  OCarAFibEpLes (4045) | | 🞎 Yes 🞎 No | | Type : | 🞎 Muscle 🞎 Ring 🞎 Membrane 🞎 Web 🞎 Not Reported  OCarSubaStenResTy (4100) | | |
| Atrial Appendage procedure: 🞎 RAA 🞎 LAA 🞎 Both 🞎 No (If not No ↓)  OCarAAProc (4050) | | | | Surgical Ventricular Restoration: 🞎 Yes 🞎 No  OCarSVR (4105) | | | |
| Indicate method for atrial appendage ligation/exclusion:  OCarAAMeth (4051) | | | 🞎 Intra-atrial oversewing  🞎 Epicardial Suture Ligation 🞎 Amputation with oversewing | | | | |
| 🞎 Stapler (cutting) 🞎 Stapler (noncutting) 🞎 Epicardially applied occlusion device | | | | |
| If epicardial applied occlusion device → | Model: 🞎 AtriClip 🞎 Lariat 🞎 Other  OCarAAModel (4052) | | | | | | |
|  | UDI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OCarAAUDI (4053) | | | | | | |
| Arrhythmia Device: 🞎 Pacemaker 🞎 Pacemaker with CRT OCarACD (4055) 🞎 ICD 🞎 ICD with CRT 🞎 Implantable Recorder 🞎 None | | | | Transmyocardial revascularization (TMR): 🞎 Yes 🞎 No  OCarLasr (4110) | | | |
| Tumor: 🞎 Myxoma 🞎 Fibroelastoma 🞎 Hypernephroma 🞎 Sarcoma  OCTumor (4115) 🞎 Other 🞎 No | | | |
| Lead Insertion: 🞎 Yes 🞎 No  OCarLeadInsert (4060) | | | | Transplant, Cardiac : OCarCrTx (4120) | | 🞎 Yes 🞎 No | |
| Lead Extraction :  OCarACDLE (4065) 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication 🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No | | | | Trauma, Cardiac :  OCarTrma (4125) | | 🞎 Yes 🞎 No | |
| Congenital Defect Repair: (If yes, complete M-3)  OCarCong (4070) | | 🞎 Yes 🞎 No | | VSD Repair: 🞎 Yes-congenital 🞎 Yes-acquired 🞎 No  OCarVSD (4130) | | | |
| LV Aneurysm Repair:  OCarLVA (4075) | | 🞎 Yes 🞎 No | | Other Cardiac Procedure:  OCarOthr (4135) | | | 🞎 Yes 🞎 No |

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| **M.1. Atrial Fibrillation Procedures** | | | | | | | | | | | | |
| (If Other Cardiac Procedure, AFib = Yes ↓) | | | | | | | | | | | | |
| Lesion location: 🞎 Primarily epicardial 🞎 Primarily Intracardiac OCarAFibLesLoc (4191) | | | | | | | | | | | | |
| 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 | |  | | |  |  |
| Lesions Documented: 🞎 Yes 🞎 No (If Yes ↓)  OCarLesDoc (4240) | | | | | | | | | | | | |
| **P:\STS_Dev\RegistrySystemModules\AFib\v1_0\Baseline\graphics\lesionclose.jpg**  Epicardial Left Sided Lesions | | | | | | | | | | | | |
|  | | Lesions: (check all that apply ↓) | | | | | | | | | | |
|  | | 🞎 | | 1 | Bilateral Pulmonary Vein Isolation  AFibLes1 (4250) | | 🞎 | | 9 | Intercaval Line to Tricuspid Annulus (“T” lesion)  AFibLes9 (4295) | | |
|  | | 🞎 | | 2 | Box Lesion Only  AFibLes2 (4255) | | 🞎 | | 10 | Tricuspid Cryo Lesion, Medial  AFibLes10 (4300) | | |
|  | | 🞎 | | 3a | Inferior Pulmonary Vein Connecting Lesion  AFibLes3a (4260) | | 🞎 | | 11 | Intercaval Line (SVC and IVC)  AFibLes11 (4305) | | |
|  | | 🞎 | | 3b | Superior Pulmonary Vein Connecting Lesion  AFibLes3b (4265) | | 🞎 | | 12 | Tricuspid Annular Line to RAA  AFibLes12 (4310) | | |
|  | | 🞎 | | 4 | Posterior Mitral Annular Line Lesion  AFibLes4 (4270) | | 🞎 | | 13 | Tricuspid Cryo Lesion  AFibLes13 (4315) | | |
|  | | 🞎 | | 5 | Pulmonary Vein Connecting Lesion to Anterior Mitral Annulus  AFibLes5 (4275) | | 🞎 | | 14 | RAA Ligation/Removal/Obliteration  AFibLes14 (4320) | | |
|  | | 🞎 | | 6 | Mitral Valve Annular Lesion  AFibLes6 (4280) | | 🞎 | | 15a | RAA Lateral Wall (Short)  AFibLes15a (4325) | | |
|  | | 🞎 | | 7 | LAA /Removal/Obliteration  AFibLes7 (4285) | | 🞎 | | 15b | RAA Lateral Wall to “T” Lesion  AFibLes15b (4330) | | |
|  | | 🞎 | | 8 | Pulmonary Vein to LAA Lesion  AFibLes8 (4290) | | 🞎 | | 16 | Coronary Sinus Lesion  AFitLesCSL (4336) | | |

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| **M.2. Aorta And Aortic Root Procedures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family history of disease of aorta: 🞎 Aneurysm 🞎 Dissection 🞎 Both Aneurysm and Dissection 🞎 Sudden Death 🞎 None 🞎 Unknown  FamHistAorta (4500) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient’s genetic history:  PatGenHist (4505) | | | | | | | | | 🞎 Marfan 🞎 Ehlers-Danlos 🞎 Loeys-Dietz 🞎 Non-Specific familial thoracic aortic syndrome  🞎 Bicuspid AV 🞎 Turner syndrome 🞎 Other 🞎 None 🞎 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prior aortic intervention:  PriorAorta (4510) | | | | | | | | | 🞎 Yes 🞎 No 🞎 Unknown (If Yes ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location | | | | | | | | Previous repair location(s) | | | | | | | | Repair Type | | | | | | | | | | | | | Repair failure  (If Yes ↓) | | | | | Disease progression  (If Yes ↓) | | | | | | | | |
|  |  | | | | | | | Select all that apply | | | | | | | | Select all that apply | | | | | | | | | | | | | Select all that apply | | | | | Select all that apply | | | | | | | | |
| Root | | | | | | | | 🞎 Yes 🞎 No PriorRepRoot (4520) | | | | | | | | 🞎 Open 🞎 Endovascular 🞎 Hybrid  PriorRepTyRoot (4521) | | | | | | | | | | | | | 🞎 Yes 🞎 No  PriorFailRoot (4522) | | | | | 🞎 Yes 🞎 No  PriorProgRoot (4523) | | | | | | | | |
| Ascending | | | | | | | | 🞎 Yes 🞎 No  PriorRepAsc (4525) | | | | | | | | 🞎 Open 🞎 Endovascular 🞎 Hybrid  PriorRepTyAsc (4526) | | | | | | | | | | | | | 🞎 Yes 🞎 No  PriorFailAsc (4527) | | | | | 🞎 Yes 🞎 No  PriorProgAsc (4528) | | | | | | | | |
| Arch | | | | | | | | 🞎 Yes 🞎 No  PriorRepArch (4530) | | | | | | | | 🞎 Open 🞎 Endovascular 🞎 Hybrid  PriorRepTyArch (4531) | | | | | | | | | | | | | 🞎 Yes 🞎 No  PriorFailArch (4532) | | | | | 🞎 Yes 🞎 No  PriorProgArch (4533) | | | | | | | | |
| Descending | | | | | | | | 🞎 Yes 🞎 No  PriorRepDesc (4535) | | | | | | | | 🞎 Open 🞎 Endovascular 🞎 Hybrid  PriorRepTyDesc (4536) | | | | | | | | | | | | | 🞎 Yes 🞎 No  PriorFailDesc (4537) | | | | | 🞎 Yes 🞎 No  PriorProgDesc (4538) | | | | | | | | |
| Suprarenal abdominal | | | | | | | | 🞎 Yes 🞎 No  PriorRepSupraAb (4540) | | | | | | | | 🞎 Open 🞎 Endovascular 🞎 Hybrid  PriorRepTySupraAb (4541) | | | | | | | | | | | | | 🞎 Yes 🞎 No  PriorFailSupraAb (4542) | | | | | 🞎 Yes 🞎 No  PriorProgSupraAb (4543) | | | | | | | | |
| Infrarenal abdominal | | | | | | | | 🞎 Yes 🞎 No  PriorRepInfraAb (4545) | | | | | | | | 🞎 Open 🞎 Endovascular 🞎 Hybrid  PriorRepTyInfraAb (4546) | | | | | | | | | | | | | 🞎 Yes 🞎 No  PriorFailInfraAb (4547) | | | | | 🞎 Yes 🞎 No  PriorProgInfraAb (4548) | | | | | | | | |
| Endoleak: 🞎 Yes 🞎 No 🞎 Unknown (If Yes, select all ↓)  Endoleak (4620) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
|  | |  | | 🞎 Type I: leak at graft attachment site: 🞎 Yes 🞎 No  EndoleakTypeI (4625) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | (If Yes →) | | | | | Type I location: 🞎 Ia-proximal 🞎 Ib -distal 🞎 Ic- iliac occluder  EndoleakTyILoc (4630) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | 🞎 Type II: aneurysm sac filling via branch vessel: 🞎 Yes 🞎 No  EndoleakTypeII (4635) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | (If Yes →) | | | | | Number of vessels: 🞎 IIa: single vessel 🞎 IIb: two vessels or more  EndoleakVessNum (4640) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | 🞎 Type III: leak through defect in graft: 🞎 Yes 🞎 No  EndoleakTypeIII (4645) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | (If Yes →) | | | | | Graft defect type: 🞎 IIIa: junctional separation of modular components 🞎 IIIb: endograft fractures or holes  EndoleakType (4650) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | 🞎 Type IV: leak through graft fabric – porosity: 🞎 Yes 🞎 No  EndoleakTypeIV (4655) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | 🞎 Type V: endotension - expansion aneurysm sac without leak: 🞎 Yes 🞎 No  EndoleakTypeV (4660) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infection: 🞎 Yes 🞎 No 🞎 Unknown (If Yes →)  Infection (4665) | | | | | | | | | | | | | | | | | | Aorta Infection Type:  InfecType (4670) | | | | | | | 🞎 Graft infection 🞎 Valvular endocarditis 🞎 Nonvalvular endocarditis  🞎 Native aorta 🞎Multiple infection types | | | | | | | | | | | | | | | | | |
| Trauma: 🞎 Yes 🞎 No 🞎 Unknown (If Yes →) Location: Select all that apply  Trauma (4675) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | Root TraumacRoot (4680)  Ascending TraumaAsc (4685)  Arch TraumaArch (4690) | | | | | | | | | | | | 🞎 Yes 🞎 No  🞎 Yes 🞎 No  🞎 Yes 🞎 No | | | | | | | | | | | | Descending TraumaDesc (4695)  Thoracoabdominal TraumaThorac (4700)  Abdominal TraumaAbdom (4705) | | | | | | | | | | | | | 🞎 Yes 🞎 No  🞎 Yes 🞎 No  🞎 Yes 🞎 No |
| Presentation:  Presentation (4710) | | | | | | 🞎 Pain 🞎 CHF 🞎 Cardiac Arrest 🞎 Syncope 🞎 Stroke 🞎 Limb numbness 🞎 Paralysis 🞎 Fatigue 🞎 Infection  🞎 Weakness 🞎 Hoarseness (vocal cord dysfunction) 🞎 Asymptomatic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Indication:  PrimIndic (4715) | | | | | | 🞎 Aneurysm 🞎 Dissection 🞎 Valvular Dysfunction 🞎 Obstruction 🞎 Intramural Hematoma  🞎 Infection 🞎 Stenosis 🞎Coarctation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (if Aneurysm→) | | | | | Etiology:  AnEtilogy (4720) | | | | | | | 🞎 Atherosclerosis 🞎 Infection 🞎 Inflammatory 🞎 Connective Tissue Disorder 🞎 Penetrating Ulcer  🞎 Pseudoaneurysm 🞎 Mycotic 🞎 Traumatic transection 🞎 Intercostal visceral patch 🞎 Anastomotic site  🞎 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type:  AnType (4725) | | | | | | | 🞎 Fusiform 🞎 Saccular 🞎 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rupture:  AnRupt (4730) | | | | | | | 🞎 Yes 🞎 No (If Yes →) Contained rupture: 🞎 Yes 🞎 No   AnRuptCon (4735) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location:  AnLoc (4740) | | | | | | | 🞎 Below STJ 🞎 STJ-midascending 🞎 Midascending to distal ascending  🞎 Zone 1 🞎 Zone 2 🞎 Zone 3 🞎 Zone 4 🞎 Zone 5 🞎 Zone 6 🞎 Zone 7 🞎 Zone 8 🞎 Zone 9 🞎 Zone 10 🞎 Zone 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (if Dissection→) | | | | | Timing:  DisTiming (4745) | | | | | | | 🞎 Hyperacute (<48 hrs) 🞎 Acute (48hrs-2weeks) 🞎 Subacute (>2weeks -90 days) 🞎 Chronic (>90 days) 🞎 Acute on Chronic 🞎 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disection onset date known 🞎 Yes 🞎 No (If Yes →)  DisOnsetDtKnown (4746) | | | | | | | | | | | | | | | | | | | Date of onset:\_ \_/\_ \_/\_ \_ \_ \_  DisOnsetDt (4747) | | | | | | | | | | | | | | | | | | |
| Primary tear location:  DisTearLoc (4750) | | | | | | | | 🞎 Below STJ 🞎 STJ-midascending 🞎 Midascending to distal ascending  🞎 Zone 1 🞎 Zone 2 🞎 Zone 3 🞎 Zone 4 🞎 Zone 5 🞎 Zone 6 🞎 Zone 7 🞎 Zone 8 🞎 Zone 9 🞎 Zone 10 🞎 Zone 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secondary tear location:  DisSecLoc (4755) | | | | | | | | 🞎 Below STJ 🞎 STJ-midascending 🞎 Midascending to distal ascending  🞎 Zone 1 🞎 Zone 2 🞎 Zone 3 🞎 Zone 4 🞎 Zone 5 🞎 Zone 6 🞎 Zone 7 🞎 Zone 8 🞎 Zone 9 🞎 Zone 10 🞎 Zone 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retrograde extension: 🞎 Yes 🞎 No 🞎 Unknown (If Yes ↓)  DisRetExt (4760) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Retrograde Location:  DisRetLoc (4765) | | | | | | | | | | 🞎 Below STJ 🞎 STJ-midascending 🞎 Midascending to distal ascending  🞎 Zone 1 🞎 Zone 2 🞎 Zone 3 🞎 Zone 4 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Post TEVAR:  DisPosTEVAR (4770) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | |
| Distal extension: 🞎 Yes 🞎 No 🞎 Unknown (If Yes ↓)  DistalExt (4775) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Distal Extension Location:  DistalExtLoc (4780) | | | | | | | | | | | | 🞎 Below STJ 🞎 STJ-midascending 🞎 Midascending to distal ascending  🞎 Zone 1 🞎 Zone 2 🞎 Zone 3 🞎 Zone 4 🞎 Zone 5 🞎 Zone 6 🞎 Zone 7 🞎 Zone 8 🞎 Zone 9 🞎 Zone 10 🞎 Zone 11 | | | | | | | | | | | | | | | | | | | | | | | |
| Malperfusion: 🞎 Yes 🞎 No 🞎 Unknown (If Yes ↓ select all that apply)  DisMal (4785) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Coronary  DisMalCor (4790) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | Superior Mesenteric  DisMalSup (4815) | | | 🞎 Yes 🞎 No | | | | | | | | | |
|  | | | | | | Right Subclavian  DisMalRtSubclav (4791) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | Renal, left  DisMalRenL (4820) | | | 🞎 Yes 🞎 No | | | | | | | | | |
|  | | | | | | Right Common Carotid  DisMalRtComCar (4792) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | Renal. right  DisMalRenR (4825) | | | 🞎 Yes 🞎 No | | | | | | | | | |
|  | | | | | | Left Common Carotid  DisMalComL (4800) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | Iliofemoral  DisMalIlio (4830) | | | 🞎 Yes 🞎 No | | | | | | | | | |
|  | | | | | | Left Subclavian  DisMalSubL (4805) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | Spinal  DisMalSpin (4835) | | | 🞎 Yes 🞎 No | | | | | | | | | |
|  | | | | | | Celiac  DisMalCel (4810) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | |  | | |  | | | | | | | | | |
| Lower Extremity Motor Function: 🞎 No deficit 🞎 Weakness 🞎 Paralysis 🞎 Unknown  DisLowMotFun (4836) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lower Extremity Sensory Deficit: 🞎 Yes 🞎 No 🞎 Unknown  DisLowSenDef (4837) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rupture: 🞎 Yes 🞎 No (If Yes ↓)  DisRupt (4840) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | Contained rupture:  DisRuptCon (4845) | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | Rupture Location:  DisRuptLoc (4850) | | | | | | | | | 🞎 Below STJ 🞎 STJ-midascending 🞎 Midascending to distal ascending  🞎 Zone 1 🞎 Zone 2 🞎 Zone 3 🞎 Zone 4 🞎 Zone 5 🞎 Zone 6 🞎 Zone 7  🞎 Zone 8 🞎 Zone 9 🞎 Zone 10 🞎 Zone 11 | | | | | | | | | | | | | | | | | | | |
| Root | | | | | Aorto-annular ectasia: 🞎 Yes 🞎 No 🞎 Unknown  RootAAnnEctasia (4855) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asymmetric Root Dilation: 🞎 Yes 🞎 No 🞎 Unknown (If Yes →) Dilation Location 🞎 Right 🞎 Left 🞎 Non-coronary  RootDilaAsym (4870) RoottDilaAsym (4875) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sinus of Valsalva aneurysm: 🞎 Yes 🞎 No 🞎 Unknown (If Yes →) SV Aneurysm Location: 🞎 Right 🞎 Left 🞎 Non-coronary  RootSinus (4880) RootSinusLoc (4881) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arch | | | | | Arch Type :  ArchType (4882)  Aberrant Right Subclavian :  ArchAbRtSub (4884)  Kommerell :  ArchKom (4886)  Variant vertebral origin:  ArchVarVertOr (4888) | | | | | | | | | | | 🞎 Left 🞎 Right  🞎 Yes 🞎 No  🞎 Yes 🞎 No  🞎 Yes 🞎 No | | | | | | | | | | Aberrant Left Subclavian:  ArchAbLtSub (4885)  Bovine:  ArchBovine (4887)  Patent internal mammary artery bypass graft:  ArchPatIMA (4889) | | | | | | | | | | 🞎 Yes 🞎 No  🞎 Yes 🞎 No  🞎 Yes 🞎 No | | | | | | |
| Ascending | | | | | Asymmetric Dilatation: 🞎 Yes 🞎 No 🞎 Unknown  AscAsymDil (4891) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proximal coronary bypass grafts: 🞎 Yes 🞎 No 🞎 Unknown  AscProxGr (4892) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-D reconstruction aortic diameter measurements available: 🞎 Yes 🞎 No (If Yes ↓ indicate maximal diameter for each zone in mm)  Diameter3DMeas (4895) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Annulus  Diam3DAnnulus (4900) | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | Zone 2  Diam3DZone2 (4930) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | Zone 8  Diam3DZone8 (4944) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | |
|  | | Sinus segment  Diam3DSinus (4905) | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | Zone 3  Diam3DZone3 (4935) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | Zone 9  Diam3DZone9 (4945) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | |
|  | | Sinotubular junction  Diam3DSinotubular (4910) | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | Zone 4  Diam3DZone4 (4940) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | Zone 10  Diam3DZone10 (4946) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | |
|  | | Mid-ascending  Diam3DMidAsc (4915) | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | Zone 5  Diam3DZone5 (4941) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | Zone 11  Diam3DZone11 (4947) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | |
|  | | Distal Ascending  Diam3DDistalAsc (4920) | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | Zone 6  Diam3DZone6 (4942) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | |  | | | |  | | | | | | | |
