Vascular Quality Initiative - Carotid Artery Stent

Last Name _____ *First Name* _____ *Middle Initial* _____

Date of Birth _____ *Medical Record Number* _____ *Social Security Number* _____

General Information

Patient Data

Zip/Postal Code _____

Ethnicity ☐ Not Hispanic or Latino ☐ Hispanic or Latino

Height _____ inches or cm

Weight _____ lbs or kg

Gender ☐ Male ☐ Female

Race ☐ White ☐ Black or African American ☐ Asian ☐ More than 1 race ☐ American Indian or Alaskan Native ☐ Native Hawaiian or other Pacific Islander ☐ Unknown/other

Admission Data

Visit code (not required) _____

Admit Date _____ *Discharge Date* _____

Surgeon _____ *Surgery Date* _____

Discharge Status ☐ Home ☐ Rehab Unit ☐ Nursing Home ☐ Dead ☐ Other Hospital ☐ Skilled Nursing Facility

Was the Procedure Billed to Medicare Part B? ☐ No ☐ Yes

If dead, date of death _____

Transferred from? ☐ No ☐ Hospital ☐ Rehab Unit

Demographics

Smoking ☐ Never ☐ Prior (>1 yr) ☐ Current (within 1 yr)

Diabetes ☐ None ☐ Diet ☐ Oral Meds ☐ Insulin

CAD Symptoms ☐ None ☐ hx MI but no sx ☐ Stable Angina ☐ Unstable Angina or MI < 6 mos

CHF ☐ None ☐ Asymp, hx CHF ☐ Mild ☐ Severe

Dialysis ☐ No ☐ Functioning Transplant ☐ On Dialysis

Stress Test ☐ Not Done ☐ Normal ☐ (+)ischemia ☐ (+)MI ☐ (+)both

Hypertension ☐ No ☐ Yes (>=140/90 or history)

Beta Blockers ☐ No ☐ Op Day only ☐ Pre-op 1-30 days ☐ Chronic > 30 days ☐ Intolerant

CABG/ PTCA ☐ None ☐ <5yr ☐ >=5yrs ago

COPD ☐ No ☐ Not Treated ☐ On Meds ☐ On Home Oxygen

Creatinine _____ mg/dl OR umol/L

Pre-adm Living ☐ Home ☐ Nursing Home

ASA Class ☐ 1=Normal/healthy ☐ 2=w/Mild Systemic dx ☐ 3=w/Severe Systemic dx ☐ 4=w/Severe Systemic dx That's Constant Threat to Life ☐ 5=Moribund/not Expected to Survive w/o Op

Pre-op Hemoglobin ☐ g/dl OR g/L

Previous Arterial

Bypass ☐ No ☐ Yes

Aneurysm Repair ☐ No ☐ Yes

Major Amp ☐ No ☐ Yes

CEA ☐ No ☐ Yes

PTA/Stent ☐ No ☐ Yes

Pre-Op Medications

ASA ☐ No ☐ Yes ☐ Intolerant

Statin ☐ No ☐ Yes ☐ Intolerant

Plavix ☐ No ☐ Yes ☐ Intolerant

History

Symptoms:

Ocular Ipsilat
☐ Asymptomatic
☐ TIA
☐ Minor Stroke < 1 mo
☐ Minor Stroke >= 1 mo
☐ Major Stroke < 1 mo
☐ Major Stroke >= 1 mo

Ocular Contralat
☐ Asymptomatic
☐ TIA
☐ Minor Stroke < 1 mo
☐ Minor Stroke >= 1 mo
☐ Major Stroke < 1 mo
☐ Major Stroke >= 1 mo

Cortical Ipsilat
☐ Asymptomatic
☐ TIA
☐ Minor Stroke < 1 mo
☐ Minor Stroke >= 1 mo
☐ Major Stroke < 1 mo
☐ Major Stroke >= 1 mo

Cortical Contralat
☐ Asymptomatic
☐ TIA
☐ Minor Stroke < 1 mo
☐ Minor Stroke >= 1 mo
☐ Major Stroke < 1 mo
☐ Major Stroke >= 1 mo

If Ocular Ipsilat, Ocular Contralat, Cortical Ipsilat or Cortical Contralat equals minor or major stroke:

Rankin Score ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Vertebrobasilar
☐ Asymptomatic
☐ TIA
☐ Minor Stroke < 1 mo
☐ Minor Stroke >= 1 mo
☐ Major Stroke < 1 mo
☐ Major Stroke >= 1 mo

Non-Specific ☐ No ☐ Yes

Previous Ipsilat CEA ☐ No ☐ Yes

Previous Ipsilat Carotid Stent ☐ No ☐ Yes

Previous Contralat CEA ☐ No ☐ Yes

Ipsilat Stroke on CT/MRI? ☐ No ☐ Yes ☐ Not done

Medical High Risk ☐ No ☐ Yes

Anatomic High Risk ☐ No ☐ Yes

Refused for Surgery ☐ No ☐ Yes

Pre-op:

Duplex ☐ No ☐ Yes

CTA ☐ No ☐ Yes

MRA ☐ No ☐ Yes

Arteriogram ☐ No ☐ Yes

ICA Stenosis:

Ipsilateral ☐ <50% ☐ >50% ☐ >60% ☐ >70% ☐ >80% ☐ Occluded

Contralateral ☐ <50% ☐ >50% ☐ >60% ☐ >70% ☐ >80% ☐ Occluded ☐ Unknown

Procedure

Urgency ☐ Elective ☐ Urgent ☐ Emergent

Site ☐ IR ☐ Cardiac Cath ☐ OR, fixed ☐ OR, mobile

Anesthesia ☐ Local ☐ General

Side ☐ Right ☐ Left

Lesion Type ☐ Atherosclerosis ☐ Re-Stenosis ☐ Dissection ☐ Trauma ☐ Other

Lesion Length _____ mm

Stenosis by Angiography _____ %

Second Stenosis ☐ No ☐ Yes

If yes, Second Stenosis Severity _____ %

Upper Extent of Lesion (Location) ☐ C1 ☐ C2 ☐ C3 ☐ C4 ☐ C5 ☐ C6

Approach ☐ Femoral ☐ Trans-Carotid ☐ Brachial

Prophylactic Anti-bradyarrhythmic ☐ No ☐ Yes

Heparin ☐ No ☐ Yes

Protamine ☐ No ☐ Yes

Contrast Volume _____ ml

Bradyarrhythmia Requiring Tx ☐ No ☐ Yes

Protection Device Failure ☐ No ☐ Yes

Neurologic Change ☐ No ☐ Yes

If Neurologic Change is Yes, Neuro Change Type ☐ Decreased LOC ☐ Seizure ☐ TIA ☐ Stroke ☐ Other

Lesion(s) Treated ☐ CCA Only ☐ Bifurcation or ICA Only ☐ CCA + Bifurcation or ICA

Heart Rate:

On Arrival in OR _____ bpm

Highest intra-op _____ bpm

Common Carotid Artery

Pre-dilate Before Protection Device ☐ No ☐ Yes

Technical Failure ☐ No ☐ Yes

If Technical Failure is Yes,

Cause of Failure ☐ Can't Canulate CCA + Sheath ☐ Can't cross lesion ☐ Other

If Technical Failure is No:

Protection Device ☐ None ☐ Angioguard ☐ Accunet ☐ Filterwire ☐ Percusurge ☐ Retrograde Flow ☐ Neuroshield ☐ Other ☐ Emboshield ☐ Spider

Pre-dilate Before Stent ☐ No ☐ Yes

Stent Type ☐ Wall ☐ Precise ☐ Acculink ☐ Other ☐ Xact ☐ Nexstent ☐ Vivexx

Stent Diameter _____ mm

Tapered ☐ No ☐ Yes

Stent Length _____ mm

Number of Stents _____

Post Dilate ☐ No ☐ Yes

Balloon Diameter _____ mm
(largest size used during procedure)

