

OEIS National Registry PAD Data Collection

Patient Label
(MRN/DOB/Sex/Procedure Date)

Demographics

Race: African American Asian White Other _____
 Hispanic → Mexican Puerto Rican Cuban Central American South American
Insurance: Primary: _____ | **Patient in Hospice:** No Yes
***Advanced Directive/POA:** Yes No → Patient Reason Unable to Provide

Clinical Status

Height: _____ in/cm (circle one) | **Weight:** _____ lb/kg (circle one)

Medical History

History of Cardiac Disease → CAD MI CHF → EF<40 EF>40
 History of Cerebrovascular Disease → TIA CVA Carotid Artery Disease → Carotid Endarterectomy Carotid Stenting
 HTN → Controlled (BP <140/90) Uncontrolled
 CKD → Classification (I-V): _____ → Dialysis → Hemodialysis Peritoneal Dialysis None
 Diabetes → Type 1 Type 2 | Hypercholesterolemia | COPD | Bleeding or Clotting Disorder

Lower Extremity Ischemia

Gangrene/Ischemic Ulcer (target limb) | **Hx of LE Bypass or Percutaneous Intervention**
Hx of Amputation → R L Bilat | Major (AKA/BKA) Minor (foot/toe)

Tobacco Use Status

***Tobacco Use** → Never Former Current → ***Was the patient counseled on Tobacco cessation?** → Yes No

Immunizations

***Flu Vaccine within for current flu season:** Yes → _____ (date) No → Reason: Patient Medical System
***Pneumonia Vaccine (if 65 y/o):** Yes → _____ (date) No → Reason: Patient Medical System

Medications on Presentation

***Physician attests to documenting, updating or reviewing a patient's current medications**See Terms and Definitions**

Antiplatelet Therapy: Yes _____ No → Never Prescribed Non-Compliance Contraindication Side Effect

Lipid Lowering Meds: Yes Statin(s) _____ Non-Statins _____
 No → Not Prescribed Non-Compliance Contraindication Side Effect Preference

Anticoagulation: Yes _____ No | **Beta Blocker(s):** Yes _____ No

Pre Procedure

ASA Class (1-5): _____

***Rutherford Class (1-6):** _____ | R L | Acute Chronic | Date: _____

***Procedure Indication** → Claudication Acute Limb Ischemia Minor Tissue Loss Major Tissue Loss
 Critical Limb Ischemia Maintenance of Patency Distal Embolization Other _____

***Walking Program:** Yes → Structured Unstructured | No → Physically unable Unwilling

***Non-Invasive Tests:** ABI: R _____ or Non-Compressible | L _____ or Non-Compressible
 TBI: R _____ | L _____ Duplex Ultrasound CT Angiogram Prior Angiography MRA

Labs: Creatinine _____ mg/dL

Procedure

Performing Physician: _____ | **Procedure Location** Office ASC Hospital (Inpatient) Hospital (Outpatient)

Procedure Type → Interventional Planned Diagnostic

Sedation → Minimal Sedation Moderate (conscious) Sedation Deep Sedation General Anesthesia None

Sheath Size: _____ Fr | **Amount of Contrast Used:** _____ mL | **CO₂ Used**

Est. Blood Loss: _____ mL | **Flouro Time:** _____ min

***Cumulative Air Kerma:** _____ mGy | ***Dose Area Product:** _____ mGy*cm²

Procedure Start time: _____ **End Time:** _____ **Time Pt left room:** _____

Access

Access Type → Arterial Venous Dialysis

Access Vessel: _____ → L R | **Approach** → Ipsilateral Contralateral N/A

Direction → Anterograde Retrograde

Guidance → Palpation Fluoroscopy Ultrasound Micropuncture Other

Closure Device Used: _____ or None | **Closure Device Successful?** Yes No → Device Malfunction? Yes No

Bleeding at Access Site? Yes No

Lesion #1	Lesion #2	Lesion #3
<p>Lesion Site: _____ <input type="checkbox"/>L <input type="checkbox"/>R <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal</p> <p><input type="checkbox"/> De novo <input type="checkbox"/> Restenotic → <input type="checkbox"/> In-stent</p> <p>Calcification → <input type="checkbox"/> Focal <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe <input type="checkbox"/> None</p> <p><input type="checkbox"/> Thrombus Present</p> <p>Patent BTK Vessels Prior to Tx → <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>Lesion Length: _____ mm</p> <p>% Stenosis → <input type="checkbox"/> <50% <input type="checkbox"/> >50% <input type="checkbox"/> Occluded</p> <p>Intervention</p> <p>Lesion Crossed Successfully? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach any stickers here or write in devices used: (athrectomy/balloon/stent)</i></p> <p>% Stenosis POST: <input type="checkbox"/> <50% <input type="checkbox"/> >50% <input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Thrombolysis: _____</p> <p><input type="checkbox"/> Thrombectomy: _____</p> <p>Treatment Aborted? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____</p> <p>Acute Technical Success? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Lesion Site: _____ <input type="checkbox"/>L <input type="checkbox"/>R <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal</p> <p><input type="checkbox"/> De novo <input type="checkbox"/> Restenotic → <input type="checkbox"/> In-stent</p> <p>Calcification → <input type="checkbox"/> Focal <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe <input type="checkbox"/> None</p> <p><input type="checkbox"/> Thrombus Present</p> <p>Patent BTK Vessels Prior to Tx → <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>Lesion Length: _____ mm</p> <p>% Stenosis → <input type="checkbox"/> <50% <input type="checkbox"/> >50% <input type="checkbox"/> Occluded</p> <p>Intervention</p> <p>Lesion Crossed Successfully? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach any stickers here or write in devices used: (athrectomy/balloon/stent)</i></p> <p>% Stenosis POST: <input type="checkbox"/> <50% <input type="checkbox"/> >50% <input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Thrombolysis: _____</p> <p><input type="checkbox"/> Thrombectomy: _____</p> <p>Treatment Aborted? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____</p> <p>Acute Technical Success? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Lesion Site: _____ <input type="checkbox"/>L <input type="checkbox"/>R <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal</p> <p><input type="checkbox"/> De novo <input type="checkbox"/> Restenotic → <input type="checkbox"/> In-stent</p> <p>Calcification → <input type="checkbox"/> Focal <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe <input type="checkbox"/> None</p> <p><input type="checkbox"/> Thrombus Present</p> <p>Patent BTK Vessels Prior to Tx: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>Lesion Length: _____ mm</p> <p>% Stenosis → <input type="checkbox"/> <50% <input type="checkbox"/> >50% <input type="checkbox"/> Occluded</p> <p>Intervention</p> <p>Lesion Crossed Successfully? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach any stickers here or write in devices used: (athrectomy/balloon/stent)</i></p> <p>% Stenosis POST: <input type="checkbox"/> <50% <input type="checkbox"/> >50% <input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Thrombolysis: _____</p> <p><input type="checkbox"/> Thrombectomy: _____</p> <p>Treatment Aborted? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____</p> <p>Acute Technical Success? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Procedure Conclusion

Procedure Success? Yes No: _____ (explain)

Any changes to medications? _____

***Any procedural complications/AEs:** _____

***Discharge Disposition:** Home Hospital Transfer → ***Transfer Type?** Elective Urgent Emergent