|  | | Zone 1  Diam3DZone1 (4925) | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | Zone 7  Diam3DZone7 (4943) | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | | | | | | | | |
| Largest (pre-operative) diameter of treated segment(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Annulus  DiamLgstAnnulus (4948) | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | Zone 2  DiamLgstZone2 (4954) | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | Zone 8  DiamLgstZone8 (4960) | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | |
|  | | | Sinus segment  DiamLgstSinus (4949) | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | Zone 3  DiamLgstZone3 (4955) | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | Zone 9  DiamLgstZone9 (4961) | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | |
|  | | | Sinotubular junction  DiamLgstSinotubular (4950) | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | Zone 4  DiamLgstZone4 (4956) | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | Zone 10  DiamLgstZone10 (4962) | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | |
|  | | | Mid-ascending  DiamLgstMidAsc (4951) | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | Zone 5  DiamLgstZone5 (4957) | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | Zone 11  DiamLgstZone11 (4963) | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | |
|  | | | Distal Ascending  DiamLgstDistalAsc (4952) | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | Zone 6  DiamLgstZone6 (4958) | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | |  | | | | |  | | | |
|  | | | Zone 1  DiamLgstZone1 (4953) | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | Zone 7  DiamLgstZone7 (4959) | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_mm | | | | | | | | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Intervention** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Planned Staged Hybrid: 🞎 Yes 🞎 No  PlanStagHybrid (4970) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Open Arch Procedure: 🞎 Yes 🞎 No (If Yes ↓)  ArchProc (4975) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Distal Technique: 🞎 Open 🞎 Clamped  ArchDisTech (4980) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Distal Site: 🞎 Ascending Aorta 🞎 Hemiarch 🞎 Zone 1 🞎 Zone 2 🞎 Zone 3 🞎 Zone 4  ArchDiscSite (4985) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Distal Extention: 🞎 Elephant trunk 🞎 Frozen Elephant trunk 🞎 No  ArchDisExt (4990) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Arch Branch Reimplantation: 🞎 Yes 🞎 No (If Yes ↓)  ArchBranReimp (4995) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | Innominate: 🞎 Yes 🞎 No Right Subclavian: 🞎 Yes 🞎 No Right Common Carotid: 🞎 Yes 🞎 No  ArchBranInnom (5000) ArchBranRSub (5001) ArchBranRComm (5002)  Left Common Carotid: 🞎 Yes 🞎 No Left Subclavian: 🞎 Yes 🞎 No Left Vertebral: 🞎 Yes 🞎 No Other: 🞎 Yes 🞎 No  ArchBranLComm (5005) ArchBranLSub (5010) ArchBranLVert (5011) ArchBranOth (5012) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Open Descending Thoracic Aorta or Thoracoabdominal Procedure: 🞎 Yes 🞎 No (If Yes ↓)  DescAortaProc (5015) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Proximal Location: 🞎 Reverse Hemiarch 🞎 Zone 0 🞎 Zone 1 🞎 Zone 2 🞎 Zone 3 🞎 Zone 4 🞎 Zone 5 🞎 Zone 6 🞎 Zone 7 🞎 Zone 8 🞎 Zone 9  DescAortaLoc (5020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Intercostal Reimplantation: | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No  AortaInterReimp (5030) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Distal Location:  AortaDisZone (5035) | | | | | | | | | | | 🞎 Zone 3 🞎 Zone 4 🞎 Zone 5 🞎 Zone 6 🞎 Zone 7 🞎 Zone 8 🞎 Zone 9 🞎 Zone 10 🞎 Zone 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Visceral vessel intervention: 🞎 Yes 🞎 No (If Yes ↓)  AortaVisceral (5045) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | Celiac: 🞎 Reimplantation 🞎 Branch Graft 🞎 None  AortaViscCel (5050) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | Superior mesenteric: 🞎 Reimplantation 🞎 Branch Graft 🞎 None  AortaViscSup (5055) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | Right Renal: 🞎 Reimplantation 🞎 Branch Graft 🞎 None  AortaViscRenR (5060) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | Left Renal: 🞎 Reimplantation 🞎 Branch Graft 🞎 None  AortaViscRenL (5065) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Endovascular Procedure(s) : 🞎 Yes 🞎 No (If Yes ↓)  EndovasProc (5066) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Access: 🞎 Femoral 🞎 Iliac 🞎 Abdominal Aorta 🞎 Lt. Subclavian 🞎 Rt. Subclavian 🞎 Ascending Aorta 🞎 LV Apex  EndovasAccess (5067) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Percutaneous Access: 🞎 Yes 🞎 No  EndovasPercAcc (5068) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Proximal landing zone: EndoProxZone (5070) | | | | | | | | | | | | | 🞎 Below STJ 🞎 STJ-midascending 🞎 Midascending to distal ascending  🞎 Zone 1 🞎 Zone 2 🞎 Zone 3 🞎 Zone 4 🞎 Zone 5 🞎 Zone 6 🞎 Zone 7 🞎 Zone 8 🞎 Zone 9  🞎 Zone 10 🞎 Zone 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Distal landing zone:  EndoDistalZone (5080) | | | | | | | | | | | | | 🞎 Below STJ 🞎 STJ-midascending 🞎 Midascending to distal ascending  🞎 Zone 1 🞎 Zone 2 🞎 Zone 3 🞎 Zone 4 🞎 Zone 5 🞎 Zone 6 🞎 Zone 7 🞎 Zone 8 🞎 Zone 9  🞎 Zone 10 🞎 Zone 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | TAVR (for combination procedures): 🞎 Yes 🞎 No  EndovasTAVR (5090) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Ascending TEVAR : 🞎 Dedicated IDE 🞎 Off Label Stent 🞎 No  EndovasTEVAR (5095) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Arch Vessel management** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Innominate:  Innominate (5100) | | | | | | | | | 🞎 Native Flow 🞎 Endovascular Branch Graft 🞎 Endovascular Parallel Graft 🞎 Extra-anatomic Bypass 🞎 Fenestrated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (If Extra-anatomic bypass→) | | | | | | | | | | | | | | | | Aorta-Innominate 🞎 Yes 🞎 No  InAortaInnom (5105) | | | | | | | | | | | | | Aorta-right carotid 🞎 Yes 🞎 No  InAortaCarotid (5110) | | | | | | | | | | | | Aorta- right subclavian 🞎 Yes 🞎 No  InAortaSubclav (5115) | | | | | |
|  |  | | | | | | | | | | | | | | | | Right Carotid- Right subclavian 🞎 Yes 🞎 No  InCaroSubclav (5125) | | | | | | | | | | | | | | | | | | | | | | Other 🞎 Yes 🞎 No  InOther (5135) | | | | | | | | |
|  | | Left Carotid:  LeftCarotid (5140) | | | | | | | 🞎 Native Flow 🞎 Endovascular Branch Graft 🞎 Endovascular Parallel Graft 🞎 Extra-anatomic Bypass 🞎 Fenestrated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Extra-anatomic bypass→) | | | | | | | | | | | | | | | | | Aorta- left carotid 🞎 Yes 🞎 No  LTCaroAortaCaro (5150) | | | | | | | | | | | | | | | | | Innominate- left carotid 🞎 Yes 🞎 No  LTCaroInnomCaro (5160) | | | | | | | | | |  | |
|  | |  |  | | | | | | | | | | | | | | | | Right carotid- Left carotid 🞎 Yes 🞎 No  LTCaroCarotid (5170) | | | | | | | | | | | | | | | | | Other 🞎 Yes 🞎 No  LTCaroOther (5175) | | | | | | | | | |  | |
|  | | Left Subclavian:  LeftSubclavian (5180) | | | | | | | | 🞎 Native Flow 🞎 Endovascular Branch Graft 🞎 Endovascular Parallel Graft 🞎 Extra-anatomic Bypass 🞎 Fenestrated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Extra-anatomic bypass→) | | | | | | | | | | | | | | | | | | | Aorta- left subclavian 🞎 Yes 🞎 No  LTSubAortaSub (5195) | | | | | | | | | | | | | Left carotid- left subclavian 🞎 Yes 🞎 No  LTSubCarotidSub (5205) | | | | | | | | | | | | | Other 🞎 Yes 🞎 No  LTSubOther (5213) |
|  | | Other Arch Vessel(s) Extra-anatomic bypass:  OthArchVes (5214) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No (If Yes ↓) | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | |  | | | | | | | | | | | |  | | | | | | | | | Innominate – carotid 🞎 Yes 🞎 No  OthInnomCaro (5215) | | | | | | | | | | | | | | | Innominate- subclavian 🞎 Yes 🞎 No  OthInnomSub (5216) | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | Subclavian-subclavian 🞎 Yes 🞎 No  OthSubSub (5217) | | | | | | | | | | | | | | | Other 🞎 Yes 🞎 No  OthOther (5218) | | | | | | | | | |
|  | | **Visceral Vessel management** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Celiac:  Celiac (5220) | | | | | 🞎 Native Flow 🞎 Endovascular Branch Graft 🞎 Endovascular Parallel Graft 🞎 Extra-anatomic Bypass 🞎 Fenestrated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Extra-anatomic bypass→) | | | | | | | | | | | | | | | | | | | Aorta- celiac 🞎 Yes 🞎 No  CeliacAortaCeli (5225) | | | | | | | | | | | | Iliac-celiac 🞎 Yes 🞎 No  CeliacIliacCeliac (5245) | | | | | | | | | | Other 🞎 Yes 🞎 No  CeliacOther (5265) | | | | |
|  | | Superior mesenteric:  SupMesenteric (5270) | | | | | | | | | 🞎 Native Flow 🞎 Endovascular Branch Graft 🞎 Endovascular Parallel Graft 🞎 Extra-anatomic Bypass 🞎 Fenestrated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Extra-anatomic bypass→) | | | | | | | | | | | | | | | | | | | Aorta- superior mesenteric 🞎 Yes 🞎 No  SupMesAortaSuMe (5280) | | | | | | | | | | | | | | Iliac- superior mesenteric 🞎 Yes 🞎 No  SupMesIliacSupMe (5300) | | | | | | | | | | Other 🞎 Yes 🞎 No  SupMesOther (5315) | | |
|  | | Right renal:  RightRenal (5320) | | | | | | | 🞎 Native Flow 🞎 Endovascular Branch Graft 🞎 Endovascular Parallel Graft 🞎 Extra-anatomic Bypass 🞎 Fenestrated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Extra-anatomic bypass→) | | | | | | | | | | | | | | | | | | | Aorta- right renal 🞎 Yes 🞎 No  RtRenAortaRtRe (5335) | | | | | | | | | | | | Iliac- right renal 🞎 Yes 🞎 No  RtRenIliacRtRen (5355) | | | | | | | | | | | | Other 🞎 Yes 🞎 No  RtRenOther (5365) | | |
|  | | Left renal:  LeftRenal (5370) | | | | | | | | 🞎 Native Flow 🞎 Endovascular Branch Graft 🞎 Endovascular Parallel Graft 🞎 Extra-anatomic Bypass 🞎 Fenestrated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Extra-anatomic bypass→) | | | | | | | | | | | | | | | | | | | | Aorta- left renal 🞎 Yes 🞎 No  LtRenAortaLtRe (5375) | | | | | | | | | | Iliac – left renal 🞎 Yes 🞎 No  LtRenIliacLtRen (5380) | | | | | | | | | | | Other 🞎 Yes 🞎 No  LtRenOther (5385) | | | | |
|  | | Right Iliac:  RightIliac (5390) | | | | | | | | 🞎 Native Flow 🞎 Bifurcated Graft 🞎 Extra-anatomic Bypass | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Extra-anatomic bypass→) | | | | | | | | | | | | | | | | | | | | Femoral- Femoral 🞎 Yes 🞎 No  RtIliacFemFem (5391) | | | | | | | | | | Other 🞎 Yes 🞎 No  RtIliacOther (5392) | | | | | | | | | | |  | | | | |
|  | | Left Iliac:  LeftIliac (5393) | | | | | | 🞎 Native Flow 🞎 Bifurcated Graft 🞎 Extra-anatomic Bypass | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | (If Extra-anatomic bypass→) | | | | | | | | | | | | | | | | | | | | Femoral- Femoral 🞎 Yes 🞎 No  LtIliacFemFem (5394) | | | | | | | | | | Other 🞎 Yes 🞎 No  LtIliacOther (5395) | | | | | | | | | | |  | | | | |
|  | | Internal Iliac Preserved: 🞎 Right Iliac only 🞎 Left Iliac only 🞎 Both 🞎 No  IntIliacPres (5396) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Other Visceral Vessel(s) Extra-anatomic Bypass: 🞎 Yes 🞎 No (If Yes ↓)  OthVisVes (5397) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | Aorta-other 🞎 Yes 🞎 No  OthVisAortOth (5398) | | | | | | | | | | | Iliac-other 🞎 Yes 🞎 No  OthVisIliacOth (5399) | | | | | | | | | | | | Other 🞎 Yes 🞎 No  OthVisOther (5400) | | | | | | |
|  | | Dissection proximal entry tear covered: 🞎 Yes 🞎 No  DisProxTearCov (5401) | | | | | | | | | | | | | | | | | | | | | | | | | Endoleak at end of procedure: 🞎 Yes 🞎 No (If Yes ↓)  EndoEndProc (5402)  Type: 🞎 Ia 🞎 Ib 🞎 II 🞎 III 🞎 IV 🞎 V   EndoEndProcTy (5403) | | | | | | | | | | | | | | | | | | | | |
|  | | Conversion to open: 🞎 Yes 🞎 No (If Yes →) Conversion reason: 🞎 Deployment failure 🞎 Endoleak 🞎 Rupture 🞎 Occlusion/loss of branch  ConvToOpen (5404) ConvToOpenRes (5405) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Intraop Dissection Extension: 🞎 None 🞎 Antegrade 🞎 Retrograde 🞎 Both  IntDisExten (5406) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Unintentional rupture of dissection septum: 🞎Yes 🞎No (If Yes →)  UnintRup (5407) UnintRupLoc (5408) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Below STJ 🞎 STJ-midascending 🞎 Midascending-distal ascending  🞎 Zone 1 🞎 Zone 2 🞎 Zone 3 🞎 Zone 4 🞎 Zone 5 🞎 Zone 6  🞎 Zone 7 🞎 Zone 8 🞎 Zone 9 🞎 Zone 10 🞎 Zone 11 | | | | | | | | | | | | | | | | |
| Spinal Drain Placement: 🞎 Pre- aortic procedure 🞎 Post- aortic procedure 🞎 None  SpinalDrain (5420) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IntraOp Motor Evoked Potential: 🞎 Yes 🞎 No  MotorEvoke (5425) | | | | | | | | | | | | | | | | | | | | | | | | | (If Yes →) Documented MEP abnormality 🞎 Yes 🞎 No 🞎 Unknown  MotorEvokeAb (5426) | | | | | | | | | | | | | | | | | | | | | | |
| IntraOp Somatosensory Evoked Potential: 🞎 Yes 🞎 No  SomatEvoke (5430) | | | | | | | | | | | | | | | | | | | | | | | | | (If Yes →) Documented SEP abnormality 🞎 Yes 🞎 No 🞎 Unknown  SomatEvokeAb (5431) | | | | | | | | | | | | | | | | | | | | | | |
| IntraOp EEG: 🞎 Yes 🞎 No  IntraOpEEG (5432) | | | | | | | | | | | | | | | | | | | | | | | | | (If Yes →) Documented EEG abnormality 🞎 Yes 🞎 No 🞎 Unknown  IntraOpEEGAb (5433) | | | | | | | | | | | | | | | | | | | | | | |
| IntraOp Intravascular Ultrasound(IVUS): 🞎 Yes 🞎 No  IntraOpIVUS (5434) | | | | | | | | | | | | | | | | | | | | | | | | | IntraOp Transcutaneous Doppler: 🞎 Yes 🞎 No  TransDoppler (5435) | | | | | | | | | | | | | | | | | | | | | | |
| Intraoperative Angiogram: 🞎 Yes 🞎 No (If Yes →)  IntraOpAng (5436) | | | | | | | | | | | | | | | | | | | | | | | | | Volume of contrast: \_\_\_\_\_\_ml  IntraOpAngVol (5437) | | | | | | | | | | | | | | | Fluoroscopy time:\_\_\_\_\_ min  IntraOpAngFlTm (5438) | | | | | | | |
| **Devices** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Device(s) Inserted:  ADevIns (5440) | | | | | | | | | | | | | 🞎 Yes 🞎 No (If Yes, list proximal to distal using device key ↓) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location :** | | | | | | | | | | | | |  | | | | | | | | | | | | | X.  A.B.C.D.E.  F.G.H.  I.  J.  K. L.  M.  N. | | No additional devices inserted (only for locations 2 – 15)  Below sinotubular junction  Sinotubular junction to mid ascending  Mid ascending to distal ascending  Zone 1 (between innominate and left carotid)  Zone 2 (between left carotid and left subclavian)  Zone 3 (first 2 cm. distal to left subclavian)  Zone 4 (end of zone 3 to mid descending aorta ~ T6)  Zone 5 (mid descending aorta to celiac)  Zone 6 (celiac to superior mesenteric)  Zone 7 (superior mesenteric to renals)  Zone 8 (renal to infra-renal abdominal aorta)  Zone 9 (infrarenal abdominal aorta)  Zone 10 (common iliac)  Zone 11 (external iliacs) | | | | | | | | | | | | | | | | | | | |
| **Delivery Method:** | | | | | | | | | | | | | 1=Open 2= Endovascular | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outcome:** | | | | | | | | | | | | | 1= Maldeployed 2= Deployed and removed 3= Successfully deployed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Model Number:** | | | | | | | | | | | | | Enter device model number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UDI:** | | | | | | | | | | | | | Enter unique device identifier (not serial number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location (Letter)** | | | | | | | | | | | | | **Delivery Method** | | | | | | | | | | | **Outcome** | | | | | | | | | | | | | **Model #** | | | | | | | **UDI** | | | |
| ADevLoc01 (5450) | | | | | | | | | | | | | ADevDelMeth01 (5455) | | | | | | | | | | | ADevOut01 (5460) | | | | | | | | | | | | | ADevModel01 (5465) | | | | | | | ADevUDI01 (5470) | | | |
| ADevLoc02 (5475) | | | | | | | | | | | | | ADevDelMeth02 (5480) | | | | | | | | | | | ADevOut02 (5485) | | | | | | | | | | | | | ADevModel02 (5490) | | | | | | | ADevUDI02 (5495) | | | |
| ADevLoc03 (5500) | | | | | | | | | | | | | ADevDelMeth03 (5505) | | | | | | | | | | | ADevOut03 (5510) | | | | | | | | | | | | | ADevModel03 (5515) | | | | | | | ADevUDI03 (5520) | | | |
| ADevLoc04 (5525) | | | | | | | | | | | | | ADevDelMeth04 (5530) | | | | | | | | | | | ADevOut04 (5535) | | | | | | | | | | | | | ADevModel04 (5540) | | | | | | | ADevUDI04 (5545) | | | |
| ADevLoc05 (5550) | | | | | | | | | | | | | ADevDelMeth05 (5555) | | | | | | | | | | | ADevOut05 (5560) | | | | | | | | | | | | | ADevModel05 (5565) | | | | | | | ADevUDI05 (5570) | | | |
| ADevLoc06 (5575) | | | | | | | | | | | | | ADevDelMeth06 (5580) | | | | | | | | | | | ADevOut06 (5585) | | | | | | | | | | | | | ADevModel06 (5590) | | | | | | | ADevUDI06 (5595) | | | |
| ADevLoc07 (5600) | | | | | | | | | | | | | ADevDelMeth07 (5605) | | | | | | | | | | | ADevOut07 (5610) | | | | | | | | | | | | | ADevModel07 (5615) | | | | | | | ADevUDI07 (5620) | | | |
| ADevLoc08 (5625) | | | | | | | | | | | | | ADevDelMeth08 (5630) | | | | | | | | | | | ADevOut08 (5635) | | | | | | | | | | | | | ADevModel08 (5640) | | | | | | | ADevUDI08 (5645) | | | |
| ADevLoc09 (5650) | | | | | | | | | | | | | ADevDelMeth09 (5655) | | | | | | | | | | | ADevOut09 (5660) | | | | | | | | | | | | | ADevModel09 (5665) | | | | | | | ADevUDI09 (5670) | | | |
| ADevLoc10 (5675) | | | | | | | | | | | | | ADevDelMeth10 (5680) | | | | | | | | | | | ADevOut10 (5685) | | | | | | | | | | | | | ADevModel10 (5690) | | | | | | | ADevUDI10 (5695) | | | |
| ADevLoc11 (5700) | | | | | | | | | | | | | ADevDelMeth11 (5705) | | | | | | | | | | | ADevOut11 (5710) | | | | | | | | | | | | | ADevModel11 (5715) | | | | | | | ADevUDI11 (5720) | | | |
| ADevLoc12 (5725) | | | | | | | | | | | | | ADevDelMeth12 (5730) | | | | | | | | | | | ADevOut12 (5735) | | | | | | | | | | | | | ADevModel12 (5740) | | | | | | | ADevUDI12 (5745) | | | |
| ADevLoc13 (5750) | | | | | | | | | | | | | ADevDelMeth13 (5755) | | | | | | | | | | | ADevOut13 (5760) | | | | | | | | | | | | | ADevModel13 (5765) | | | | | | | ADevUDI13 (5770) | | | |
| ADevLoc14 (5775) | | | | | | | | | | | | | ADevDelMeth14 (5780) | | | | | | | | | | | ADevOut14 (5785) | | | | | | | | | | | | | ADevModel14 (5790) | | | | | | | ADevUDI14 (5795) | | | |
| ADevLoc15 (5800) | | | | | | | | | | | | | ADevDelMeth15 (5805) | | | | | | | | | | | ADevOut15 (5810) | | | | | | | | | | | | | ADevModel15 (5815) | | | | | | | ADevUDI15 (5820) | | | |

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| **M.3. 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: \_\_\_\_\_\_ OCarCongDiag1 (6500) (If not “No additional congenital diagnoses”→) Diagnosis 2: \_\_\_\_\_\_ OCarCongDiag2 (6505) (If not “No additional congenital diagnoses”→)Diagnosis 3: \_\_\_\_\_\_\_\_\_ OCarCongDiag3 (6510) |
| Congenital Procedures: Select up to three most significant: (refer to “Congenital Diagnoses/Procedures List” document)  Procedure 1: \_\_\_\_\_\_ OCarCongProc1 (6515) (If not “No additional congenital procedures”→) Procedure 2: \_\_\_\_\_\_ OCarCongProc1 (6515) (If not “No additional congenital procedures”→) Procedure 3: \_\_\_\_\_\_\_\_ OCarCongProc3 (6525) |

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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  ONCCarEn (6530) 🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No |
|  | Other Vascular: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  ONCOVasc (6535) 🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No |
|  | Other Thoracic: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  ONCOThor (6540) 🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No |
|  | Other: 🞎 Yes, planned 🞎 Yes, unplanned due to surgical complication  ONCOther (6545) 🞎 Yes, unplanned due to unsuspected disease or anatomy 🞎 No |

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| **O. Post-Operative** | | | | | | | | | |
| Peak Glucose within18-24 hours of anesthesia end time:\_\_\_\_\_\_\_\_\_  PostOpPeakGlu (6550) | | | | | | | | | |
| Postoperative Creatinine Level: \_\_\_\_\_\_\_\_\_\_\_\_  PostCreat (6555) | | | | Discharge Hemoglobin: \_\_\_\_\_\_\_\_\_\_\_\_  PostopHemoglobin (6556) | | | | Discharge Hematocrit: \_\_\_\_\_\_\_\_\_\_\_\_  PostopHct (6557) | |
| Blood Products Used Postoperatively: 🞎 Yes 🞎 No (If Yes ↓)  BldProd (6560) | | | | | | | | | |
|  | Red Blood Cell Units: \_\_\_\_\_\_  BdRBCU (6565) | | Fresh Frozen Plasma Units: \_\_\_\_\_\_  BdFFPU (6570) | | | | Cryoprecipitate Units: \_\_\_\_\_\_  BdCryoU (6575) | | Platelet Units: \_\_\_\_\_\_  BdPlatU (6580) |
| Extubated in OR: 🞎 Yes 🞎 No 🞎 NA  ExtubOR (6585) | | | | | | | | | |
| Re-intubated /or intubated Post Op During Hospital Stay: 🞎 Yes 🞎 No (If yes →) Additional Hours Ventilated: \_\_\_\_\_\_\_\_\_\_\_\_  PostopIntub (6591) VentHrsA (6595)  Total post-operative ventilation hours \_\_\_\_\_(System Calculation)  VentHrsTot (6600) | | | | | | | | | |
| ICU Visit: 🞎 Yes 🞎 No (If Yes →) Initial ICU Hours: \_\_\_\_\_\_\_\_  ICUVisit (6605) ICUInHrs (6610) | | | | | | | | | |
| Readmission to ICU: 🞎 Yes 🞎 No (If Yes →) Additional ICU Hours: \_\_\_\_\_\_\_\_\_\_  ICUReadm (6615) ICUAdHrs (6620) | | | | | | | | | |
| Post Op Echo Performed to evaluate valve(s): 🞎 Yes 🞎 No (If Yes ↓)  POpTTEch (6625) | | | | | | | | | |
|  | | Level aortic insufficiency found:  POpTTAR (6630)  🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | |
|  | | Aortic Paravalvular leak:  POpAortParaLk (6631) | | | | | | | |
|  | | 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | |
|  | | Level mitral insufficiency found:  POpTTMR (6635)  🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | |
|  | | Mitral Paravalvular leak:  POpMitParaLk (6636) | | | | | | | |
|  | | 🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | |
|  | | Level tricuspid insufficiency found:  POpTTTR (6640)  🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | |
|  | | Level pulmonic insufficiency found:  POpTTPu (6645)  🞎 None 🞎 Trivial/Trace 🞎 Mild 🞎 Moderate 🞎 Severe 🞎 Not Documented | | | | | | | |
| Post Op Ejection Fraction: 🞎 Yes 🞎 No If Yes →)  POpEFD (6650) | | | | | | Post Op Ejection Fraction: \_\_\_\_\_\_\_\_\_ (%)  POpEF (6655) | | | |
| Cardiac Enzymes (biomarkers) Drawn: 🞎 Yes 🞎 No (If Yes →)  POpEnzDrawn (6660) | | | | | Peak CKMB: \_\_\_\_\_\_ Peak Troponin I \_\_\_\_\_ Peak Troponin T \_\_\_\_\_  POpPkCKMB (6665) POpPkTrI (6670) POpPkTrT (6675) | | | | |
| 12-Lead EKG Findings:  POpEKG (6680) 🞎 Not performed 🞎 No ischemic changes 🞎 New ST changes 🞎 New Pathological Q-wave or LBBB  🞎 New RBBB 🞎 New AV Conduction Block 🞎 New STEMI 🞎 Other 🞎 NA (no pre-op EKG for comparison, transplant) | | | | | | | | | |

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| **P. Postoperative Events** | | | | | | | | |
| Surgical Site Infection within 30 days of operation: 🞎 Yes 🞎 No (If Yes ↓)  SurSInf (6690) | | | | | | | | |
|  | | Sternal Superficial Wound Infection: 🞎 Yes, within 30 days of procedure 🞎 Yes, >30 days after procedure but during hosp. for surgery 🞎 No  CSternalSupInf (6695) | | | | | | |
|  | | Deep Sternal Infection/ Mediastinitis: DeepSternInf (6700)  🞎 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 (6705) | | | | | | |
|  | | Thoracotomy: 🞎 Yes, within 30 days of procedure 🞎 Yes, >30 days after procedure but during hosp. for surgery 🞎 No  CIThor (6710) | | | | | | |
|  | | Conduit Harvest : 🞎 Yes, within 30 days of procedure 🞎 Yes, >30 days after procedure but during hosp. for surgery 🞎 No  ConduitHarv (6715) | | | | | | |
|  | | Cannulation Site: 🞎 Yes, within 30 days of procedure 🞎 Yes, >30 days after procedure but during hosp. for surgery 🞎 No  CanSite (6720) | | | | | | |
|  | | Wound Intervention/Procedure: 🞎 Yes 🞎 No (If Yes ↓)  WoundInter (6725) | | | | | | |
|  | |  | Wound Intervention – Open with Packing/Irrigation:  WoundIntOpen (6730) | | | | | 🞎 Yes, primary incision 🞎 Yes, secondary incision 🞎 Both 🞎No |
|  | |  | Wound Intervention – Wound Vac:  WoundIntVac (6735) | | | | | 🞎 Yes, primary incision 🞎 Yes, secondary incision 🞎 Both 🞎 No |
|  | |  | Secondary Procedure Muscle Flap:  WoundIntMuscle (6740) | | | | | 🞎 Yes, primary incision 🞎 Yes, secondary incision 🞎 Both 🞎 No |
|  | |  | Secondary Procedure Omental Flap:  WoundIntOmental (6745) | | | | | 🞎 Yes 🞎 No |
| Other In Hospital Postoperative Event Occurred: 🞎 Yes 🞎 No (If Yes ↓)  Complics (6750) | | | | | | | | |
|  | **Operative** | | | | | | | |
|  | ReOp for Bleeding /Tamponade: 🞎 Yes 🞎 No (If Yes →) Bleed Timing: 🞎 Acute 🞎 Late  COpReBld (6755) COpReBldTim (6760) | | | | | | | |
|  | ReOp for Valvular Dysfunction: 🞎 Yes, surgical 🞎 Yes, transcatheter 🞎 No  COpReVlv (6765) | | | | | | | |
|  | Reintervention for Myocardial Ischemia: 🞎 Yes 🞎 No  CReintMI (6771) | | | | | | | |
|  |  | | | (If Yes →) Vessel: 🞎 Native coronary 🞎 Graft 🞎 Both Intervention Type: 🞎 Surgery 🞎 PCI 🞎 Both   CReintMIVes (6772) CReintMIIntTy (6773) | | | | |
|  | Aortic Reintervention: 🞎 Yes 🞎 No (if yes→)Type: 🞎 Open 🞎 Endovascular  CAortReint (6774) CAortReintTy (6775) | | | | | | | |
|  | ReOp for Other Cardiac Reasons: 🞎 Yes 🞎 No  COpReOth (6778) | | | | | | | |
|  | Returned to the OR for Other Non-Cardiac Reasons: 🞎 Yes 🞎 No  COpReNon (6780) | | | | | | | |
|  | Open chest with planned delayed sternal closure: 🞎 Yes 🞎 No  COpPlndDelay (6785) | | | | | | | |
|  | Sternotomy Issue: 🞎 Yes 🞎 No (If Yes →) Sternal instability/dehiscence (sterile): 🞎 Yes 🞎 No  CSternal (6790) CSternalDehis (6795) | | | | | | | |
|  | **Infection** | | | | | | | |
|  | Sepsis: 🞎 Yes 🞎 No (If Yes →) Positive Blood Cultures: 🞎 Yes 🞎 No  CSepsis (6800) CSepsisPBC (6805) | | | | | | | |
|  | **Neurologic, Central** | | | | | | | |
|  | Postoperative Stroke: 🞎 Yes, hemorrhagic  🞎 Yes, ischemic    🞎 Yes, undetermined type  🞎 No  CNStrokP (6810) | | | | | | | |
|  | Transient Ischemic Attack (TIA): 🞎 Yes 🞎 No  CNStrokTTIA (6815) | | | | | | | |
|  | Encephalopathy: 🞎 None 🞎 Anoxic 🞎 Drug 🞎 Metabolic 🞎 Mixed 🞎 Unknown  CNEnceph (6821)  Coma/unresponsive state (not stroke): 🞎 Yes 🞎 No  CNComa (6822) | | | | | | | |
|  | **Neurologic, Peripheral** | | | | | | | |
|  | Lower Extremity Paralysis: 🞎 Yes 🞎 No (If Yes →) Paralysis Type: 🞎 Transient 🞎 Permanent  CNParal (6825) CNParalTy (6826)  Paresis: 🞎 Yes 🞎 No (If Yes →) Paresis Type: 🞎 Transient 🞎 Permanent  CNParesis (6829) CNParesisTy (6830) | | | | | | | |
|  | Phrenic Nerve Injury: 🞎 Yes 🞎 No  PhrenNrvInj (6832) | | | | | | | |
|  | Recurrent Laryngeal Nerve Injury: 🞎 Yes 🞎 No  RecLarynNrvInj (6833) | | | | | | | |
|  | **Pulmonary** | | | | | | | |
|  | Prolonged Ventilation: 🞎 Yes 🞎 No (OR exit time until initial extubation, plus any additional reintubation hours)  CPVntLng (6835) | | | | | | | |
|  | Pneumonia: 🞎 Yes 🞎 No  CPPneum (6840) | | | | | | | |
|  | Venous Thromboembolism – VTE: 🞎 Yes 🞎 No (If Yes ↓)  CVTE (6845) | | | | | | | |
|  |  | | | | Pulmonary Thromboembolism: 🞎 Yes 🞎 No  PulmEmb (6850) | | | |
|  |  | | | | Deep Venous Thrombosis: 🞎 Yes 🞎 No  DVT (6855) | | | |
|  | Pleural Effusion Requiring Drainage: 🞎 Yes 🞎 No  CPlEff (6860) | | | | | | | |
|  | Pneumothorax Requiring Intervention: 🞎 Yes 🞎 No  PostOpPneumo (6865) | | | | | | | |
|  | **Renal** | | | | | | | |
|  | Renal Failure: 🞎 Yes 🞎 No  CRenFail (6870) | | | | | | | |
|  | Dialysis (Newly Required): 🞎 Yes 🞎 No CRenDial (6875) | | | | | | (If Yes →) Required after Hospital Discharge: 🞎 Yes 🞎 No   DialDur (6880) | |
|  |  | | | | |  | Duration: 🞎 Temporary 🞎 Permanent 🞎 Unknown   DialStat (6881) | |
|  | Ultra-Filtration Required: 🞎 Yes 🞎 No  CUltraFil (6885) | | | | | | | |
|  | **Vascular** | | | | | | | |
|  | Iliac/Femoral Dissection: 🞎 Yes 🞎 No  CVaIlFem (6890) | | | | | | | |
|  | Acute Limb Ischemia: 🞎 Yes 🞎 No  CVaLbIsc (6891) | | | | | | | |
|  | **Mechanical assist device related complication** : 🞎 Yes 🞎 No (If Yes ↓)  CMAD (6892) | | | | | | | |
|  |  | | | | Cannula/Insertion site issue 🞎 Yes 🞎 No  CMADCanIns (6893) | | | |
|  |  | | | | Hemorrhagic: 🞎 Yes 🞎 No  CMADHem (6894) | | | |
|  |  | | | | Thrombotic/Embolic: 🞎 Yes 🞎 No  CMADThromEm (6895) | | | |
|  |  | | | | Hemolytic: 🞎 Yes 🞎 No  CMADHemolytic (6896) | | | |
|  |  | | | | Infection: 🞎 Yes 🞎 No  CMADInf (6897) | | | |
|  |  | | | | Other mechanical assist device related complication: 🞎 Yes 🞎 No  CMADOther (6898) | | | |
|  | **Other** | | | | | | | |
|  | Rhythm Disturbance Requiring Permanent Device: 🞎 Pacemaker 🞎 ICD 🞎 Pacemaker/ICD 🞎 Other 🞎None  CRhythmDis (6900) | | | | | | | |
|  | Cardiac Arrest: 🞎 Yes 🞎 No  COtArrst (6905) | | | | | | | |
|  | Post Op Aortic Endoleak: 🞎 Yes 🞎 No (if yes→) Type:🞎 Ia 🞎 Ib 🞎 II 🞎 III 🞎 IV 🞎 V  COtAortEndo (6906) COtAortEndoTy (6907) | | | | | | | |
|  | Aortic Rupture: 🞎 Yes 🞎 No  COtAortRupt (6908) | | | | | | | |
|  | Aortic Dissection: 🞎 Yes 🞎 No (if yes→) Type: 🞎Antegrade 🞎 Retrograde 🞎 Both  CVaAoDis (6909) CVaAoDisTy (6910) | | | | | | | |
|  | Aortic Side Branch malperfusion: 🞎 Yes 🞎 No  COtAortSide (6911) | | | | | | | |
|  | Aortic stent graft induced entry tear: 🞎 Yes 🞎 No  COtAortTear (6912) | | | | | | | |
|  | Anticoagulant Event: 🞎 Yes 🞎 No  COtCoag (6914) | | | | | | | |
|  | Pericardiocentesis:: 🞎 Yes 🞎 No  COtTamp (6915) | | | | | | | |
|  | Gastro-Intestinal Event: 🞎 Yes 🞎 No  COtGI (6920) | | | | | | | |
|  | Liver Dysfunction/ Failure: 🞎 Yes 🞎 No  COtLiver (6921) | | | | | | | |
|  | Multi-System Failure: 🞎 Yes 🞎 No  COtMSF (6925) | | | | | | | |
|  | Atrial Fibrillation: 🞎 Yes 🞎 No  COtAFib (6930) | | | | | | | |
|  | Other: 🞎 Yes 🞎 No  COtOther (6950) | | | | | | | |

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| **Q. Discharge / Mortality** | | | | | | |
| Date of Last Follow-up: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)  LFUDate (7000) | | | | | | |
| Status at 30 days After Surgery: 🞎 Alive 🞎 Dead 🞎 Unknown  Mt30Stat (7001) | | | | | | |
| Primary method used to verify 30-day status: | | | | 🞎 Phone call to patient or family | | 🞎 Office visit >= 30 days after procedure |
| Mt30StatMeth (7002) | | | | 🞎 Letter from medical provider | | 🞎 Social Security Death Master File /NDI |
|  | | | | 🞎 Medical record (evidence of life or death) | | 🞎 Other |
| Discharge/Mortality status: 🞎 In hospital, alive 🞎 Discharged alive, last known status = alive  DischMortStat (7005) 🞎 Died in hospital 🞎 Discharged alive, died after discharge | | | | | | |
| If Discharge/Mortality Status = “Discharged alive, last know status=alive” or “Discharged alive, died after discharge” ↓ ) | | | | | | |
|  | Discharge Date \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)  DischDt (7008) | | | | | |
|  | Discharge Location:  DisLoctn (7009) | 🞎 Home 🞎 Extended Care/Transitional Care Unit/Rehab 🞎 Other Acute Care Hospital  🞎 Nursing Home 🞎 Hospice 🞎 Left AMA 🞎 Other | | | | |
|  | Cardiac Rehabilitation Referral:  CardRef (7010) | | 🞎 Yes 🞎 No 🞎 Not Applicable | | | |
|  | Smoking Cessation Counseling:  SmokCoun (7011) | | 🞎 Yes 🞎 No 🞎 Not Applicable | | | |
|  | **Medications Prescribed at Discharge** | | | | | |
|  | Antiplatelet | | Aspirin  DCASA (7060) | | 🞎 Yes 🞎 No 🞎 Contraindicated | |
|  | ADP Inhibitor  DCADP (7070) | | 🞎 Yes 🞎 No 🞎 Contraindicated | |
|  | Other Antiplatelet  DCOthAntiplat (7075) | | 🞎 Yes 🞎 No 🞎 Contraindicated | |
|  | Anticoagulant | | Thrombin Inhibitors  DCDirThromIn (7080) | | 🞎 Yes 🞎 No 🞎 Contraindicated | |
|  | Warfarin (Coumadin)  DCCoum (7085) | | 🞎 Yes 🞎 No 🞎 Contraindicated | |
|  | Factor Xa inhibitors  DCFactorXa (7090) | | 🞎 Yes 🞎 No 🞎 Contraindicated | |
|  | Novel Oral Anticoagulant  DCNovOrAnti (7091) | | 🞎 Yes 🞎 No 🞎 Contraindicated | |
|  | Other Anticoagulant  DCOthAnticoag (7095) | | 🞎 Yes 🞎 No 🞎 Contraindicated | |
|  | ACE or ARB   DCACE (7100) | | | | 🞎 Yes 🞎 No 🞎 Contraindicated 🞎 Not Indicated (no CHF or EF > 40%) | |
|  | Amiodarone   DCAmiodarone (7103) | | | | 🞎 Yes 🞎 No 🞎 Contraindicated | |
|  | Beta Blocker   DCBeta (7105) | | | | 🞎 Yes 🞎 No 🞎 Contraindicated | |
|  | Lipid Lowering - Statin   DCLipLowStat (7115) | | | | 🞎 Yes 🞎 No 🞎 Contraindicated | |
|  | Lipid Lowering - Other   DCLipLowNonStat (7120) | | | | 🞎 Yes 🞎 No 🞎 Contraindicated | |
| If Discharge/Mortality Status = “Died in hospital” or “Discharged alive, died after discharge” ↓) | | | | | | |
|  | Mortality - Date \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)  MtDate (7121) | | | | | |
|  | Primary Cause of Death (select only one)  MtCause (7122)  🞎 Cardiac 🞎 Neurologic 🞎 Renal 🞎 Vascular 🞎 Infection 🞎 Pulmonary 🞎 Unknown 🞎 Other | | | | | |
| (If Discharge/Mortality Status = “Died in hospital↓) | | | | | | |
|  | In-Hospital death location: 🞎 OR During Initial Surgery 🞎 OR during reoperation 🞎 In Hospital (Other than OR)  InHospDthLoc (7123) | | | | | |
| (If Discharge/Mortality Status = “Discharged alive, died after discharge” ) | | | | | | |
|  | Operative Death: 🞎 Yes 🞎 No  MtOpD (7124) | | | | | |
|  | Post Discharge death location:  PostDisDthLoc (7125)  🞎 Home 🞎 Extended Care Facility 🞎 Hospice 🞎 Acute Rehabilitation 🞎 Hospital during readmission 🞎 Other 🞎 Unknown | | | | | |

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| **R. Readmission** | | | | |
| (If Discharge/Mortality Status = “Discharged alive, last know status=alive” or “Discharged alive, died after discharge” ↓) | | | | |
| Readmit : 🞎 Yes 🞎 No 🞎 Unknown (If Yes ↓)  Readmit (7140) | | | | |
|  | Readmit Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (mm/dd/yyyy)  ReadmitDt (7145) | | | |
|  | Readmit Primary Reason:  ReadmRsn (7160) | | | |
|  | | 🞎 Angina  🞎 Anticoagulation Complication - Pharmacological  🞎 Anticoagulation Complication – Valvular  🞎 Aortic Complication  🞎 Arrhythmia or Heart Block  🞎 Blood Pressure (hyper or hypotension)  🞎 Chest pain, noncardiac  🞎 Congestive Heart Failure  🞎 Coronary Artery/Graft Dysfunction  🞎 Depression/psychiatric issue  🞎 DVT  🞎 Electrolyte imbalance  🞎 Endocarditis  🞎 Failure to thrive  🞎 GI issue  🞎 Infection, Conduit Harvest Site  🞎 Infection, Deep Sternum / Mediastinitis  🞎 Mental status changes  🞎 Myocardial Infarction  🞎 PE | | 🞎 Pericardial Effusion and/or Tamponade  🞎 Pericarditis/Post Cardiotomy Syndrome  🞎 Pleural effusion requiring intervention  🞎 Pneumonia  🞎 Renal Failure  🞎 Renal Insufficiency  🞎 Respiratory complication, Other  🞎 Sepsis  🞎 Stroke  🞎 TIA  🞎 Transfusion  🞎 Transplant Rejection  🞎 VAD Complication  🞎 Valve Dysfunction  🞎 Vascular Complication, acute  🞎 Wound , other (drainage, cellulitis)  🞎 Other – Related Readmission  🞎 Other – Nonrelated Readmission  🞎 Other – Planned Readmission  🞎 Unknown |
|  | | | |  |
|  | Readmit Primary Procedure:  ReadmPro (7165) | | |  |
|  | 🞎 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  🞎 OR for Aorta Intervention  🞎 Pacemaker Insertion / AICD  🞎 Pericardiotomy / Pericardiocentesis  🞎 Planned noncardiac procedure  🞎 Thoracentesis/ Chest tube insertion  🞎 Wound vac  🞎 Other Procedure  🞎 Unknown |
|  | (if OR for Aorta intervention→) | | | |
|  |  | | Type: 🞎 Open 🞎 Endovascular  ReadmAortIntTy (7166) | |
|  |  | | Indication: 🞎 Rupture 🞎 Endoleak 🞎 Infection 🞎 Dissection 🞎 Expansion 🞎 Loss of side branch patency 🞎 Other  ReadmAortIntInd (7167) | |

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| **Adult Cardiac Anesthesiology**  (for sites participating in the optional anesthesiology component) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Anesthesiologist Name:  PrimAnesName (7310) | | | | | | | | | | | | | | | | | | | | | Primary Anesthesiologist National Provider Number:  PrimAnesNPI (7315) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anesthesiology Care Team Model:  AnesCareTeamMod (7320) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 🞎 Anesthesiologist working alone  🞎 Attending anesthesiologist teaching/medically directing fellow  🞎 Attending anesthesiologist teaching/medically directing house staff  🞎 Attending anesthesiologist medically directing CRNA (1:4 ratio or less)  🞎 Attending anesthesiologist medically directing CRNA (1:5 ratio or greater)  🞎 Surgeon medically directing CRNA  🞎 CRNA practicing independently | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pain Score Baseline:  PainScorePre (7325) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 0 | | 🞎 1 | | | | 🞎 2 | | | | | | 🞎 3 | | | | | 🞎 4 | | | 🞎 5 | | | | | 🞎 6 | | | | | | 🞎 7 | | | | | | | 🞎 8 | | | | 🞎 9 | | | | 🞎 10 | | | | | 🞎 Not Recorded | | | | |
| Algorithm to Guide Transfusion:  TransfAlg (7330) | | | | | | | | | | | | 🞎 Yes, SCA/STS algorithm used  🞎 Yes, other algorithm used  🞎 No Algorithm used | | | | | | | | | | | | | | | | | | | | | | Cell Saver Volume:  CellSavVol (7335) | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Heparin Total Dose:  TotHep (7340) | | | | | | \_\_\_\_\_\_\_\_\_\_ | | | | | | | (If TotHep > 0 →) Heparin Management:  HepMgmt (7345) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | 🞎 Heparin titration based on activated clotting time (ACT)  🞎 Heparin titration based on heparin concentration (e.g. Hepcon system)  🞎 Other method | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Protamine Total Dose:  TotProt (7350) | | | | | | \_\_\_\_\_\_\_\_\_\_ | | | | | | | Antithrombin III Total Dose: \_\_\_\_\_\_\_\_\_\_\_\_  AntithromDose (7351) | | | | | | | | | | | | | | | | | | | | | | | | | | Viscoelastic Testing Used Intraop: Yes  IntraViscoTest (7360) No | | | | | | | | | | | | | | | | |
| Volatile Agent Used: 🞎 Yes 🞎 No  VolAgentUsed (7365) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Yes →) | | Volatile Agent(s) used: | | | | | | | | | | | Isoflurane  VolAgentIso (7366) | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | Desflurane  VolAgentDes (7368) | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Sevoflurane  VolAgentSevo (7367) | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | Other  VolAgentOth (7369) | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | |
|  | | Volatile Agent(s) timing: | | | | | | | | | | | Pre CPB  VolAgentTimPre (7370) | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | During CPB  VolAgentTimDur (7375) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | |
|  | | |  | | | | | | | | | | Post CPB  VolAgentTimPost (7380) | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | Maintenance (if no CPB)  VolAgentTimMaint (7385) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | |
| Intraop Infusion  Dexmedetomidine:  DexIntra (7390) | | | | | 🞎 Yes  🞎 No | | | | | Intraop Infusion  Propofol:  PropIntra (7395) | | | | | | | | 🞎 Yes  🞎 No | | | | | Intraop Mgs Midazolam:  MidazIntra (7400) | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Intraop Insulin Total Dose: TotInsuIntra (7405) | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Pre Induction Systolic BP:  PreAnesthBPSys (7410) | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Pre Induction Diastolic BP:  PreAnesthBPDia (7415) | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Pre Induction Mean BP:  PreAnesthBPMean (7420) | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_ | | |
| Pre Induction Heart Rate:  PreAnesthHR (7425) | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Pulmonary Artery Catheter Used:  PACIntra (7430) | | | | | | | | | | | | | | | | | | | 🞎 Yes  🞎 No | | | | | | | | | | | | | |
| Core Temperature Source:  CoreTempSrc (7435) | | | | | | | | | | 🞎 Esophageal  🞎 Bladder | | | | | | | 🞎 Nasopharyngeal  🞎 PA Catheter Thermistor | | | | | | | | | | | | | 🞎 Tympanic  🞎 Rectal | | | | | | | | | Core Temp Max:  CoreTempMax (7440) | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Intra Op Nitric Oxide:  NitricOxIntraop (7445) | | | | | | 🞎 Yes  🞎 No | | | | | | Anesth. Total Crystalloid:  TotCrystAnesth (7450) | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Anesth. Synthetic Colloid  TotColloidAnesth (7455) | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Anesthesiology Total Albumin:  TotAlbumAnesth (7460) | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | Intraop Glucose Trough:  GlucTroughIntraop (7470) | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Intraop Vasodilators Used:  VasodilIntraop (7475) | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Intraoperative Processed EEG (BIS):  IntraProcEEG (7476) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Intraop Transesophageal Echo (TEE):  IntraOpPreTEE (7480) | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| (If Pre Proc  TEE is Yes→) | | Pre-procedure LVEF Measured:  PreLVEFMeas (7485) | | | | | | | | | | | | | | | 🞎 Yes 🞎 No(If Yes→) | | | | | | | | | LVEF: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_  PreLVEF (7490) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Pre-procedure RV Function:  PreRVFx (7495) | | | | | | | | | | | | | | 🞎 Normal  🞎 Mild Dysfunction | | | | | | | | | | | 🞎 Moderate Dysfunction  🞎 Severe Dysfunction | | | | | | | | | | | | | | 🞎 Not Assessed | | | | | | | | | | | | | | |
|  | | Mitral Regurgitation:  PreMR (7500) | | | | | | | | | | | | | | 🞎 None  🞎 Trace/trivial | | | | | | | | | | | 🞎 Mild  🞎 Moderate | | | | | | | | | | | | | | 🞎 Severe  🞎 Not assessed | | | | | | | | | | | | | | |
|  | | Mitral Stenosis:  PreMS (7505) | | | | | | | | | | | | | | 🞎 None  🞎 Mild | | | | | | | | | | | 🞎 Moderate  🞎 Severe | | | | | | | | | | | | | | 🞎 Not Assessed | | | | | | | | | | | | | | |
|  | | Aortic Regurgitation:  PreAR (7510) | | | | | | | | | | | | | | 🞎 None  🞎 Trace/trivial | | | | | | | | | | | 🞎 Mild  🞎 Moderate | | | | | | | | | | | | | | 🞎 Severe  🞎 Not assessed | | | | | | | | | | | | | | |
|  | | Aortic Stenosis:  PreAS (7515) | | | | | | | | | | | | | | 🞎 None  🞎 Mild | | | | | | | | | | | 🞎 Moderate  🞎 Severe | | | | | | | | | | | | | | 🞎 Not Assessed | | | | | | | | | | | | | | |
|  | | Aortic Valve Area Assessed:  PreAVAAssessed (7520) | | | | | | | | | | | | | | 🞎 Yes 🞎 No (If Yes→) | | | | | | | | | | | Aortic Valve Area:  PreAVA (7525) | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | Tricuspid Regurgitation:  PreTR (7530) | | | | | | | | | | | | | | 🞎 None  🞎 Trace/trivial | | | | | | | | | | | 🞎 Mild  🞎 Moderate | | | | | | | | | | | | | | 🞎 Severe  🞎 Not assessed | | | | | | | | | | | | | | |
|  | | Patent Foramen Ovale:  PrePFO (7535) | | | | | | | | | | | | | | 🞎 Yes 🞎 No 🞎 Not assessed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Ascending Aorta Assessed  AscAoAssessed (7540) | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Yes→) | | | | | | | | | Maximal Ascending Aorta Diameter:  MxAscAo (7545) | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Maximal Ascending Aorta Atheroma Thickness:  MxAscAoThick (7550) | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Ascending Aorta Atheroma Mobility:  AsAthMo (7555) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Aortic Arch Visualized:  AoArcVis (7560) | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | (If Yes→) | | | | | | | | | Maximal Aortic Arch Atheroma Thickness:  MxArcAth (7565) | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |  | |  | |
|  | | Aortic Arch Atheroma Mobility:  ArcAthMo (7570) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | |  | | | |
| Cardiopulmonary Bypass Used: 🞎 Yes 🞎 No  CPBUsed (7575) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If CPB  Use is Yes→) | | Retrograde Autologous Priming of CPB Circuit:  RetrAutolPrim (7580) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | Total Crystalloid Administered by Perfusion Team:  TotCrystPerf (7585) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Total Synthetic Colloid Administered by Perfusion Team:  TotColloidPerf (7590) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Total Albumin Administered by Perfusion Team:  TotAlbumPerf (7595) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Hemofiltration Volume Removed by Perfusion Team:  HemofilPerf (7600) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | Inotropes used to wean from CPB: 🞎 Yes 🞎 No  InotropWeanCPB (7605) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | Vasopressors used to wean from CPB: 🞎 Yes 🞎 No  VasopWeanCPB (7610) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Post-Procedure Use Of Intraoperative TEE: 🞎 Yes 🞎 No IntraOpPostTEE (7615) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If Post Proc  TEE is Yes→) | | Systolic Anterior Motion of Mitral Valve:  PostSAM (7620) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No 🞎 Not assessed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Return to CPB for Echo Related Diagnosis:  RetCPBEch (7625) | | | | | | | | | | | | | | | | | | | | | 🞎Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Post-Procedure LVEF Measured:  PostLVEFMeas (7630) | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Yes→) | | | | | | | | | | Post-Procedure LVEF:  PostLVEF (7635) | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Post-Procedure RV Function:  PostRVFx (7640) | | | | | | | | | | | | | | | | | | | | | 🞎 Normal  🞎 Mild Dysfunction | | | | | | | | | | | | 🞎 Moderate Dysfunction  🞎 Severe Dysfunction | | | | | | | | | | | | | | 🞎 Not Assessed | | | | | | |
| Intraoperative cardiac arrest related to anesthesia care: 🞎 Yes 🞎 No  IntraCardArr (7641) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Died in the OR: 🞎 Yes 🞎 No  ORDeath (7645) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If OR Death  is No→) | | Core Temp Measured upon Entry to ICU/PACU: Yes No  PostTempMeas (7650) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (If Yes→) | | | | | | | | Post Op Core Temp:  PostCoreTemp (7655) | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Post-Op INR Measured upon admission to post op care location (PACU, ICU):  PostINRMeas (7660) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | |
|  | | (If Yes→) | | | | | | INR: \_\_\_\_\_\_\_\_\_\_\_\_\_ PostINR (7665) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | WBC Measured upon admission to post op care location (PACU, ICU):  PostWBCMeas (7670) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | |
|  | | (If Yes→) | | | | | | WBC : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PostWBC (7675) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | Platelets Measured upon admission to post op care location (PACU, ICU):  PostPltMeas (7680) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | |
|  | | (If Yes→) | | | | | | Platelet Count: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PostPlt (7685) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | Hematocrit Measured upon admission to post op care location (PACU, ICU):  PostHCTMeas (7690) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | |
|  | | (If Yes→) | | | | | | | Hematocrit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PostHCT (7695) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | Fibrinogen Measured upon admission to post op care location (PACU, ICU):  PostFibrinMeas (7696) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | |
|  | | (If Yes→) | | | | | | | Fibrinogen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PostFibrin (7697) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | Lactate Measured upon admission to post op care location (PACU, ICU):  PostLactMeas (7700) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | |
|  | | (If Yes→) | | | | | | | | Lactate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PostLact (7705) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Post Op Dexmedetomidine:  DexPost (7710) | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Post Op Propofol:  PropPost (7715) | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Post Op Delirium:  PostopDel (7720) | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Post Op Heparin Induced Thrombocytopenia:  PostHITAnti (7725) | | | | | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Pain Score POD #3:  PainScorePOD3 (7730) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 🞎 0 | | 🞎 1 | | | 🞎 2 | | | | | 🞎 3 | | 🞎 4 | | | | | 🞎 5 | | | 🞎 6 | | | | | | 🞎 7 | | | | | 🞎 8 | | | | | | 🞎 9 | 🞎 10 | | | 🞎 Not recorded | | | | | | | | | | | | 🞎 NA |
|  | | Pain Score Discharge:  PainScoreDisch (7735) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 🞎 0 | | 🞎 1 | | | 🞎 2 | | | | | 🞎 3 | | 🞎 4 | | | | | 🞎 5 | | | 🞎 6 | | | | | | 🞎 7 | | | | | 🞎 8 | | | | | | 🞎 9 | 🞎 10 | | | 🞎 Not recorded | | | | | | | | | | | | 🞎 NA |