Bifurcation or ICA

Pre-dilate Before Protection Device ☐ No ☐ Yes

Technical Failure ☐ No ☐ Yes

If Technical Failure is Yes,

Cause of Failure ☐ Can't Canulate CCA + Sheath ☐ Can't cross lesion ☐ Other

If Technical Failure is No:

Protection Device ☐ None ☐ Angioguard ☐ Accunet ☐ Filterwire ☐ Percusurge ☐ Retrograde Flow ☐ Neuroshield ☐ Other ☐ Emboshield ☐ Spider

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Stent Diameter _____ mm

Number of Stents _____

Tapered ☐ No ☐ Yes

Post Dilate ☐ No ☐ Yes

Stent Length _____ mm

Balloon Diameter _____ mm
(largest size used during procedure)

Post-Op Data

Ipsilat Neurological Event ☐ No ☐ TIA ☐ Stroke, minor ☐ Stroke, major

Time of Onset ☐ Intra-op ☐ < 6 hrs post-op ☐ >= 6 hrs post-op ☐ Unknown

Contralat Neurologic Event ☐ No ☐ TIA ☐ Stroke, minor ☐ Stroke, major

Time of Onset ☐ Intra-op ☐ < 6 hrs post-op ☐ >= 6 hrs post-op ☐ Unknown

2b3a Inhibitor Post-op ☐ No ☐ Yes

Reperfusion Symptoms ☐ None ☐ Seizure or Hemorrhage

Myocardial Infarction ☐ No ☐ Troponin Only ☐ EKG or Clinical

Dysrhythmia (new) ☐ No ☐ Yes

CHF ☐ No ☐ Yes

Access Site Cx ☐ No ☐ Minimal Hematoma/PA ☐ Hematoma/PA Req. Transfusion ☐ Required Operation ☐ Arterial Occlusion

IV Med Required For:

Hypertension ☐ No ☐ Yes

Hypotension ☐ No ☐ Yes

Discharge Medications:

ASA	☐ No	☐ Yes	☐ Intolerant	*Plavix*	☐ No	☐ Yes	☐ Intolerant
Statin	☐ No	☐ Yes	☐ Intolerant	*Beta-Blocker*	☐ No	☐ Yes	☐ Intolerant
Other Antiplatelet	☐ No	☐ Yes	☐ Intolerant				

Vascular Quality Initiative - Carotid Artery Stent Follow-Up

Last Name | *First Name* | *Middle Initial*

Date of Birth | *Medical Record Number* | *Social Security Number*

Visit code (not required) | *Zip/Postal Code*

Surgeon | *Procedure:* Carotid Artery Stent

Surgery Date | *Side:*

General Information

Date of Contact

Contact By
- ☐ Face to Face
- ☐ Phone
- ☐ No Follow-up Possible

Current Smoking
- ☐ No
- ☐ Yes

Current Living Status
- ☐ Home
- ☐ Nursing Home
- ☐ Dead

Date of Death

Cause
- ☐ Operation Related
- ☐ Non-Related
- ☐ Unsure

Current Medications

ASA	*Plavix*	*Coumadin*	*Beta Blocker*	*Statin*
☐ No	☐ No	☐ No	☐ No	☐ No
☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ Intolerant	☐ Intolerant	☐ Intolerant	☐ Intolerant	☐ Intolerant

Carotid Artery Stent

Ipsilat Neurological Event
- ☐ No
- ☐ TIA
- ☐ Stroke, minor
- ☐ Stroke, major

Date of Event:

Contralat Neurologic Event
- ☐ No
- ☐ TIA
- ☐ Stroke, minor
- ☐ Stroke, major

Date of Event:

Duplex CEA Site
- ☐ <50%
- ☐ >50%
- ☐ >60%
- ☐ >70%
- ☐ >80%
- ☐ Occluded
- ☐ Not Done
- ☐ Unknown

CAS Site Re-intervention ☐ No ☐ Yes

If Yes, Date of PTA/Stent:

CAS Site Endarterectomy ☐ No ☐ Yes

If Yes, Date of Procedure: