

Peripheral Vascular Intervention

1 Procedure Start Date/ Time	____/____/____ :__
2 Arterial Access Site Source: NCR/Cath PCI	<input type="radio"/> Femoral <input type="radio"/> Brachial <input type="radio"/> Radial <input type="radio"/> Other
3 Arterial Access Closure Method Source: NCR/ACC Top 100	<input type="radio"/> Refence Code List Contained on the NCDR Website <input type="radio"/>
4 Procedure Status Source:DCRI Trials	<input type="checkbox"/> Elective <input type="checkbox"/> Non-Elective <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent
5 Target Vessel Source: DCRI Trials	<input type="radio"/> Aorta <input type="radio"/> Thoracic <input type="radio"/> Abdominal <input type="radio"/> Arterial <input type="radio"/> Extracranial Carotid <input type="radio"/> Vertebral <input type="radio"/> Subclavian <input type="radio"/> Innominate <input type="radio"/> Mesenteric <input type="radio"/> Renal <input type="radio"/> Iliac <input type="radio"/> Femoral <input type="radio"/> Popliteal <input type="radio"/> Tibial <input type="radio"/> Peroneal <input type="radio"/> Other Artery <input type="radio"/> Venous <input type="radio"/> Subclavian <input type="radio"/> Axillary <input type="radio"/> Superior Vena Cava <input type="radio"/> Inferior Vena Cava <input type="radio"/> Pelvic <input type="radio"/> Iliac <input type="radio"/> Common Femoral <input type="radio"/> Femoral <input type="radio"/> Popliteal <input type="radio"/> Peroneal <input type="radio"/> Posterior Tibial <input type="radio"/> Gastrocnemius <input type="radio"/> Greater Saphenous <input type="radio"/> Lesser Saphenous <input type="radio"/> Perforating <input type="radio"/> Dialysis Conduit
6 If the treated lesion is in a vascular bypass Graft, Indicate the type of graft Source: NCR/ Cath PCI	<input type="radio"/> Autogenous Vein <input type="radio"/> Synthetic <input type="radio"/> Composite <input type="radio"/> Cadaveric <input type="radio"/> Arterial <input type="radio"/> Venous <input type="radio"/> Other
7 Location in Graft Source: NCR/ Cath PCI	<input type="radio"/> Lesion Not in Bypass Graft <input type="radio"/> Inflow Vessel <input type="radio"/> Outflow Vessel <input type="radio"/> Proximal Anastomosis of the Graft <input type="radio"/> Proximal Graft <input type="radio"/> Mid Graft <input type="radio"/> Distal Graft <input type="radio"/> Distal Anastomosis
8 Location of Graft	<input type="radio"/> Lower Extremity, Suprainguinal <input type="radio"/> Lower Extremity, w/Proximal and Distal Anastomosis in the Infrainguinal Segment, not Infrapopliteal <input type="radio"/> Lower Extremity, Distal Anastomosis Extending Popliteal <input type="radio"/> Lower Extremity, Entire Graft Infrapopliteal

	<input type="radio"/> Renal/Mesenteric <input type="radio"/> Aortic Arch/Innominate <input type="radio"/> Carotid/Subclavian <input type="radio"/> Other
9 Lesion Length Source: NCR/ Cath PCI	___ mm
10 Pre-Procedure Stenosis Source: NCR/Cath PCI	___ %
11 Device Deployed Source: NCR/ Cath PCI	<input type="radio"/> Yes <input type="radio"/> No
12 Peripheral Vascular Interventions Source: ACC-AHA CHF DS Source: DCRI Trials	<input type="checkbox"/> Percutaneous Transluminal Angioplasty <input type="checkbox"/> Stent Placement <input type="checkbox"/> Aortic Stent Graft <input type="checkbox"/> Surgical Bypass <input type="checkbox"/> Aneurysmectomy <input type="checkbox"/> Carotid Stenting <input type="checkbox"/> Carotid Endarterectomy <input type="checkbox"/> Thrombectomy <input type="checkbox"/> Embolectomy <input type="checkbox"/> Atherectomy <ul style="list-style-type: none"> <input type="checkbox"/> Rotational <input type="checkbox"/> Directional <input type="checkbox"/> Laser Assisted <input type="checkbox"/> Laser <input type="checkbox"/> Drug Coated Balloon <input type="checkbox"/> Deep Venous Intervention <input type="checkbox"/> Superficial Venous Intervention <input type="checkbox"/> IVC Filter <ul style="list-style-type: none"> <input type="checkbox"/> Permanent <input type="checkbox"/> Retrievable <input type="checkbox"/> Thrombolytic Therapy <ul style="list-style-type: none"> <input type="checkbox"/> Catheter-Directed <input type="checkbox"/> Pharmacomechanical <input type="checkbox"/> Unknown <input type="checkbox"/> Endovenous Ablation <ul style="list-style-type: none"> <input type="checkbox"/> Laser <input type="checkbox"/> Radiofrequency <input type="checkbox"/> Injection Venous Sclerotherapy <ul style="list-style-type: none"> <input type="checkbox"/> Ultrasound Guided <input type="checkbox"/> Foam <input type="checkbox"/> Pharmacotherapy
13 Stent Type Source: NCR/ STS with modifications	<input type="radio"/> Drug eluting <input type="radio"/> Bare Metal <ul style="list-style-type: none"> <input type="radio"/> Self-Expanding <input type="radio"/> Balloon Expandable <input type="radio"/> Covered <input type="radio"/> Other
14 Post-Procedure Stenosis Source: NCR/Cath PCI	___ %
15 Indication	<input type="radio"/> Asymptomatic <input type="radio"/> Intermittent Claudication <input type="radio"/> Critical Limb Ischemia <ul style="list-style-type: none"> <input type="radio"/> Rest Pain <input type="radio"/> Minor Tissue Loss <input type="radio"/> Major Tissue Loss <input type="radio"/> Acute Limb Ischemia
16 Target Lesion Revascularization	<input type="radio"/> Clinically Driven <ul style="list-style-type: none"> <input type="radio"/> Clinical or Functional Ischemia <ul style="list-style-type: none"> <input type="radio"/> Critical Limb Ischemia <input type="radio"/> Recurrent/Progressive Intermittent Claudication <input type="radio"/> Recurrence of the Clinical Syndrome for which the initial procedure was performed <input type="radio"/> Diagnostic Evidence of Stenosis > 50%
17 Vessel Patency	<input type="radio"/> Absence of Clinically Driven TLR <input type="radio"/> Stenosis <=50% by Diagnostic Testing <input type="radio"/> Imaging Performed <ul style="list-style-type: none"> <input type="radio"/> Doppler Ultrasound <input type="radio"/> CT Scan <input type="radio"/> MRI <input type="radio"/> Angiogram <input type="radio"/> Images Available For Core Lab Review <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Images Available For CEC Review <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No