

	30-Day Follow-Up	1-Year Follow-Up
Contact Date		
Ambulation	Independent Bedridden Ambulates w/assistance ND Wheelchair	Independent Bedridden Ambulates w/assistance ND Wheelchair
Current Living Status	Alive Home Rehab Other acute care Nsg Home/Extended care Hospice/Comfort care Assisted Living Homeless In Hospital Not Documented Dead Date of Death Cause of Death Cardiovascular Operation Related Unknown/Other Unknown	Alive Home Rehab Other acute care Nsg Home/Extended care Hospice/Comfort care Assisted Living Homeless In Hospital Not Documented Dead Date of Death Cause of Death Cardiovascular Operation Related Unknown/Other Unknown
Readmission to Hosp Select all that apply	Yes No Date Lymph leak Anticoag complication SSI Thrombectomy/lysis Dehiscence Other Graft infection	Yes No Date Lymph leak Anticoag complication SSI Thrombectomy/lysis Dehiscence Other Graft infection
Smoking	Yes No ND	Yes No ND
ACE-I	Yes No	Yes No
Anticoagulant	Yes No C/I	Yes No C/I
Antiplatelets	Yes No C/I	Yes No C/I
ARBs	Yes No	Yes No
Aspirin	Yes No C/I	Yes No C/I
Beta Blocker	Yes No	Yes No
CCB	Yes No	Yes No
Other Cholesterol Lowering Agents	Yes No	Yes No
Statin	Yes No C/I	Yes No C/I
Thiazides	Yes No	Yes No
Procedure Types		
OAAA Subsequent Operations Select all that apply	Yes No Incision Graft Intestine Leg Ischemia Date	Yes No Incision Graft Intestine Leg Ischemia Date
EVAR 1-Yr RF Replacement Therapy		Yes No Date
EVAR 1-Yr Creatinine		Yes No Cr Value Date
EVAR Imaging Performed	Yes No Date	Yes No Date
EVAR Current AAA Dia	Yes No Enter if EVAR Imaging Performed = Y Diameter	Yes No Enter if EVAR Imaging Performed = Y Diameter
EVAR Current Endoleak	Yes No Enter if EVAR Imaging Performed = Y 1 2 3 Indeterminate	Yes No Enter if EVAR Imaging Performed = Y 1 2 3 Indeterminate
EVAR Addl Procedure Select all that apply	Yes No Date Endoleak Sac Growth Migration Limb Occlusion Symptoms-Rupture	Yes No Date Endoleak Sac Growth Migration Limb Occlusion Symptoms-Rupture

Open Bypass ABI	RT ABI Y / N Compressible Y / N Value_____ LT ABI Y / N Compressible Y / N Value_____	RT ABI Y / N Compressible Y / N Value_____ LT ABI Y / N Compressible Y / N Value_____
Open Bypass TBI	Yes No RT Value LT Value	Yes No RT Value LT Value
Open Bypass Toe Pressure	Yes No RT Value LT Value	Yes No RT Value LT Value
Open Bypass Revision Select all that apply	Yes No Surgical Percutaneous Date	Yes No Surgical Percutaneous Date
Open Bypass Patent	Yes No	Yes No
Open Bypass Pulses Select all that apply	Yes No Palpable graft pulse Palpable distal pulse ABI increase >0.15 Duplex Doppler	Yes No Palpable graft pulse Palpable distal pulse ABI increase >0.15 Duplex Doppler
Open Bypass SSI	No Superficial Deep Organ Space	No Superficial Deep Organ Space
Graft Involved	Yes No Do not answer if Open Bypass SSI is No	Yes No Do not answer if Open Bypass SSI is No
Open Bypass Re-operation Select all that apply	Yes No Date Lymph leak Anticoag complication SSI Thrombectomy/lysis Dehiscence Other Graft infection	Yes No Date Lymph leak Anticoag complication SSI Thrombectomy/lysis Dehiscence Other Graft infection
OT Repeat Proc Select all that apply	Yes No Surgical Percutaneous Date	Yes No Surgical Percutaneous Date
OT Addl Vascular Procedure Select all that apply	Yes No Surgical Percutaneous Date	Yes No Surgical Percutaneous Date
OT Vessel Patent	Yes No	Yes No
Amputation	Yes No ND LT RT AKA BKA Foot Metatarsal digit Hip Disarticulation	Yes No ND LT RT AKA BKA Foot Metatarsal digit Hip Disarticulation
MI	Yes No Date	Yes No Date
TIA/Stroke	Yes No Date	Yes No Date
RF / Dialysis	Yes No Date	
Transfusion	Yes No Date	
Still Taking Opioid	No Same as DC New opioid/dose	
Type of Opioid Select all that apply	Hydrocodone (Norco, Vicodin, Lortab, Lorcet) Oxycodone (OxyContin, Percocet, Roxicodone) Codeine (Tylenol 2, 3, or 4) Tramadol (Ultram, Ultram ER) Other (Fentanyl, Morphine, Dilaudid)	
Opioid 1 Dose/Unit	Dose_____ mg ml mcg/hr mg/ml mcg/ml Other	
Opioid 2 Dose/Unit	Dose_____ mg ml mcg/hr mg/ml mcg/ml Other	
Prescribing Provider	Procedural physician/surgeon Pain specialist PCP Oncologist Other surgical physician Other	
Refills Requested	Yes No Refills Given Yes No	
Refill Prescribing Provider	Procedural physician/surgeon Pain specialist PCP Oncologist Other surgical physician Other	

