

Vascular Quality Initiative - Open AAA Repair

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 Asymp, hx CHF Mild Severe COPD No Not Treated On Meds
 On Home Oxygen
 Dialysis No Functioning Transplant On Dialysis 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

Family History of AAA No Yes Prior Aortic None AAA SAAA
Surgery Bypass EVAR Other
 Ejection Fraction <30% 30-50% Maximum AP AAA Diam mm
 >50% Not done Unknown
 Iliac Aneurysm No Unilateral Bilateral If Iliac Aneurysm, Max Diam mm
 Urgency Elective Symptomatic Ruptured

Fill out the fields below if Urgency equals ruptured

Lowest pre-intubation BP Systolic-mmHg Mental Status Normal Disoriented
 Unconscious
 Cardiac Arrest No Yes Time: Symptoms to Incision hours
 Time: Admission to Incision hours Delayed Closure No Yes

Procedure

Anesthesia General Conversion No Renal/Visceral minutes
 General + Epidural from Endo Early Ischemic Time
AAA Late
 Exposure Anterior Distal Aorta CIA Graft Body mm
 Retroperitoneal Anastomosis EIA CFA Diameter
 Graft Type Dacron, woven Hypogastric None Proximal Infrarenal
 Dacron, knitted ligated/ Single Clamp Above one renals
 Dacron, coated occluded Both Position Above both renals
 PTE Supraceliac
 Non-autologous biologic
 IMA at Occluded Heparin No Yes Cold Renal No Yes
 Completion Ligated Perfusion
 Reimplanted
 Mannitol No Yes EBL ml Crystalloid ml
 Autotransfusion ml PRBC (in OR) units
 Total Procedure minutes Skin Prep Chlorhexadine Alcohol All 3
 Time Iodine Chlor + Iodine
 Chlor + Alcohol Iodine + Alcohol

Heart Rate

On Arrival in OR bpm Highest intra-op bpm

Concomitant Procedure

Thrombo-
embolectomy No Yes Renal Bypass No Yes

Infra-Inguinal
Bypass No Yes Other Abdominal No Yes

Post-Op Data

Time to Extubation in OR <12 hrs 12-24 hrs >=24hrs Vasopressors Req. Post-Op No Yes ICU Stay days

Transfusion # Units PRBC Myocardial Infarction No
 Troponin Only
 EKG or Clinical Dysrhythmia (new) No Yes

CHF No Yes Respiratory No
 Pneumonia Change of Renal Function None
 Ventilator Creat. Increase > 0.5mg/dl(44.2umol/L)
 Temp. Dialysis
 Perm. Dialysis

Leg Ischemia/Embolii No
 Yes, rx w/o Surgery Bowel Ischemia No
 Required Surgery Medical Rx Wound Complication No
 Amputation Surgical Rx Superficial Separation/
Infection
 Return to OR

Return to OR No Yes If Yes, Bleeding No Yes

Stroke None Minor Major

Discharge Medications

ASA No Yes Intolerant Statin No Yes Intolerant

Plavix No Yes Intolerant Beta-Blocker No Yes Intolerant

Peri-Op Antibiotic Ordered

Start <1hr Pre-op No Yes Stop <24hr Post-op No Yes
 No, for medical reason No, for medical reason

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

Vascular Quality Initiative - Open AAA Repair 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 <input type="text"/>	Contact By <input type="checkbox"/> Face to Face	Current Smoking <input type="checkbox"/> No
	<input type="checkbox"/> Phone	<input type="checkbox"/> Yes
	<input type="checkbox"/> No Follow-up Possible	
Current Living Status <input type="checkbox"/> Home	Date of Death <input type="text"/>	Cause <input type="checkbox"/> Operation Related
<input type="checkbox"/> Nursing Home		<input type="checkbox"/> Non-Related
<input type="checkbox"/> Dead		<input type="checkbox"/> Unsure
Current Medications		
ASA <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Intolerant	Plavix <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Intolerant	Coumadin <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Intolerant
	Beta Blocker <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Intolerant	Statin <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Intolerant

Open AAA

Number of Subsequent Operations Related to AAA <input type="text"/>
If subsequent operations performed, performed for:
Incision <input type="checkbox"/> No <input type="checkbox"/> Yes
Intestine <input type="checkbox"/> No <input type="checkbox"/> Yes
Graft <input type="checkbox"/> No <input type="checkbox"/> Yes
Leg Ischemia <input type="checkbox"/> No <input type="checkbox"/> Yes