



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

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: <input type="checkbox"/> None <input type="checkbox"/> Trial 1 <input type="checkbox"/> Trial 2 <input type="checkbox"/> Trial 3 <input type="checkbox"/> Trial 4 <input type="checkbox"/> Trial 5 <input type="checkbox"/> Trial 6 (If not "None" →) ClinTrial (45)		
		Clinical trial patient ID: ClinTrialPatID (46)

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: <input type="checkbox"/> Male <input type="checkbox"/> Female Gender (75)
Social Security Number: _____ SSN (80)		Medical Record Number: MedRecN (85)
Street Address: PatAddr (90)		City: PatCity (95)
Region: PatRegion (100)	ZIP Code: PatZIP (105)	Country: PatientCountry (115)
Is This Patient's Permanent Address: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown PermAddr (120)		
Is the Patient's Race Documented? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pt. Declined to Disclose RaceDocumented (150)		
(If Yes →) Race : (Select all that apply→)		
White: RaceCaucasian (155)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Am Indian/Alaskan: RaceNativeAm (170)
Black/African American: RaceBlack (160)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hawaiian/Pacific Islander: RacNativePacific (175)
Asian: RaceAsian (165)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: RaceOther (180)
Hispanic, Latino or Spanish Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented Ethnicity (185)		

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

D. Risk Factors "Unknown" should only be selected if Patient / Family unable to provide history	
Height (cm): HeightCm (330)	Weight (kg): WeightKg (335)
Family History of Premature Coronary Artery Disease: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown FHCAD (355)	

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

E. Previous Cardiac Interventions					
Previous Cardiac Interventions: PrCVInt (665) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
(If Yes →) Previous coronary artery bypass (CAB): PrCAB (670) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Previous valve procedure: PrValve (675) <input type="checkbox"/> Yes <input type="checkbox"/> No If PrValve Yes, Enter at least one previous valve procedure and up to 5 ↓					
	#1 PrValveProc1 (695)	#2 PrValveProc2 (700)	#3 PrValveProc3 (705)	#4 PrValveProc4 (710)	#5 PrValveProc5 (715)
No additional valve procedure(s)					
Aortic valve balloon valvotomy/valvuloplasty					

Aortic valve repair, surgical					
Aortic valve replacement, surgical					
Aortic valve replacement, transcatheter					
Mitral valve balloon valvotomy/valvuloplasty					
Mitral valve commissurotomy, surgical					
Mitral valve repair, percutaneous					
Mitral valve repair, surgical					
Mitral valve replacement, surgical					
Mitral valve replacement, transcatheter					
Tricuspid valve balloon valvotomy/valvuloplasty					
Tricuspid valve repair, percutaneous					
Tricuspid valve repair, surgical					
Tricuspid valve replacement, surgical					
Tricuspid valve replacement, transcatheter					
Tricuspid valvectomy					
Pulmonary valve balloon valvotomy/valvuloplasty					
Pulmonary valve repair, surgical					
Pulmonary valve replacement, surgical					
Pulmonary valve replacement, transcatheter					
Pulmonary valvectomy					
Other valve procedure					

Previous PCI: **POCPCI (775)** Yes No
 (If Yes →) PCI Performed Within This Episode Of Care: Yes, at this facility Yes, at some other acute care facility No
POCPCIWhen (780)
 Indication for Surgery: PCI Complication PCI Failure without Clinical Deterioration
POCPCIndSurg (785) PCI Failure with Clinical Deterioration PCI/Surgery Staged (not STEMI)
 PCI for STEMI, multivessel disease Other
 PCI Stent: Yes No (If Yes →) Stent Type: Bare metal Drug-eluting Bioresorbable Multiple Unknown
POCPCISt (790) **POCPCISTy (795)**
 PCI Interval: ≤ 6 Hours > 6 Hours
POCPCIIn (800)

Other Previous Cardiac Interventions: Yes No (If Yes, Enter at least one previous other cardiac procedure and up to 7 ↓)
POC (805)

	#1 POCInt1 (810)	#2 POCInt2 (815)	#3 POCInt3 (820)	#4 POCInt4 (825)	#5 POCInt5 (830)	#6 POCInt6 (835)	#7 POCInt7 (840)
No additional interventions							
Ablation, catheter, atrial fibrillation							
Ablation, catheter, other or unknown							
Ablation, catheter, ventricular							
Ablation, surgical, atrial fibrillation							
Ablation, surgical, other or unknown							
Aneurysmectomy, LV							
Aortic procedure, arch							
Aortic procedure, ascending							
Aortic procedure, descending							
Aortic procedure, root							
Aortic procedure, thoracoabdominal							
Aortic Procedure, TEVAR							
Aortic root procedure, valve sparing							
Atrial appendage obliteration, Left, surgical							
Atrial appendage obliteration, Left, transcatheter							
Atrial appendage obliteration, Right, surgical							
Atrial appendage obliteration, Right, transcatheter							
Cardiac Tumor							
Cardioversion(s)							
Closure device, atrial septal defect							
Closure device, ventricular septal defect							
Congenital cardiac repair, surgical							
Implantable Cardioverter Defibrillator (ICD) with or without pacemaker							
Pacemaker							

Pericardiectomy								
Pulmonary thrombectomy								
Total Artificial Heart (TAH)								
Transmyocardial Laser Revascularization (TMR)								
Transplant heart & lung								
Transplant, heart								
Transplant, lung(s)								
Ventricular Assist Device (VAD), BiVAD								
Ventricular Assist Device (VAD), left								
Ventricular Assist Device (VAD), right								
Other Cardiac Intervention (not listed)								

F. Preoperative Cardiac Status

Prior Myocardial Infarction: **PrevMI (885)** Yes No Unknown (If Yes ↓)
MI When: ≤6 Hrs. >6 Hrs. but <24 Hrs. 1 to 7 Days 8 to 21 Days >21 Days
MIWhen (890)

Cardiac Presentation/Symptoms: (Choose one from the list below for each column ↓)

	At time of this admission: CardSympTimeOfAdm (895)	At time of surgery: CardSympTimeOfSurg (900)
No Symptoms		
Stable Angina		
Unstable Angina		
Non-ST Elevation MI (Non-STEMI)		
ST Elevation MI (STEMI)		
Angina Equivalent		
Other		

Anginal Classification Within 2 weeks: CCS Class 0 CCS Class I CCS Class II CCS Class III CCS Class IV
AnginalClass (905)

Heart Failure Within 2 weeks : Yes No Unknown (If Yes→) Classification-NYHA: Class I Class II Class III Class IV
CHF (910) **ClassNYH (915)**

Prior Heart failure: Yes No Unknown
PriorHF (920)

Cardiogenic Shock : Yes, at the time of the procedure Yes, not at the time of the procedure but within prior 24 hours No
CarShock (930)

Resuscitation: Yes - Within 1 hour of the start of the procedure Yes - More than 1 hour but less than 24 hours of the start of the procedure No
Resusc (935)

Arrhythmia: Yes No Unknown
Arrhythmia (945)

(If Yes →)	(Choose one response for each rhythm below ↓)				
	VTach/VFib ArrythVV (950)	Sick Sinus Syndrome ArrythSSS (955)	AFlutter ArrythAFlutter (960)	Second Degree Heart Block ArrythSecond (965)	Third Degree Heart Block ArrythThird (970)
None					
Remote (> 30 days preop)					
Recent (≤ 30 days preop)					

(If Yes →) Permanently Paced Rhythm: **ArrythPPaced (975)** Yes No
Atrial Fibrillation: **ArrythAFib (980)** None Paroxysmal Continuous/Persistent
If Continuous/persistent→ Indicate duration ≤ one year > one year unknown
ArrythAFibDur (985)

G. Preoperative Medications

Medication	Timeframe	Administration
ACE or ARB MedACEI48 (1020)	Within 48 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
ADP Inhibitor MedADP5Days (1025)	Within 5 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown (If Yes→)ADP Inhibitors Discontinuation: _____ (# days prior to surgery) MedADPIDis (1030)
Amiodarone MedAmiodarone (1035)	Prior to surgery	<input type="checkbox"/> Yes, on home therapy <input type="checkbox"/> Yes, therapy started this admission <input type="checkbox"/> No <input type="checkbox"/> Unknown
Anticoagulants MedACoag (1040)	Within 48 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes→)Medication: <input type="checkbox"/> Heparin (Unfractionated) <input type="checkbox"/> Heparin (Low Molecular) <input type="checkbox"/> Other MedACMN (1045)
Antiplatelets MedAplt5Days (1050)	Within 5 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
Aspirin MedASA (1055)	Within 5 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown

Beta Blocker* MedBeta (1060)	Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated*
Beta Blocker MedBetaTher (1065)	On therapy for ≥ 2 weeks prior to surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
Calcium Channel Blocker MedCChanTher (1070)	On therapy for ≥ 2 weeks prior to surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
Coumadin MedCoum (1075)	Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Factor Xa inhibitors MedXaInhibitors (1080)	Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Glycoprotein IIb/IIIa MedGP (1085)	Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If Yes \rightarrow) Medication Name: <input type="checkbox"/> Abciximab (ReoPro) <input type="checkbox"/> Eptifibatide (Integrilin) MedGPMN (1090) <input type="checkbox"/> Tirofiban (Aggrastat) <input type="checkbox"/> Other
Inotropic, intravenous MedInotr (1095)	Within 48 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lipid lowering MedLipid (1100)	Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown (If Yes \rightarrow) Medication Type : <input type="checkbox"/> Statin <input type="checkbox"/> Non-statin <input type="checkbox"/> Other <input type="checkbox"/> Combination MedLipMN (1105)
Long-acting Nitrate MedLongActNit (1110)	On therapy for ≥ 2 weeks prior to surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
Nitrates, intravenous MedNitIV (1115)	Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Antianginal Medication MedOthAntiang (1120)	On therapy for ≥ 2 weeks prior to surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
Steroids MedSter (1130)	Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
Thrombin Inhibitors MedThrombinIn (1135)	Within 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated <input type="checkbox"/> Unknown
Thrombolytics MedThrom (1140)	Within 48 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No

*NQF Measure included in composite score for CABG

H. Hemodynamics/Cath/Echo	
Cardiac Catheterization Performed : <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes \rightarrow) CarCathPer (1145)	Cardiac Catheterization Date: ___/___/_____ CarCathDt (1150)
Coronary Anatomy/Disease known: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes \downarrow) CorAnatDisKnown (1155)	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Co-dominant <input type="checkbox"/> Not Documented
Dominance: Dominance (1160)	<input type="checkbox"/> Angiogram <input type="checkbox"/> CT <input type="checkbox"/> IVUS <input type="checkbox"/> Progress/OP Note <input type="checkbox"/> Other
Source(s) used to quantify stenosis : StenSource (1165)	<input type="checkbox"/> Multiple
Number Diseased Vessels : NumDisV (1170)	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three
(If one, two or three vessel disease \downarrow)	

Each Column with a "yes" response below must have documentation on at least one vessel

Coronary (Last known value pre-op)	Native Artery % Stenosis Known: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes \downarrow) PctStenKnown (1175)	Graft(s) Graft(s) Present: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes \downarrow) GraftsPrsnt (1180)	Stent(s) Stent(s) Present: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes \downarrow) StentPrsnt (1185)	Fractional Flow Reserve (FFR) FFR Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes \downarrow) FFRPerf (1190)
Left Main	_____% PctStenLMain (1195)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis $\geq 50\%$ <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenLMain (1200)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis $\geq 50\%$ <input type="checkbox"/> Not Documented StntStenLMain (1205)	_____ FFRLMain (1210)
Proximal LAD	_____% PctStenProxLAD (1215)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis $\geq 50\%$ <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenProxLAD (1220)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis $\geq 50\%$ <input type="checkbox"/> Not Documented StntStenProxLAD (1225)	_____ FFRProxLAD (1230)
Mid LAD	_____% PctStenMidLAD (1235)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis $\geq 50\%$ <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenMidLAD (1240)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis $\geq 50\%$ <input type="checkbox"/> Not Documented StntStenMidLAD (1245)	_____ FFRMidLAD (1250)

Distal LAD	_____% PctStenDistLAD (1255)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenDistLAD (1260)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenDistLAD (1265)	FFRDistLAD (1270)
Diagonal 1	_____% PctStenDiag1 (1275)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenDiag1 (1280)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenDiag1 (1285)	FFRDiag1 (1290)
Diagonal 2	_____% PctStenDiag2 (1295)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenDiag2 (1300)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenDiag2 (1305)	FFRDiag2 (1310)
Diagonal 3	_____% PctStenDiag3 (1315)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenDiag3 (1320)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenDiag3 (1325)	FFRDiag3 (1330)
Circumflex	_____% PctStenCircflx (1335)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenCircflx (1340)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenCircflx (1345)	FFRCircflx (1350)
Obtuse Marginal1	_____% PctStenOM1 (1355)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenOM1 (1360)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenOM1 (1365)	FFROM1 (1370)
Obtuse Marginal2	_____% PctStenOM2 (1375)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenOM2 (1380)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenOM2 (1385)	FFROM2 (1390)
Obtuse Marginal3	_____% PctStenOM3 (1395)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenOM3 (1400)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenOM3 (1405)	FFROM3 (1410)
Ramus	_____% PctStenRamus (1415)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenRamus (1420)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenRamus (1425)	FFRRamus (1430)
RCA	_____% PctStenRCA (1435)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenRCA (1440)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenRCA (1445)	FFRRCA (1450)
Acute Marginal (AM)	_____% PctStenAM (1455)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenAM (1460)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenAM (1465)	FFRAM (1470)
Posterior Descending (PDA)	_____% PctStenPDA (1475)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenPDA (1480)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenPDA (1485)	FFRPDA (1490)
Posterolateral (PLB)	_____% PctStenPLB (1495)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> 100% occlusion <input type="checkbox"/> Not Documented GrftStenPLB (1500)	<input type="checkbox"/> Patent <input type="checkbox"/> Stenosis >=50% <input type="checkbox"/> Not Documented StntStenPLB (1505)	FFRPLB (1510)
Syntax Score Known: SyntaxSerKnown (1515) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes→) Syntax Score: SyntaxScr (1520) _____				
Stress Test: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) StressTst (1525) Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unavailable StressTstRes (1530) Risk/Extent of ischemia: <input type="checkbox"/> Low Risk <input type="checkbox"/> Intermediate Risk <input type="checkbox"/> High Risk <input type="checkbox"/> Unavailable				

RiskIschemia (1535)

Ejection Fraction Done: **HDEFD (1540)** Yes No (If Yes→) Ejection Fraction: **HDEF (1545)** _____ (%)

Dimensions Available: **DimAvail (1555)** Yes No (If Yes↓)
 LV End-Systolic Dimension: _____ (mm) LV End-Diastolic Dimension: _____ (mm)
LVSD (1560) **LVEDD (1565)**

PA Systolic Pressure Measured: Yes No (If Yes→) PA Systolic Pressure: _____ mmHg
PASYSMeas (1570) **PASYS (1575)**

Aortic Valve
 Aortic Insufficiency: None Trivial/Trace Mild Moderate Severe Not Documented
VDInsufA (1590)
 Aortic Valve Disease: **VDAort (1595)** Yes No
 (If Yes→) Aortic Stenosis: Yes No (If Yes→) Hemodynamic/Echo data available: Yes No (If Yes ↓)
VDSStenA (1600) **AoHemoDatAvail (1605)**
 (If Yes↓) Smallest Aortic Valve Area: **VDAoVA (1610)** _____ cm²
 Highest Mean Gradient: **VDGradA (1615)** _____ mmHg

Etiology: (Choose at least one and up to 5 etiologies)	#1 VDAoEt1 (1625)	#2 VDAoEt2 (1630)	#3 VDAoEt3 (1635)	#4 VDAoEt4 (1640)	#5 VDAoEt5 (1645)
Unknown					
No additional etiology					
Bicuspid valve disease					
Congenital (other than bicuspid)					
Degenerative- Calcified					
Degenerative- Leaflet prolapse with or without annular dilation					
Degenerative- Pure annular dilation without leaflet prolapse					
Endocarditis with root abscess					
Endocarditis without root abscess					
LV Outflow Tract Pathology, HOCM					
LV Outflow Tract Pathology, Sub-aortic membrane					
LV Outflow Tract Pathology, Sub-aortic Tunnel					
LV Outflow Tract Pathology, Other					
Primary Aortic Disease, Aortic Dissection					
Primary Aortic Disease, Atherosclerotic Aneurysm					
Primary Aortic Disease, Ehler-Danlos Syndrome					
Primary Aortic Disease, Hypertensive Aneurysm					
Primary Aortic Disease, Idiopathic Root Dilation					
Primary Aortic Disease, Inflammatory					
Primary Aortic Disease, Loeys-Dietz Syndrome					
Primary Aortic Disease, Marfan Syndrome					
Primary Aortic Disease, Other Connective tissue disorder					
Prior Aortic Intervention, Etiology Unknown					
Rheumatic					
Supravalvular Aortic Stenosis					
Trauma					
Tumor, Carcinoid					
Tumor, Myxoma					
Tumor, Papillary Fibroelastoma					
Tumor, Other					
Other					

Mitral Valve
 Mitral Insufficiency: **VDInsufM (1680)** None Trivial/Trace Mild Moderate Severe Not Documented
 Mitral Valve Disease: **VDMit (1685)** Yes No
 (If Yes→) Mitral Stenosis: Yes No (If Yes→) Hemodynamic/ Echo data available: Yes No (If Yes ↓)
VDSStenM (1690) **MiHemoDatAvail (1695)** Smallest Valve Area: _____ cm²
VDMVA (1700)
 Highest Mean Gradient: _____ mmHg

(If Yes→) Carpentier Mitral leaflet motion classification: Type I Type II Type IIIa Type IIIb Not Documented
 (If Yes↓) **VDMitFC (1715)**

MV Disease Etiology: (Choose at least one and up to 3 etiologies↓)	#1 VDMiEt1 (1720)	#2 VDMiEt2 (1725)	#3 VDMiEt3 (1730)
Unknown			
No additional etiology			
Degenerative			
Rheumatic			
Ischemic- acute, post infarction			
Ischemic- chronic			
Non-ischemic Cardiomyopathy			
Endocarditis			
Hypertrophic Obstructive Cardiomyopathy (HOCM)			
Tumor, Carcinoid			
Tumor, Myxoma			
Tumor, Papillary fibroelastoma			
Tumor, Other			
Carcinoid			
Trauma			
Congenital			
Prior Mitral Valve Intervention, Etiology Unknown			
Other			

MV Lesion(s):(Choose at least one and up to 3 lesions↓)	#1 VDMiLes1 (1735)	#2 VDMiLes2 (1740)	#3 VDMiLes3 (1745)
Unknown			
No additional lesions			
Leaflet prolapse, posterior			
Leaflet prolapse, bileaflet			
Leaflet prolapse, anterior			
Elongated/ruptured chord(s)			
Annular dilation			
Leaflet calcification			
Mitral annular calcification			
Papillary muscle elongation			
Papillary muscle rupture			
Leaflet thickening/retraction			
Chordal tethering			
Chordal thickening/retraction/fusion			
Commissural fusion			
Other			

Tricuspid Valve
 Tricuspid Insufficiency: **VDInsufT (1775)** None Trivial/Trace Mild Moderate Severe Not Documented
 Tricuspid Valve Disease: **VDTr (1780)** Yes No
 (If Yes→) Tricuspid Stenosis: **VDStenT (1785)** Yes No
 (If Yes→) Tricuspid Annular Echo Measurement Available: Yes No (If Yes→) Tricuspid Annulus Size: _____ cm
 (If Yes↓) **VTrAnnMeas (1790)** **VTrAnnSize (1795)**

TV Etiology: (Choose at least one and up to 3 etiologies↓)	#1 VDTrEt1 (1800)	#2 VDTrEt2 (1805)	#3 VDTrEt3 (1810)
Unknown			
No additional etiology			
Functional			
Endocarditis			
Carcinoid			
Congenital			
Degenerative			
Pacing wire/catheter induced dysfunction			
Rheumatic			
Tumor			
Trauma			
Prior TV intervention, Etiology Unknown			
Other			

Pulmonic Valve
 Pulmonic Insufficiency: None Trivial/Trace Mild Moderate Severe Not Documented

VDInsufP (1820)

Pulmonic Valve Disease: Yes No

VDPulm (1825)

(If Yes →) RVEDD Known: Yes No (If Yes →)

RVEDD Indexed to BSA: _____ cm²

(If Yes →) RVEDDKnown (1830)

RVEDD (1835)

(If Yes →) Pulmonic Stenosis: Yes No (If Yes →)

Hemodynamic /Echo data available: Yes No (If Yes ↓)

VDSStenP (1840)

PuHemoDatAvail (1845)

Highest Mean Gradient : _____ mmHg

VDGradP (1850)

(If Yes →) Etiology: **VDPuEt (1855)** (choose one)

- Acquired
- Congenital, s/p Tetralogy of Fallot (TOF) repair
- Congenital, no prior Tetralogy of Fallot (TOF) repair
- Prior Pulmonic Valve Intervention, Etiology Unknown
- Other
- Unknown

Aortic Disease

Disease of aorta: **AortaDisease (1860)** Yes No

(If Yes →) Presentation: Asymptomatic Symptomatic, hemodynamics stable Symptomatic, hemodynamics unstable

(If Yes →) ADPres (1865)

(If Yes →) Location: Yes No Descending Thoracic Yes No

ADLocRoot (1870)

ADLocDesThor (1885)

Ascending Yes No

Thoracoabdominal Yes No

ADLocAsc (1875)

ADLocThora (1890)

Arch Yes No

ADLocArch (1880)

(If Yes →) Lesion Type: Aneurysm Yes No

Pseudoaneurysm Yes No

ADLesTAneur (1895)

ADLesTPseudo (1910)

Coarctation/Narrowing Yes No

Penetrating Ulcer Yes No

ADLesTCoarcNar (1900)

ADLesTPenUlcer (1915)

Rupture Yes No

Intramural Hematoma Yes No

ADLesTRup (1905)

ADLesTIntraHema (1920)

Dissection Yes No

ADLesTDis (1925)

(If Dissection →)

Dissection Timing: Acute Chronic Acute on chronic Not Documented

ADLesTDisTmg (1930)

Dissection Type: Stanford Type A Stanford Type B

ADLesTDisTy (1935)

(If Yes →) Etiology (choose at least one and up to 3)	#1 ADEt1 (1940)	#2 ADEt2 (1945)	#3 ADEt3 (1950)
Unknown			
No additional etiologies			
Aberrant Subclavian artery			
Atherosclerosis			
Bicuspid aortic valve syndrome			
Ehler-Danlos syndrome			
Endocarditis			
Hypertensive aneurysm			
Inflammatory			
Loeys-Dietz Syndrome			
Marfan Syndrome			
Trauma			
Other Congenital Disorder			
Other Connective Tissue Disorder			
Other			

I. Operative

Surgeon: _____

Surgeon NPI: _____

Surgeon (1955)

SurgNPI (1960)

Taxpayer Identification Number: _____

TIN (1965)

Incidence: First cardiovascular surgery

Third re-op cardiovascular surgery

Incident (1970) First re-op cardiovascular surgery

Fourth or more re-op cardiovascular surgery

Second re-op cardiovascular surgery

Status:	<input type="checkbox"/> Elective	<input type="checkbox"/> Urgent	<input type="checkbox"/> Emergent	<input type="checkbox"/> Emergent Salvage
Status (1975)	(If Urgent or Emergent choose <u>one reason</u> ↓)			UrgEmergRsn (1990)
	Urgent / Emergent reason:			
	<input type="checkbox"/> AMI		<input type="checkbox"/> PCI Incomplete without clinical deterioration	
	<input type="checkbox"/> Anatomy		<input type="checkbox"/> PCI or attempted PCI with Clinical Deterioration	
	<input type="checkbox"/> Aortic Aneurysm		<input type="checkbox"/> Pulmonary Edema	
	<input type="checkbox"/> Aortic Dissection		<input type="checkbox"/> Pulmonary Embolus	
	<input type="checkbox"/> CHF		<input type="checkbox"/> Rest Angina	
	<input type="checkbox"/> Device Failure		<input type="checkbox"/> Shock Circulatory Support	
	<input type="checkbox"/> Diagnostic/Interventional Procedure Complication		<input type="checkbox"/> Shock No Circulatory Support	
	<input type="checkbox"/> Endocarditis		<input type="checkbox"/> Syncope	
	<input type="checkbox"/> Failed Transcatheter Valve Therapy		<input type="checkbox"/> Transplant	
	<input type="checkbox"/> IABP		<input type="checkbox"/> Trauma	
	<input type="checkbox"/> Infected Device		<input type="checkbox"/> USA	
	<input type="checkbox"/> Intracardiac mass or thrombus		<input type="checkbox"/> Valve Dysfunction	
	<input type="checkbox"/> Ongoing Ischemia		<input type="checkbox"/> Worsening CP	
			<input type="checkbox"/> Other	
Was case previously attempted during this admission, but canceled: PCancCase (1995) <input type="checkbox"/> Yes <input type="checkbox"/> No				
(If Yes→)	Date of previous case: ___/___/___ (mm/dd/yyyy)			
	PCancCaseDt (2000)			
	Timing of previous case: <input type="checkbox"/> Prior to induction of anesthesia <input type="checkbox"/> After induction, prior to incision <input type="checkbox"/> After incision made			
	PCancCaseTmg (2005)			
	Reason previous case was canceled: <input type="checkbox"/> Anesthesiology event <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Equipment/supply issue <input type="checkbox"/> Access Issue			
	PCancCaseRsn (2010) <input type="checkbox"/> Unanticipated tumor <input type="checkbox"/> Donor Organ Unacceptable <input type="checkbox"/> Abnormal Labs <input type="checkbox"/> Other			
	Planned previous procedure:	CABG	<input type="checkbox"/> Yes <input type="checkbox"/> No	Valve, Surgical <input type="checkbox"/> Yes <input type="checkbox"/> No
		PCancCaseCAB (2015)		PCancCaseValSur (2030)
		Mechanical Assist Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	Valve, Transcatheter <input type="checkbox"/> Yes <input type="checkbox"/> No
		PCancCaseMech (2020)		PCancCaseValTrans (2035)
		Other Non-cardiac	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Cardiac <input type="checkbox"/> Yes <input type="checkbox"/> No
		PCancCaseONC (2025)		PCancCaseOC (2040)
Was the current procedure canceled: CCancCase (2050) <input type="checkbox"/> Yes <input type="checkbox"/> No				
(If Yes→)	Canceled Timing: <input type="checkbox"/> Prior to induction of anesthesia <input type="checkbox"/> After induction, prior to incision <input type="checkbox"/> After incision made			
	CCancCaseTmg (2055)			
	Canceled Reason: <input type="checkbox"/> Anesthesiology event <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Equipment/supply issue <input type="checkbox"/> Access Issue			
	CCancCaseRsn (2060) <input type="checkbox"/> Unanticipated tumor <input type="checkbox"/> Donor Organ Unacceptable <input type="checkbox"/> Abnormal Labs <input type="checkbox"/> Other			
	Planned procedure:	CABG	<input type="checkbox"/> Yes <input type="checkbox"/> No	Valve, Surgical <input type="checkbox"/> Yes <input type="checkbox"/> No
		CCancCaseCAB (2065)		CCancCaseValSur (2085)
		Mechanical Assist Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	Valve, Transcatheter <input type="checkbox"/> Yes <input type="checkbox"/> No
		CCancCaseMech (2075)		CCancCaseValTrans (2090)
		Other Non-cardiac	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Cardiac <input type="checkbox"/> Yes <input type="checkbox"/> No
		CCancCaseONC (2080)		CCancCaseOC (2095)
Initial Operative Approach:	<input type="checkbox"/> Full conventional sternotomy	<input type="checkbox"/> Left Thoracotomy	<input type="checkbox"/> Thoracoabdominal Incision	
OPApp (2100)	<input type="checkbox"/> Partial sternotomy	<input type="checkbox"/> Right Thoracotomy	<input type="checkbox"/> Percutaneous	
	<input type="checkbox"/> Transverse sternotomy	<input type="checkbox"/> Bilateral Thoracotomy	<input type="checkbox"/> Port Access	
	<input type="checkbox"/> Right or left parasternal incision	<input type="checkbox"/> Limited (mini) Thoracotomy , right	<input type="checkbox"/> Other	
	<input type="checkbox"/> Sub-xiphoid	<input type="checkbox"/> Limited (mini) Thoracotomy , left	<input type="checkbox"/> None (canceled case)	
	<input type="checkbox"/> Sub-Costal	<input type="checkbox"/> Limited (mini) Thoracotomy , bilateral		
Approach converted during procedure: <input type="checkbox"/> Yes, planned <input type="checkbox"/> Yes, unplanned <input type="checkbox"/> No				
ApproachCon (2105)				
Robot Used: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) <input type="checkbox"/> Used for entire operation <input type="checkbox"/> Used for part of the operation				
Robotic (2110) RobotTim (2115)				
Coronary Artery Bypass: <input type="checkbox"/> Yes, planned <input type="checkbox"/> Yes, unplanned due to surgical complication				
<input type="checkbox"/> Yes, unplanned due to unsuspected disease or anatomy <input type="checkbox"/> No (If "Yes" complete Section J) OpCAB (2120)				
Valve Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" complete Section K)				
OpValve (2125)				
VAD Implanted or Removed: <input type="checkbox"/> Yes <input type="checkbox"/> No				
VADProc (2130)				
Other Cardiac Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" complete Section M)				
OpOCard (2140)				
Other Cardiac Procedure, AFib: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" complete Section M-1)				
AFibProc (2145)				
Other Cardiac Procedure, Aortic: <input type="checkbox"/> Yes, planned <input type="checkbox"/> Yes, unplanned due to surgical complication				
<input type="checkbox"/> Yes, unplanned due to unsuspected disease or anatomy <input type="checkbox"/> No (If "Yes" complete Section M-2) AortProc (2150)				
Other Non-Cardiac Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" complete Section N)				

OpONCard (2155)				
Enter up to 10 CPT-1 Codes pertaining to the surgery for which the data collection form was initiated:				
1. _____ CPT1Code1 (2195)	2. _____ CPT1Code2 (2200)	3. _____ CPT1Code3 (2205)	4. _____ CPT1Code4 (2210)	5. _____ CPT1Code5 (2215)
6. _____ CPT1Code6 (2220)	7. _____ CPT1Code7 (2225)	8. _____ CPT1Code8 (2230)	9. _____ CPT1Code9 (2235)	10. _____ CPT1Code10 (2240)
OR Entry Date And Time: ____/____/____ : ____ mm/dd/yyyy hh:mm - 24 hr clock) OREntryDT (2245)				
OR Exit Date And Time: ____/____/____ : ____ (mm/dd/yyyy hh:mm - 24 hr clock) ORExitDT (2250)				
Initial Intubation Date and Time: ____/____/____ : ____ (mm/dd/yyyy hh:mm - 24 hr clock) IntubateDT (2255)				
Initial Extubation Date and Time: ____/____/____ : ____ (mm/dd/yyyy hh:mm - 24 hr clock) ExtubateDT (2260)				
Skin Incision Start Date and Time: ____/____/____ : ____ (mm/dd/yyyy hh:mm - 24 hr clock) SISStartDT (2265)				
Skin Incision Stop Date and Time: ____/____/____ : ____ (mm/dd/yyyy hh:mm - 24 hr clock) SISStopDT (2270)				
Anesthesia End Date and Time: ____/____/____ : ____ (mm/dd/yyyy hh:mm - 24 hr clock) AnesEndDT (2275)				
Appropriate Antibiotic Selection: AbxSelect (2280) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exclusion		Appropriate Antibiotic Administration Timing: AbxTiming (2285) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exclusion		Appropriate Antibiotic Discontinuation: AbxDisc (2290) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exclusion
Additional intraoperative prophylactic antibiotic dose given : AddIntraopPAnti (2295) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Lowest Temperature (°C): _____ LwstTemp (2300)		Temperature Source: <input type="checkbox"/> Esophageal <input type="checkbox"/> CPB venous return <input type="checkbox"/> Bladder <input type="checkbox"/> Nasopharyngeal LwstTempSrc (2305) <input type="checkbox"/> Tympanic <input type="checkbox"/> Rectal <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
Lowest Intra-op Hemoglobin : _____ LwstIntraHemo (2310)		Lowest Intra-op Hematocrit : _____ LwstHct (2315)		Highest Intra-op Glucose: _____ HighIntraGlu (2320)
CPB <input type="checkbox"/> None Utilization: <input type="checkbox"/> Combination (If Combination→) Combination Plan: <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned (If Unplanned↓) CPBCmb (2330) CPBUtil (2325)				
Unplanned Reason: <input type="checkbox"/> Exposure/visualization <input type="checkbox"/> Bleeding CPBCmbR (2335) <input type="checkbox"/> Inadequate size/ diffuse disease of distal vessel <input type="checkbox"/> Hemodynamic instability(hypotension/arrhythmias) <input type="checkbox"/> Conduit quality and/or trauma <input type="checkbox"/> Other				
<input type="checkbox"/> Full (If "Combination" or "Full"↓)				
Arterial Cannulation Insertion Site: (Select all that apply↓)				
Aortic <input type="checkbox"/> Yes <input type="checkbox"/> No CanArtStAort (2340)		Axillary <input type="checkbox"/> Yes <input type="checkbox"/> No CanArtStAx (2350)		Other <input type="checkbox"/> Yes <input type="checkbox"/> No CanArtStOth (2360)
Femoral <input type="checkbox"/> Yes <input type="checkbox"/> No CanArtStFem (2345)		Innominate <input type="checkbox"/> Yes <input type="checkbox"/> No CanArtStInn (2355)		
Venous Cannulation Insertion Site: (Select all that apply↓)				
Femoral <input type="checkbox"/> Yes <input type="checkbox"/> No CanVenStFem (2365)		Pulmonary Vein <input type="checkbox"/> Yes <input type="checkbox"/> No CanVenStPulm (2385)		
Jugular <input type="checkbox"/> Yes <input type="checkbox"/> No CanVenStJug (2370)		Caval/Bicaval <input type="checkbox"/> Yes <input type="checkbox"/> No CanVenStBi (2390)		
Rt Atrial <input type="checkbox"/> Yes <input type="checkbox"/> No CanVenStRtA (2375)		Other <input type="checkbox"/> Yes <input type="checkbox"/> No CanVenStOth (2395)		
Lt Atrial <input type="checkbox"/> Yes <input type="checkbox"/> No CanVenStLfA (2380)				
Cardiopulmonary Bypass Time (minutes): _____ PerfusTm (2400)				
Circulatory Arrest: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes↓) CircArr (2405)				
Circulatory Arrest Without Cerebral Perfusion Time: _____ (min) DHCATm (2410)				
Circulatory Arrest With Cerebral Perfusion: <input type="checkbox"/> Yes <input type="checkbox"/> No CPerfUtil (2415)				
(If Yes →) Cerebral Perfusion Time: _____ (min) CPerfTime (2420)				
Cerebral Perfusion Type: <input type="checkbox"/> Antegrade <input type="checkbox"/> Retrograde <input type="checkbox"/> Both antegrade and retrograde CPerfTyp (2425)				
Total Circulatory Arrest Time: _____ (System Calculation) TotCircArrTm (2426)				
Aortic Occlusion: <input type="checkbox"/> None – beating heart <input type="checkbox"/> Aortic Crossclamp AortOccl (2430)				
<input type="checkbox"/> None – fibrillating heart <input type="checkbox"/> Balloon Occlusion				

(If "Aortic crossclamp" or "Balloon occlusion" →): Cross Clamp Time: _____ (min)

XClampTm (2435)

Cardioplegia Delivery: None Antegrade Retrograde Both
CplegiaDeliv (2440)

(If "Antegrade", "Retrograde" or "Both" →) Type of cardioplegia used: Blood Crystalloid Both Other

CplegiaType (2445)

Cerebral Oximetry Used: CerOxUsed (2450) Yes No

Diffuse Aortic Calcification (Porcelain Aorta): ConCalc (2490) Yes No

Assessment of Ascending Aorta/Arch for atheroma/plaque: Yes No Not Reported (If Yes ↓)

AsmtAscAA (2495)

Assessment of Aorta Disease: Normal Aorta/No or minimal plaque Extensive intimal thickening
AsmtAoDx (2500) Protruding Atheroma < 5 mm Protruding Atheroma >= 5 mm
 Mobile plaques Not documented

Aortic Condition Altered Plan: AsmtAPIn (2505) Yes No

Intraop Blood Products Refused: IBldProdRef (2510) Yes No

(If No →) Intraop Blood Products: Yes No

IBldProd (2515)

(If Yes →) Red Blood Cell Units: _____ Platelet Units: _____

IBdRBCU (2520) IBdPlatU (2530)

Fresh Frozen Plasma Units: _____ Cryoprecipitate Units: _____

IBdFFPU (2525) IBdCryoU (2535)

Intraop Clotting Factors: Yes, Factor VIIa Yes, FEIBA Yes, Composite No

IntraClotFact (2545)

Intraop Antifibrinolytic Medications: Epsilon Amino-Caproic Acid: Yes No Tranexamic Acid: Yes No

IMedEACA (2550)

IMedTran (2555)

Intraoperative TEE Performed post procedure: InOpTEE (2560) Yes No (If Yes ↓)

Highest level aortic insufficiency found: None Trace/trivial Mild Moderate Severe Not Reported

PRepAR (2565)

Highest level mitral insufficiency found: None Trace/trivial Mild Moderate Severe Not Reported

PRepMR (2570)

Highest level tricuspid insufficiency found: None Trace/trivial Mild Moderate Severe Not Reported

PRepTR (2575)

Ejection Fraction post procedure: Unchanged Increased Decreased Not Reported

PRepEF (2580)

Combined cardiac surgery and PCI Performed: Yes No (If Yes ↓)

CombCardPCI (2585)

Procedures: PCI + CAB PCI + Valve PCI + Aortic PCI + Other

CombProcs (2590)

Status: Concurrent- same setting Staged - PCI followed by surgery Staged - Surgery followed by PCI

CombProcsStatus (2595)

PCI Procedure: Angioplasty Stent Angioplasty and Stent Attempted PCI

CombProcsPCI (2600)

(If Stent or Angioplasty & Stent →) Stent Type: Bare metal Drug-eluting Bioresorbable Multiple Not documented

CombProcsStentTy (2605)

J. Coronary Bypass (If Coronary Artery Bypass = Yes ↓)

Number of Distal Anastomoses with Arterial Conduits: _____

DistArt (2625)

Number of Distal Anastomoses with Venous Conduits: _____ (If >0 ↓)

DistVein (2630)

Vein Harvest Technique: Endoscopic Direct Vision (open) Both Cryopreserved

DistVeinHTech (2635)

(If "Endoscopic", "Direct Vision (open)" or "Both" →) Vein Harvest and Prep Time: _____ (minutes)

SaphHarPrepTm (2650)

Internal Mammary Artery used for Grafts: Left IMA Right IMA Both IMAs No IMA

IMAArtUs (2655)

(If No IMA →) Indicate **Primary** Reason: Subclavian stenosis Emergent or salvage procedure

NoIMARsn (2660)

Previous cardiac or thoracic surgery No (bypassable) LAD disease

Previous mediastinal radiation Other

(If Left, Right or Both IMAs →) Total # of Distal Anastomoses done using IMA grafts: _____

NumIMADA (2665)

IMA Harvest Technique: Direct Vision (open) Thoracoscopy Combination Robotic Assist

IMATech (2670)

Number of Radial Arteries Used for Grafts: _____ (If >0 ↓)

NumRadArtUs (2675)

Number of Radial Artery Distal Anastomoses: _____

NumRadDA (2680)

Radial Distal Anastomoses Harvest Technique: Endoscopic Direct Vision (open) Both

RadHTech (2685)

Radial Artery Harvest and Prep Time: _____ (minutes)

RadHarvPrepTm (2700)

Number Other Arterial Distal Anastomoses Used (other than radial or IMA): NumOArtD (2705)

Proximal Technique: ProxTech (2710) Single Cross Clamp Partial Occlusion Clamp Anastomotic Assist Device

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

K. Valve Surgery (If Valve Surgery=Yes ↓)

Valve Prosthesis Explant: ValExp (3310) Yes No (If Yes ↓)

Explant Position: Aortic Mitral Tricuspid Pulmonic

ValExpPos (3315)

Explant Type: Mechanical Valve Bioprosthetic Valve Homograft Annuloplasty Device

ValExpTyp (3320)

Leaflet Clip Transcatheter Device Other Unknown

Explant Etiology:

ValExpEt (3325)

Endocarditis Incompetence Prosthetic Deterioration Thrombosis

Failed Repair Pannus Sizing/Positioning issue Other

Hemolysis Para-valvular leak Stenosis Unknown

Explant Device known: Yes No (If Yes →) Explant model#: _____

ValExpDevKnown (3330)

ValExpDev (3335)

Unique Device Identifier (UDI): _____

ValExpUDI (3340)

Second Valve Prosthesis Explant: ValExp2 (3350) Yes No (If Yes ↓)

Explant Position: Aortic Mitral Tricuspid Pulmonic

ValExpPos2 (3355)

Explant Type: Mechanical Valve Bioprosthetic Valve Homograft Annuloplasty Device

ValExpTyp2 (3360)

Explant Etiology:
ValExpEt2 (3365)

<input type="checkbox"/> Leaflet Clip	<input type="checkbox"/> Transcatheter Device	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown
<input type="checkbox"/> Endocarditis	<input type="checkbox"/> Incompetence	<input type="checkbox"/> Prosthetic Deterioration	<input type="checkbox"/> Thrombosis
<input type="checkbox"/> Failed Repair	<input type="checkbox"/> Pannus Formation	<input type="checkbox"/> Sizing/Positioning issue	<input type="checkbox"/> Other
<input type="checkbox"/> Hemolysis	<input type="checkbox"/> Para-valvular leak	<input type="checkbox"/> Stenosis	<input type="checkbox"/> Unknown

Explant Device known: Yes No (If Yes→) Explant model#: _____ Unique Device Identifier (UDI): _____
ValExpDevKnown2 (3370) **ValExpDev2 (3375)** **ValExpDevUDI (3380)**

Aortic Valve Procedure Performed: Yes, planned Yes, unplanned due to surgical complication **VSAV (3390)**
 Yes, unplanned due to unsuspected disease or anatomy No (If Yes ↓)

Procedure Performed: **VSAVPr (3395)**

Replacement (If Yes ↓)

Transcatheter Valve Replacement: Yes No (If Yes ↓) **VSTCV (3400)**

Approach: Transapical Transaxillary Transfemoral Transaortic Subclavian Other
VSTCVR (3405)

Repair / Reconstruction (If Repair / Reconstruction ↓)

Primary Repair Type: (Select all that apply)

Commissural Annuloplasty Yes No Ring Annuloplasty Yes No

VSAVRComA (3410) **VSAVRRingA (3435)**

Leaflet plication Yes No Leaflet resection suture Yes No

VSAVRLPlic (3415) **VSAVRLResect (3440)**

Leaflet free edge reinforcement (PTFE) Yes No Leaflet pericardial patch Yes No

VSAVRPTFE (3420) **VSAVRLPPatch (3445)**

Leaflet commissural resuspension suture Yes No Leaflet debridement Yes No

VSAVRComRS (3425) **VSAVRDeb (3450)**

Division of fused leaflet raphe Yes No Repair of Periprosthetic Leak Yes No

VSAVRRaphe (3430) **VSAVRPeriLeak (3455)**

Root Replacement with valved conduit (Bentall)

Replacement AV and insertion aortic non-valved conduit in supra-coronary position

Replacement AV and major root reconstruction/debridement with valved conduit

Resuspension AV without replacement of ascending aorta

Resuspension AV with replacement of ascending aorta

Apico-aortic conduit (Aortic valve bypass)

Autograft with pulmonary valve (Ross procedure)

Homograft root replacement

Valve sparing root reimplantation (David)

Valve sparing root remodeling (Yacoub)

Valve sparing root reconstruction (Florida Sleeve)

Aortic Annular Enlargement: **AnlEnl (3460)** Yes No

Implant: **AorticImplant (3470)** Yes No (If Yes ↓)

Implant Type: Mechanical Valve Bioprosthetic Valve Homograft Autograft (Ross)

AorticImplantTy (3475)

Annuloplasty Device Transcatheter Device Other

Implant Model Number : **VSAoIm (3480)** _____ Size: **VSAoImSz (3485)** _____

Unique Device Identifier (UDI): **VSAoImUDI (3490)** _____

Mitral Valve Procedure Performed: Yes, planned Yes, unplanned due to surgical complication **VSMV (3495)**
 Yes, unplanned due to unsuspected disease or anatomy No (If Yes ↓)

Procedure Performed: **VSMVPr (3500)**

Repair

(If Repair→) Repair Type: (Select all that apply↓)

Annuloplasty Yes No

VSMitRAnnulo (3505)

Leaflet Resection Yes No (If Yes↓)

VSMitRLeafRes (3510)

Resection Type: Triangular Quadrangular Other

VSLeafResTyp (3515)

Location: Anterior Posterior Both Anterior and Posterior

VSLeafRepLoc (3520)

Leaflet Plication Yes No

VSMitRLeafPlic (3525)

Leaflet Debridement Yes No

VSMitRLeafDeb (3530)

Folding Plasty Yes No

VSMitRFold (3535)

Sliding Plasty Yes No

VSMitRSlidP (3540)

Annular decalcification/debridement Yes No

VSMitRADecalc (3545)

Neochords (PTFE) Yes No

VSMitRPTE (3550)

(If Yes→) # of neochords inserted: _____

VSNeoChNum (3555)

Chordal /Leaflet transfer Yes No
VSMitRChord (3560)
 Leaflet extension/replacement/patch Yes No
VSMitRLeafERP (3565)
 Edge to Edge Repair Yes No
VSMitREdge (3570)
 Mitral leaflet clip Yes No
VSMitRMLLeafClip (3575)
 Mitral commissurotomy Yes No
VSMitRMitComm (3580)
 Mitral commissuroplasty Yes No
VSMitRMitCplasty (3585)
 Mitral Cleft repair (scallop closure) Yes No
VSMitRMitCleft (3590)
 Other repair Yes No
VSMitRMitOth (3595)

Replacement (If Replacement↓)

Repair attempted prior to Mitral Valve Replacement: Yes No

MitralIntent (3600)

Mitral Chords Preserved: Anterior Posterior Both None

VSChorPres (3605)

Transcatheter Replacement: Yes No

VSTCVMit (3610)

Implant: **MitralImplant (3615)** Yes No (If Yes ↓)

Implant Type: Mechanical Valve Bioprosthetic Valve Annuloplasty Device

MitralImplantTy (3620) Mitral Leaflet Clip Transcatheter Device Other

Implant Model Number: **VSMiIm (3625)** _____ Size: **VSMiImSz (3630)** _____

Unique Device Identifier (UDI): **VSMiImUDI (3635)** _____

Tricuspid Valve Procedure Performed: Yes, planned Yes, unplanned due to surgical complication **VSTV (3640)**
 Yes, unplanned due to unsuspected disease or anatomy No (If Yes ↓)

Procedure Performed: **OpTricus (3645)**

Annuloplasty only

Replacement

(If Replacement→)

Transcatheter Replacement: Yes No

Reconstruction with Annuloplasty

VSTCVTri (3650)

Reconstruction without Annuloplasty

(If “Annuloplasty only” OR “Reconstruction with Annuloplasty” →)

Type of Annuloplasty: **OpTricusAnTy (3655)**

Pericardium Suture Prosthetic Ring Prosthetic Band

Other

Valvectomy

Implant: **TricuspidImplant (3660)** Yes No (If Yes ↓)

Implant Type: Mechanical Valve Bioprosthetic Valve Homograft

TricusImplantTy (3665) Annuloplasty Device Transcatheter Device Other

Implant Model Number: _____ Size: _____

VSTrIm (3670) **VSTrImSz (3675)**

Unique Device Identifier (UDI): **VSTrImUDI (3680)** _____

Pulmonic Valve Procedure Performed: Yes, planned Yes, unplanned due to surgical complication **VSPV (3685)**
 Yes, unplanned due to unsuspected disease or anatomy No (If Yes ↓)

Procedure Performed: **OpPulm (3690)**

Replacement

(If Replacement→)

Transcatheter Replacement: Yes No

Reconstruction

VSTCVPu (3695)

Valvectomy

Implant: **PulmonicImplant (3700)** Yes No (If Yes ↓)

Implant Type: Mechanical Valve Bioprosthetic Valve Homograft

PulmonicImplantTy (3705) Annuloplasty Device Transcatheter Device Other

Implant Model Number: _____ Size: _____

VSPuIm (3710) **VSPuImSz (3715)**

Unique Device Identifier (UDI): **VSPuImUDI (3720)** _____

L. Mechanical Cardiac Assist Devices

Intra-Aortic Balloon Pump (IABP): Yes No (If Yes ↓)

IABP (3725)

IABP Insertion: Preop Intraop Postop

IABPWhen (3730)

Primary Reason for Insertion: Hemodynamic Instability Procedural Support Unstable Angina

IABPInd (3735) CPB Weaning Failure Prophylactic Other

Catheter Based Assist Device Used: Yes No (If Yes ↓)

CathBasAssist (3745)

Type: RV LV BiV

CathBasAssistTy (3755)

When Inserted: Preop Intraop Postop Non-operative

CathBasAssistWhen (3760)

Primary Reason for Insertion: Hemodynamic instability CPB weaning failure PCI failure Procedural support Other

CathBasAssistInd (3765)

ECMO: Venovenous Venovenous converted to Venovenous No (If Yes ↓)

ECMO (3775)

ECMO Initiated: Preop Intraop Postop Non-operative

ECMOWhen (3780)

Clinical Indication for ECMO: Cardiac Failure Respiratory Failure Hypothermia Rescue/salvage Other

ECMOInd (3785)

L.2 Ventricular Assist Devices

(Use Key to complete table below -will be dropdown lists in software)

Timing:

1. Pre-Operative (during same hospitalization but not same OR trip as CV surgical procedure)
2. Stand-alone VAD procedure
3. In conjunction with CV surgical procedure (same trip to the OR)- planned
4. In conjunction with CV surgical procedure (same trip to the OR)- unplanned
5. Post-Operative (after surgical procedure during reoperation)

Indication:	1. Bridge to Transplantation 2. Bridge to Recovery 3. Destination 4. Postcardiotomy Ventricular Failure 5. Device Malfunction 6. End of (device) Life 7. Salvage	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
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Device: See VAD list

Was patient admitted with VAD PrevVAD (3790) Yes No

(If Yes →)

Previous VAD implanted at another facility PrevVADF (3795) Yes No

Insertion date: PrevVADD (3800) __/__/__

Indication: PrevVADIn (3805)

Type: PrevVADTy (3810)

Device Model Number: PrevVADDevice (3815)

UDI:

PrevVADUDI (3820)

Previous VAD Explanted During This Admission:

Yes, not during this procedure

Yes, during this procedure

No

PrevVADExp (3825)

(If "Yes, not during this procedure" or "Yes, during this procedure" →)

Reason: PrevVADExpRsn (3830)

(If "Yes, not during this procedure" →)

Date: PrevVADExpDt (3835) __/__/__

Ventricular Assist Device Implanted during this hospitalization Yes No VADImp (3840)

(If Yes, provide data on up to 3 separate devices implanted ↓)

VAD IMPLANT(s)	Initial implant	2nd device implanted? VImp2 (3895) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)	3rd Device implanted? VImp3 (3950) <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes, not during this procedure <input type="checkbox"/> Yes, during this procedure	<input type="checkbox"/> Yes, not during this procedure <input type="checkbox"/> Yes, during this procedure	<input type="checkbox"/> Yes, not during this procedure <input type="checkbox"/> Yes, during this procedure

	<input type="checkbox"/> No VExp (3875)	<input type="checkbox"/> No VExp2 (3930)	<input type="checkbox"/> No VExp3 (3985)
Reason (If “Yes, not during this procedure” or “Yes, during this procedure” →)	VExpRsn (3880)	VExpRsn2 (3935)	VExpRsn3 (3990)
Date (If “Yes, not during this procedure” →)	___/___/___ VExpDt (3885)	___/___/___ VExpDt2 (3940)	___/___/___ VExpDt3 (3995)
Complications related to Mechanical Assist Device(s): CompMAD (4010)			
<input type="checkbox"/> No <input type="checkbox"/> Yes, IABP <input type="checkbox"/> Yes, CBAD <input type="checkbox"/> Yes, ECMO <input type="checkbox"/> Yes, VAD <input type="checkbox"/> Yes, Multiple devices			
(If Yes, select up to 3 complications →)	1st complication CompMAD1 (4015)	2nd complication CompMAD2 (4020)	3rd complication CompMAD3 (4025)
No additional complications			
Cannula/Insertion site issue			
Cardiac			
GI			
Hemorrhagic			
Hemolytic			
Infection			
Metabolic			
Neurologic			
Pulmonary			
Other			

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

M.1. Complete for Epicardial and Intracardiac Atrial Fibrillation Procedures (If Other Cardiac Procedure, AFib = Yes ↓)
Lesion location: <input type="checkbox"/> Primarily epicardial <input type="checkbox"/> Primarily Intracardiac OCarAFibLesLoc (4191)
Lesions Documented: OCarLesDoc (4195) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)
Method of Lesion Creation: (Select all that apply↓)

Congenital Procedures: Select up to three most significant: (refer to "Congenital Diagnoses/Procedures List" document)

Procedure 1: _____ Procedure 2: _____ Procedure 3: _____

OCarCongProc1 (4515) OCarCongProc2 (4520) OCarCongProc3 (4525)

N. Other Non-Cardiac Procedures (If Other Non-Cardiac Procedure = Yes ↓)

Carotid Endarterectomy: <input type="checkbox"/> Yes, planned <input type="checkbox"/> Yes, unplanned due to surgical complication <input type="checkbox"/> Yes, unplanned due to unsuspected disease or anatomy <input type="checkbox"/> No ONCCarEn (4530)
Other Vascular: <input type="checkbox"/> Yes, planned <input type="checkbox"/> Yes, unplanned due to surgical complication <input type="checkbox"/> Yes, unplanned due to unsuspected disease or anatomy <input type="checkbox"/> No ONCOVasc (4535)
Other Thoracic: <input type="checkbox"/> Yes, planned <input type="checkbox"/> Yes, unplanned due to surgical complication <input type="checkbox"/> Yes, unplanned due to unsuspected disease or anatomy <input type="checkbox"/> No ONCOThor (4540)
Other: <input type="checkbox"/> Yes, planned <input type="checkbox"/> Yes, unplanned due to surgical complication <input type="checkbox"/> Yes, unplanned due to unsuspected disease or anatomy <input type="checkbox"/> No ONCOther (4545)

O. Post-Operative

Peak Glucose within 18-24 hours of anesthesia end time: _____ PostOpPeakGlu (4550)
Postoperative Creatinine Level: _____ PostCreat (4555)
Blood Products Used Postoperatively: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) BldProd (4560) Red Blood Cell Units: _____ Fresh Frozen Plasma Units: _____ Cryoprecipitate Units: _____ Platelet Units: _____ BdRBCU (4565) BdFFPU (4570) BdCryoU (4575) BdPlatU (4580)
Extubated in OR: <input type="checkbox"/> Yes <input type="checkbox"/> No ExtubOR (4585) Re-intubated During Hospital Stay: <input type="checkbox"/> Yes <input type="checkbox"/> No ReIntub (4590) (If yes →) Additional Hours Ventilated: _____ VentHrsA (4595) Total post-operative ventilation hours _____ (System Calculation) VentHrsTot (4600)
ICU Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) ICUVisit (4605) Initial ICU Hours: _____ ICUInHrs (4610)
Readmission to ICU: <input type="checkbox"/> Yes <input type="checkbox"/> No ICUReadm (4615) (If Yes →) Additional ICU Hours: _____ ICUAdHrs (4620)
Post Op Echo Performed to evaluate valve(s): <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) POpTTEch (4625) Highest level aortic insufficiency found: <input type="checkbox"/> None <input type="checkbox"/> Trace/trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Reported POpTTAR (4630) Highest level mitral insufficiency found: <input type="checkbox"/> None <input type="checkbox"/> Trace/trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Reported POpTTMR (4635) Highest level tricuspid insufficiency found: <input type="checkbox"/> None <input type="checkbox"/> Trace/trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Reported POpTTTR (4640) Highest level pulmonic insufficiency found: <input type="checkbox"/> None <input type="checkbox"/> Trace/trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Not Reported POpTTPu (4645)
Post Op Ejection Fraction: <input type="checkbox"/> Yes <input type="checkbox"/> No POpEFD (4650) (If Yes →) Post Op Ejection Fraction: _____ (%) POpEF (4655)
Cardiac Enzymes (biomarkers) Drawn: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) POpEnzDrawn (4660) Peak CKMB: _____ Peak Troponin I _____ Peak Troponin T _____ POpPkCKMB (4665) POpPkTri (4670) POpPkTrT (4675)
12-Lead EKG Findings: POpEKG (4680) <input type="checkbox"/> Not performed <input type="checkbox"/> No ischemic changes <input type="checkbox"/> New ST changes <input type="checkbox"/> New Pathological Q-wave or LBBB <input type="checkbox"/> New STEMI <input type="checkbox"/> Other <input type="checkbox"/> NA (no pre-op EKG for comparison, transplant)
Imaging Study for Myocardial Injury : POpImagStdy (4685) <input type="checkbox"/> Not performed <input type="checkbox"/> Angiographic evidence of new thrombosis or occlusion of graft or native coronary <input type="checkbox"/> Imaging evidence of new loss of viable myocardium <input type="checkbox"/> No evidence of new myocardial injury <input type="checkbox"/> Other

P. Postoperative Events

Surgical Site Infection within 30 days of operation: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) SurSInf (4690) Sternal Superficial Wound Infection: <input type="checkbox"/> Yes, within 30 days of procedure <input type="checkbox"/> Yes, >30 days after procedure but during hosp. for surgery <input type="checkbox"/> No CSternalSupInf (4695) Deep Sternal Infection/ Mediastinitis: DeepStemInf (4700) <input type="checkbox"/> Yes, within 30 days of procedure <input type="checkbox"/> Yes, >30 days after procedure but during hosp. for surgery <input type="checkbox"/> No (If either Yes value →) Diagnosis Date: ____/____/____ (mm/dd/yyyy) DeepStemInfDt (4705) Thoracotomy: <input type="checkbox"/> Yes, within 30 days of procedure <input type="checkbox"/> Yes, >30 days after procedure but during hosp. for surgery <input type="checkbox"/> No CIThor (4710) Conduit Harvest : <input type="checkbox"/> Yes, within 30 days of procedure <input type="checkbox"/> Yes, >30 days after procedure but during hosp. for surgery <input type="checkbox"/> No ConduitHarv (4715) Cannulation Site: <input type="checkbox"/> Yes, within 30 days of procedure <input type="checkbox"/> Yes, >30 days after procedure but during hosp. for surgery <input type="checkbox"/> No CanSite (4720) Wound Intervention/Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) WoundInter (4725) Wound Intervention – Open with Packing/Irrigation: <input type="checkbox"/> Yes, primary incision <input type="checkbox"/> Yes, secondary incision <input type="checkbox"/> Both <input type="checkbox"/> No WoundIntOpen (4730) Wound Intervention – Wound Vac: WoundIntVac (4735) <input type="checkbox"/> Yes, primary incision <input type="checkbox"/> Yes, secondary incision <input type="checkbox"/> Both <input type="checkbox"/> No Secondary Procedure Muscle Flap: WoundIntMuscle (4740) <input type="checkbox"/> Yes, primary incision <input type="checkbox"/> Yes, secondary incision <input type="checkbox"/> Both <input type="checkbox"/> No Secondary Procedure Omental Flap: WoundIntOmental (4745) <input type="checkbox"/> Yes <input type="checkbox"/> No
Other <u>In Hospital</u> Postoperative Event Occurred: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓) Complics (4750) Operative ReOp for Bleeding /Tamponade: <input type="checkbox"/> Yes <input type="checkbox"/> No COpReBld (4755) (If Yes →) Bleed Timing: <input type="checkbox"/> Acute <input type="checkbox"/> Late COpReBldTim (4760) ReOp for Valvular Dysfunction: <input type="checkbox"/> Yes, surgical <input type="checkbox"/> Yes, transcatheter <input type="checkbox"/> No COpReVlv (4765) ReOp for Graft Occlusion: <input type="checkbox"/> Yes, surgical <input type="checkbox"/> Yes, PCI <input type="checkbox"/> No COpReGft (4770) ReOp for Other Cardiac Reasons: <input type="checkbox"/> Yes <input type="checkbox"/> No COpReOth (4775) ReOp for Other Non-Cardiac Reasons: <input type="checkbox"/> Yes <input type="checkbox"/> No COpReNon (4780) Open chest with planned delayed sternal closure: <input type="checkbox"/> Yes <input type="checkbox"/> No COpPlndDelay (4785) Sternalotomy Issue: <input type="checkbox"/> Yes <input type="checkbox"/> No CSternal (4790) (If Yes →) Sternal instability/dehiscence (sterile): <input type="checkbox"/> Yes <input type="checkbox"/> No CSternalDehis (4795)
Infection Sepsis: <input type="checkbox"/> Yes <input type="checkbox"/> No CSepsis (4800) (If Yes →) Positive Blood Cultures: <input type="checkbox"/> Yes <input type="checkbox"/> No CSepsisPBC (4805)

Neurologic
 Postoperative Stroke: Yes, hemorrhagic Yes, embolic Yes, undetermined type No **CNStrokP (4810)**
 Transient Ischemic Attack (TIA): Yes No **CNStrokTTIA (4815)**
 Encephalopathy: None Anoxic Embolic Drug Metabolic Intracranial Bleeding Other Unknown
CNComaEnceph (4820)
 Paralysis: Yes No **CNParal (4825)** (If Yes →) Paralysis Type: Transient Permanent **CNParalTy (4830)**

Pulmonary
 Prolonged Ventilation: Yes No (OR exit time until initial extubation, plus any additional reintubation hours) **CPVntLng (4835)**
 Pneumonia: Yes No **CPPneum (4840)**
 Venous Thromboembolism – VTE: Yes No (If Yes ↓) **CVTE (4845)**
 Pulmonary Thromboembolism: Yes No **PulmEmb (4850)**
 Deep Venous Thrombosis: Yes No **DVT (4855)**
 Pleural Effusion Requiring Drainage: Yes No **CPIEff (4860)**
 Pneumothorax Requiring Intervention: Yes No **PostOpPneumo (4865)**

Renal
 Renal Failure: Yes No (If Yes ↓) **CRenFail (4870)**
 Dialysis (Newly Required): Yes No (If Yes →) Required after Hospital Discharge: Yes No
 CRenDial (4875) **DialDur (4880)**
 Ultra Filtration Required: Yes No **CUltraFil (4885)**

Vascular
 Iliac/Femoral Dissection: Yes No **CVaIlFem (4890)**
 Acute Limb Ischemia: Yes No **CVaLbIs (4895)**

Other
 Rhythm Disturbance Requiring Permanent Device: Pacemaker ICD Pacemaker/ICD Other None **CRhythmDis (4900)**
 Cardiac Arrest: Yes No **COTarrst (4905)**
 Anticoagulant Event: Yes No **COTCoag (4910)**
 Tamponade (Non-Surgical Intervention): Yes No **COTamp (4915)**
 Gastro-Intestinal Event: Yes No **COTGI (4920)**
 Multi-System Failure: Yes No **COTMSF (4925)**
 Atrial Fibrillation: Yes No **COTAFib (4930)**
 Aortic Dissection: Yes No **CVaAoDis (4935)**
 Recurrent Laryngeal Nerve Injury: Yes No **RecLarynNrvInj (4940)**
 Phrenic Nerve Injury: Yes No **PhrenNrvInj (4945)**
 Other: Yes No **COTOther (4950)**

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

R. Discharge (If Discharge Status = Alive↓)
 Discharge Location: Home Extended Care/Transitional Care Unit/Rehab Other Acute Care Hospital
DisLoctn (5045) Nursing Home Hospice Left AMA Other
 Cardiac Rehabilitation Referral: Yes No Not Applicable **CardRef (5050)**
 Smoking Cessation Counseling: Yes No Not Applicable **SmokCoun (5055)**

Medication(s) Prescribed:

Antiplatelets	Aspirin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	DCASA (5060)
	P2Y12 Antagonists	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	DCP2Y12 (5065)
	ADP Inhibitor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	DCADP (5070)
	Other Antiplatelet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	DCOthAntiplat (5075)
Anticoagulants	Thrombin Inhibitors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	DCDirThromIn (5080)
	Warfarin (Coumadin)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	DCCoum (5085)
	Factor Xa inhibitors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	DCFactorXa (5090)

Other Anticoagulant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	DCOthAnticoag (5095)
ACE or ARB	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	<input type="checkbox"/> Not indicated (no hx CHF or EF>40%) DCACE (5100)
Beta Blocker	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	DCBeta (5105)
Amiodarone	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	DCAmiodarone (5110)
Lipid lowering Statin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	DCLipLowStat (5115)
Lipid lowering non-Statins	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated	DCLipLowNonStat (5120)

S. Readmission

(If Discharge Status = Alive↓)

Readmit : Yes No Unknown (If Yes ↓) **Readmit (5140)**

Readmit Date: ___/___/___ (mm/dd/yyyy) **ReadmitDt (5145)**

Readmit Primary Reason: **ReadmRsn (5160)**

- | | |
|---|--|
| <input type="checkbox"/> Anticoagulation Complication - Pharmacological | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Anticoagulation Complication – Valvular | <input type="checkbox"/> Renal Failure |
| <input type="checkbox"/> Arrhythmia/Heart Block | <input type="checkbox"/> Respiratory complication, Other |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Coronary Artery/Graft Dysfunction | <input type="checkbox"/> TIA |
| <input type="checkbox"/> DVT | <input type="checkbox"/> Transplant Rejection |
| <input type="checkbox"/> Endocarditis | <input type="checkbox"/> VAD Complication |
| <input type="checkbox"/> Infection, Conduit Harvest Site | <input type="checkbox"/> Valve Dysfunction |
| <input type="checkbox"/> Infection, Deep Sternum / Mediastinitis | <input type="checkbox"/> Vascular Complication, acute |
| <input type="checkbox"/> Myocardial Infarction and/or Recurrent Angina | <input type="checkbox"/> Other – Related Readmission |
| <input type="checkbox"/> PE | <input type="checkbox"/> Other – Nonrelated Readmission |
| <input type="checkbox"/> Pericardial Effusion and/or Tamponade | <input type="checkbox"/> Other – Planned Readmission |
| <input type="checkbox"/> Pleural effusion requiring intervention | <input type="checkbox"/> Unknown |

Readmit Primary Procedure: **ReadmPro (5165)**

- | | |
|---|--|
| <input type="checkbox"/> No Procedure Performed | <input type="checkbox"/> Pacemaker Insertion / AICD |
| <input type="checkbox"/> Cath lab for Valve Intervention | <input type="checkbox"/> Pericardiotomy / Pericardiocentesis |
| <input type="checkbox"/> Cath lab for Coronary Intervention (PCI) | <input type="checkbox"/> Thoracentesis/ Chest tube insertion |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Wound vac |
| <input type="checkbox"/> OR for Bleeding | <input type="checkbox"/> Other Procedure |
| <input type="checkbox"/> OR for Coronary Artery Intervention | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> OR for Sternal Debridement / Muscle Flap | |
| <input type="checkbox"/> OR for Valve Intervention | |
| <input type="checkbox"/> OR for Vascular Procedure | |

Temporary Coded Field: Indicate whether the STS Risk Calculator score was discussed with the patient/family prior to surgery.

TempCode (5230) 1 Yes – A risk calculator score was calculated and discussed with the patient/family prior to surgery as documented in the medical record
 2 No – A risk calculator score was calculated but not discussed with the patient/family prior to surgery or discussion was not documented
 3 NA – Not applicable (emergent or salvage case, or no risk score calculated for this procedure)