

OEIS National Registry PAD Data Collection

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

Demographics

Race: African American Asian White Other _____
 Hispanic → Mexican Puerto Rican Cuban Central American South American
Insurance: Primary: _____ | Clinical Trial (if any): _____ | **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** → 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

ACE/ARB Meds: Yes _____ No | **CLI/Claudication Meds:** Yes: _____ No

Pre Procedure

ASA Class (1-5): _____

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

WIFI Score (if Rutherford 5): Wound (0-3): _____ Ischemia (0-3): _____ foot Infection (0-3): _____

***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
eGFR _____ ml/min/1.73m²
Hgb _____ g/dL

Hematocrit _____ %
Platelet _____ 10⁹/L
Cholesterol _____ mg/dL
HDL _____ mg/dL

LDL _____ mg/dL
Triglycerides _____ m g/dL
INR _____

Procedure

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

Procedure Type → Interventional Planned Diagnostic

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

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

* indicates fields required for Quality Measures. This form is not comprehensive for data collection. v.6 rev. 1/2019

