

Vascular Quality Initiative - Carotid Endarterectomy

Last Name First Name Middle Initial
 Date of Birth Medical Record Number Social Security Number

General Information

Patient Data

Zip/Postal Code Gender Male Female
 Ethnicity Not Hispanic or Latino Hispanic or Latino Race White Black or African American
 Height inches or cm Asian More than 1 race
 Weight lbs or kg 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) Hypertension No Yes (>=140/90 or history)
 Diabetes None Diet Oral Meds Insulin Beta Blockers No Op Day only
 Pre-op 1-30 days Chronic > 30 days
 Intolerant
 CAD None hx MI but no sx CABG/PTCA None <5yr >=5yrs ago
 Symptoms Stable Angina Unstable Angina or MI < 6 mos
 CHF None Mild Asymp, hx CHF Severe COPD No Not Treated On Meds
 On Home Oxygen
 Dialysis No On Dialysis Functioning Transplant Creatinine mg/dl OR umol/L
 Stress Test Not Done Normal (+)ischemia (+)MI (+)both Pre-adm Living Home Nursing Home

ASA 1=Normal/healthy 2=w/Mild Systemic dx Pre-op Hemoglobin g/dl OR g/L
 Class 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

Previous Arterial

Bypass No Yes *CEA* No Yes
Aneurysm Repair No Yes *PTA/Stent* No Yes
Major Amp No Yes

Pre-Op Medications

ASA No Yes Intolerant *Plavix* No Yes Intolerant
Statin No Yes Intolerant

History

Symptoms:

<p><i>Ocular Ipsilat</i> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> TIA <input type="checkbox"/> Minor Stroke < 1 mo <input type="checkbox"/> Minor Stroke >= 1 mo <input type="checkbox"/> Major Stroke < 1 mo <input type="checkbox"/> Major Stroke >= 1 mo</p> <p><i>Cortical Ipsilat</i> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> TIA <input type="checkbox"/> Minor Stroke < 1 mo <input type="checkbox"/> Minor Stroke >= 1 mo <input type="checkbox"/> Major Stroke < 1 mo <input type="checkbox"/> Major Stroke >= 1 mo</p> <p><i>Vertebrobasilar</i> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> TIA <input type="checkbox"/> Minor Stroke < 1 mo <input type="checkbox"/> Minor Stroke >= 1 mo <input type="checkbox"/> Major Stroke < 1 mo <input type="checkbox"/> Major Stroke >= 1 mo</p> <p><i>Previous Ipsilateral CEA</i> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Ipsilat Stroke on CT/MRI?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not done</p>	<p><i>Ocular Contralat</i> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> TIA <input type="checkbox"/> Minor Stroke < 1 mo <input type="checkbox"/> Minor Stroke >= 1 mo <input type="checkbox"/> Major Stroke < 1 mo <input type="checkbox"/> Major Stroke >= 1 mo</p> <p><i>Cortical Contralat</i> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> TIA <input type="checkbox"/> Minor Stroke < 1 mo <input type="checkbox"/> Minor Stroke >= 1 mo <input type="checkbox"/> Major Stroke < 1 mo <input type="checkbox"/> Major Stroke >= 1 mo</p> <p><i>Non-Specific</i> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>Previous Contralateral CEA</i> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Previous Radiation</i> <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
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Pre-Op:

Duplex No Yes *MRA* No Yes
CTA No Yes *Arteriogram* No Yes

ICA Stenosis:

<p><i>Ipsilateral</i> <input type="checkbox"/> <50% <input type="checkbox"/> >50% <input type="checkbox"/> >60% <input type="checkbox"/> >70% <input type="checkbox"/> >80% <input type="checkbox"/> Occluded</p>	<p><i>Contralateral</i> <input type="checkbox"/> <50% <input type="checkbox"/> >50% <input type="checkbox"/> >60% <input type="checkbox"/> >70% <input type="checkbox"/> >80% <input type="checkbox"/> Occluded <input type="checkbox"/> Unknown</p>
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Procedure

<i>Urgency</i>	<input type="checkbox"/> Elective <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent	<i>Anesthesia</i>	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> General
<i>Side</i>	<input type="checkbox"/> Right <input type="checkbox"/> Left	<i>Type</i>	<input type="checkbox"/> Conventional <input type="checkbox"/> Eversion
<i>Patch</i>	<input type="checkbox"/> None <input type="checkbox"/> Vein <input type="checkbox"/> Dacron <input type="checkbox"/> PTFE <input type="checkbox"/> Bovine Pericardium <input type="checkbox"/> Other	<i>Shunt</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes (routine) <input type="checkbox"/> Yes (indication)
<i>Skin Prep</i>	<input type="checkbox"/> Chlorhexadine <input type="checkbox"/> Alcohol <input type="checkbox"/> Iodine <input type="checkbox"/> Chlor + Iodine <input type="checkbox"/> Chlor + Alcohol <input type="checkbox"/> Iodine + Alcohol <input type="checkbox"/> All 3	<i>Drain</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Heparin</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Protamine</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Re-explore artery after closure?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Dextran</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes

Monitoring:

<i>Awake</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>EEG</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Stump Pressure</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Other</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes

Heart Rate:

On Arrival in OR bpm *Highest intra-op* bpm

Completion:

<i>Doppler</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Duplex</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Angiogram</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Flowprobe</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes

Concomitant Procedure:

<i>CABG</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Proximal Endovascular</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Other arterial op</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Post-Op Data**Cranial Nerve Injury:**

<i>VII</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>IX</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>X</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>XII</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Other</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes		

<i>Ipsilat Neurological Event</i>	<input type="checkbox"/> No <input type="checkbox"/> TIA <input type="checkbox"/> Stroke, minor <input type="checkbox"/> Stroke, major	<i>Time of Onset</i>	<input type="checkbox"/> Intra-op <input type="checkbox"/> < 6 hrs post-op <input type="checkbox"/> >= 6 hrs post-op <input type="checkbox"/> Unknown
<i>Contralat Neurologic Event</i>	<input type="checkbox"/> No <input type="checkbox"/> TIA <input type="checkbox"/> Stroke, minor <input type="checkbox"/> Stroke, major	<i>Time of Onset</i>	<input type="checkbox"/> Intra-op <input type="checkbox"/> < 6 hrs post-op <input type="checkbox"/> >= 6 hrs post-op <input type="checkbox"/> Unknown

IV Med Required For:

<i>Hypertension</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>Hypotension</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Complications:

Myocardial Infarction No
 Troponin Only
 EKG or Clinical
CHF No Yes
Reperfusion Symptoms None
 Seizure or Hemorrhage

Dysrhythmia (new) No Yes

Wound Infection No Yes

Return to OR No Yes

If Return to OR is Yes:

Bleeding No Yes

If Return to OR is Yes:

Neurologic Event No Yes

Discharge Medications:

ASA No Yes Intolerant

Plavix No Yes Intolerant

Other Antiplatelet No Yes Intolerant

Statin No Yes Intolerant

Beta-Blocker No Yes Intolerant

Peri-Op Antibiotic Ordered:

Start <1hr Pre-op No Yes
 No, for medical reason

Stop <24hr Post-op No Yes
 No, for medical reason

1st-2nd Gen Cephalosporin No Yes
 No, for medical reason

Vascular Quality Initiative - Carotid Endarterectomy 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:
 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 No Yes Intolerant
 Plavix No Yes Intolerant
 Coumadin No Yes Intolerant
 Beta Blocker No Yes Intolerant
 Statin No Yes Intolerant

Carotid Endarterectomy

Ipsilat Neurological Event No TIA Stroke, minor Stroke, major
 Date of Event:
 Contralat Neurologic Event No TIA Stroke, minor Stroke, major
 Date of Event:
 Cranial Nerve Injury None Resolved Persistent
 Duplex CEA Site <50% >50% >60% >70% >80% Not Done Occluded Unknown
 CEA Site Re-operation No Yes
 If Yes, Date of Re-op:
 CEA Site PTA/Stent No Yes
 If yes, Date of PTA/Stent: