

# OEIS NATIONAL REGISTRY

## PAD Data Collection

OEIS PATIENT ID# \_\_\_\_\_

Prior OEISNR Entry

Patient Label

### DEMOGRAPHICS:

Race:  African American  Asian  White  Other: \_\_\_\_\_

Hispanic →  Mexican  Puerto Rican  Cuban  Central American  South American  Other

### BASELINE:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Clinical Trial (if any): \_\_\_\_\_

Insurance: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Hospice:  No  Yes

Advanced Directive/POA:  Yes  No →  Patient Reason  Unable to Provide

### Medical History:

CAD  CVA  Hypercholesterolemia  
 MI  Diabetes →  Type 1  Type 2  Bleeding or Clotting Disorder  
 CHF →  EF<40  EF>40  TIA

Carotid Artery Disease →  Carotid Endarterectomy  Carotid Stenting

Pulmonary Disease →  COPD  Other: \_\_\_\_\_

HTN →  Controlled (BP <140/90)  Uncontrolled | Was patient counselled to follow up with PCP?  Yes  No

CKD → Classification (I-V) \_\_\_\_\_  Hemodialysis  Peritoneal Dialysis

Prior Amputation →  R  L |  Major (AKA or BKA)  Minor (foot or toe)

Gangrene/Ischemic Ulcer (target limb)  Hx of LE Bypass or Percutaneous Intervention

\*Tobacco Abuse →  Former  Current → \*Was the patient counselled on Tobacco cessation?  Yes  No

#### \*Flu Vaccine within 12 months:

#### \*Pneumonia Vaccine (if ≥ 65 y/o):

Yes: \_\_\_\_\_ (date)

Yes: \_\_\_\_\_ (date)

No → Reason:  Patient  Medical  System

No → Reason:  Patient  Medical  System

### Patient Medications:

\*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  Pt Preference  Side Effect

\*Lipid Lowering Meds:  Yes → Statin(s): \_\_\_\_\_ Non-Statins(s): \_\_\_\_\_

No → \*Patient recommended to seek prescription from Primary Care Provider?  Yes  No

Anticoagulation:  Yes: \_\_\_\_\_  No

CLI/Claudication Meds:  Yes: \_\_\_\_\_  No

Beta Blocker(s):  Yes: \_\_\_\_\_  No →  Never Prescribed  Non-Compliance  
 Contraindication  Pt Preference  Side Effect

ACE/ARB Meds:  Yes: \_\_\_\_\_  No →  Never Prescribed  Non-Compliance  
 Contraindication  Pt Preference  Side Effect

Labs: Creatinine: \_\_\_\_\_ mg/dL eGFR: \_\_\_\_\_ ml/min/1.73m<sup>2</sup> Hgb: \_\_\_\_\_ g/dL

### PRE-PROCEDURE:

\*Rutherford Class (1-6): R \_\_\_\_\_ →  Acute  Chronic L \_\_\_\_\_ →  Acute  Chronic Date: \_\_\_\_\_

WIFI Score (if Rutherford ≥5): \_\_\_\_\_ Wound (0-3): \_\_\_\_\_ Ischemia (0-3): \_\_\_\_\_ foot Infection (0-3): \_\_\_\_\_

### Procedure Indications:

Claudication  Minor Tissue Loss  Critical Limb Ischemia

Acute Limb Ischemia  Major Tissue Loss  Other: \_\_\_\_\_

\*Is the patient participating in a leg exercise program?  Yes →  Structured  Unstructured

No →  Unwilling  Unable

### \*Non-Invasive Test:

ABI: R \_\_\_\_\_ or  Non-Compressible → TBI \_\_\_\_\_  Duplex Ultrasound  CT Angiography

L \_\_\_\_\_ or  Non-Compressible → TBI \_\_\_\_\_  Prior Angiogram  MRA

**PROCEDURE DATA:**

Procedure performed as part of Research Trial → Trial Name: \_\_\_\_\_ → Trial Type:  Device  Pharmaceutical

\*Rutherford: R \_\_\_\_ L \_\_\_\_ (If not noted on the front page)

Sedation:  Minimal Sedation  Moderate (conscious) Sedation  Deep Sedation  General Anesthesia

ASA Class: \_\_\_\_\_

Access Artery: \_\_\_\_\_ →  R  L |  Contra  Antegrade

Access Guidance:  Palpation only  Fluoroscopy  Ultrasound  Micropuncture  Other: \_\_\_\_\_

Lesion #1 <input type="checkbox"/> Right <input type="checkbox"/> Left	Lesion #2 <input type="checkbox"/> Right <input type="checkbox"/> Left	Lesion #3 <input type="checkbox"/> Right <input type="checkbox"/> Left
<p><b>Lesion Site:</b> _____  <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal  <b>Lesion Length:</b> _____ mm  <b>% Stenosis PRE:</b> _____ %                      Lesion Type: <input type="checkbox"/> De novo                                        <input type="checkbox"/> Restenotic → <input type="checkbox"/> In-stent  <input type="checkbox"/> Calcification → <input type="checkbox"/> Focal <input type="checkbox"/> Mild                                                        <input type="checkbox"/> Mod <input type="checkbox"/> Severe  <input type="checkbox"/> Thrombus  <input type="checkbox"/> IVUS → <input type="checkbox"/> Diagnostic only                                                        <input type="checkbox"/> To guide decision making                      Patent BTK Vessels Prior to Tx:  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><b>Intervention:</b>  <input type="checkbox"/> Intentional subintimal strategy used  <input type="checkbox"/> Embolic Protection Device used  <input type="checkbox"/> Thrombolysis → <input type="checkbox"/> Pre <input type="checkbox"/> Bail-out  <input type="checkbox"/> Thrombectomy → <input type="checkbox"/> Pre <input type="checkbox"/> Bail-out  <b>% Stenosis POST:</b> _____ %  <b>% Stenosis FINAL:</b> _____ %</p> <p><i>Attach any stickers here or write in devices used: (atherectomy/balloon/stent)</i></p>	<p><b>Lesion Site:</b> _____  <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal  <b>Lesion Length:</b> _____ mm  <b>% Stenosis PRE:</b> _____ %                      Lesion Type: <input type="checkbox"/> De novo                                        <input type="checkbox"/> Restenotic → <input type="checkbox"/> In-stent  <input type="checkbox"/> Calcification → <input type="checkbox"/> Focal <input type="checkbox"/> Mild                                                        <input type="checkbox"/> Mod <input type="checkbox"/> Severe  <input type="checkbox"/> Thrombus  <input type="checkbox"/> IVUS → <input type="checkbox"/> diagnostic only                                                        <input type="checkbox"/> to guide decision making                      Patent BTK Vessels Prior to Tx:  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><b>Intervention:</b>  <input type="checkbox"/> Intentional subintimal strategy used  <input type="checkbox"/> Embolic Protection Device used  <input type="checkbox"/> Thrombolysis → <input type="checkbox"/> Pre <input type="checkbox"/> Bail-out  <input type="checkbox"/> Thrombectomy → <input type="checkbox"/> Pre <input type="checkbox"/> Bail-out  <b>% Stenosis POST:</b> _____ %  <b>% Stenosis FINAL:</b> _____ %</p> <p><i>Attach any stickers here or write in devices used: (atherectomy/balloon/stent)</i></p>	<p><b>Lesion Site:</b> _____  <input type="checkbox"/> Proximal <input type="checkbox"/> Mid <input type="checkbox"/> Distal  <b>Lesion Length:</b> _____ mm  <b>% Stenosis PRE:</b> _____ %                      Lesion Type: <input type="checkbox"/> De novo                                        <input type="checkbox"/> Restenotic → <input type="checkbox"/> In-stent  <input type="checkbox"/> Calcification → <input type="checkbox"/> Focal <input type="checkbox"/> Mild                                                        <input type="checkbox"/> Mod <input type="checkbox"/> Severe  <input type="checkbox"/> Thrombus  <input type="checkbox"/> IVUS → <input type="checkbox"/> diagnostic only                                                        <input type="checkbox"/> to guide decision making                      Patent BTK Vessels Prior to Tx:  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><b>Intervention:</b>  <input type="checkbox"/> Intentional subintimal strategy used  <input type="checkbox"/> Embolic Protection Device used  <input type="checkbox"/> Thrombolysis → <input type="checkbox"/> Pre <input type="checkbox"/> Bail-out  <input type="checkbox"/> Thrombectomy → <input type="checkbox"/> Pre <input type="checkbox"/> Bail-out  <b>% Stenosis POST:</b> _____ %  <b>% Stenosis FINAL:</b> _____ %</p> <p><i>Attach any stickers here or write in devices used: (atherectomy/balloon/stent)</i></p>

Sheath Size: \_\_\_\_\_ Fr

Amount of Contrast Used: \_\_\_\_\_ mL

CO<sub>2</sub> Used

Closure Device Used: \_\_\_\_\_

Est. Blood Loss: \_\_\_\_\_ mL

Flouro Time: \_\_\_\_\_ min

Cumulative Air Kerma: \_\_\_\_\_ mGy

Dose Area Product: \_\_\_\_\_ mGy\*cm<sup>2</sup>

Procedure Start time: \_\_\_\_\_

End Time: \_\_\_\_\_

Time Pt left room: \_\_\_\_\_

**PROCEDURE CONCLUSION:**

Any change to medications?:  No  Yes

\*Was Antiplatelet or Statin/Lipid Therapy prescribed? \_\_\_\_\_

Any procedural complications: \_\_\_\_\_

\*Emergent Transfer? \_\_\_\_\_