

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

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 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

Open AAA

Number of Subsequent Operations Related to AAA
 If subsequent operations performed, performed for:
 Incision No Yes Graft No Yes
 Intestine No Yes Leg Ischemia No Yes