

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT CALIFORNIA CABG OUTCOMES REPORTING PROGRAM
ABSTRACT REPORTING FORM (page 2)**

Last Creatinine Level						Total Albumin					
Total Bilirubin						INR					
Previous CABG	1 = Yes / 2 = No					Previous Valve	1 = Yes / 2 = No				
Previous PCI	1 = Yes / 2 = No					Previous PCI - Interval	1 = ≤ 6 hours / 2 = > 6 hours				
Prior MI	1 = Yes / 2 = No / 3 = Unknown										
MI When	1 = ≤ 6 hours / 2 = > 6 hours but < 24 hours / 3 = 1 to 7 days / 4 = 8 to 21 days / 5 = > 21 days										
Heart Failure within 2 weeks	1 = Yes / 2 = No / 3 = Unknown					Classification - NYHA	1 = Class I / 2 = Class II / 3 = Class III / 4 = Class IV				
Cardiogenic Shock	2 = No / 3 = Yes, at the time of procedure / 4 = Yes, not at the time of procedure, but within prior 24 hours										
Resuscitation	2 = No / 3 = Yes, within 1 hour of start of procedure 4 = Yes, more than 1 hour, but less than 24 hours of the start of the procedure										
**Cardiac Arrhythmia	1 = Yes / 2 = No / 3 = Unknown										
*Cardiac Arrhythmia - Vtach/Vfib	1 = None / 2 = Remote (> 30 days) / 3 = Recent (within 30 days)										
*Cardiac Arrhythmia - Aflutter	1 = None / 2 = Remote (> 30 days) / 3 = Recent (within 30 days)										
*Cardiac Arrhythmia - Third Degree Heart Block	1 = None / 2 = Remote (> 30 days) / 3 = Recent (within 30 days)										
*Cardiac Arrhythmia - Atrial Fibrillation	1 = None / 2 = Paroxysmal / 3 = Continuous/persistent										
Meds - Coumadin (within 24 hours)	1 = Yes / 2 = No / 4 = Unknown					Warfarin Use (within 5 days)	1 = Yes / 2 = No / 4 = Unknown				
Coronary Anatomy Disease Known	1 = Yes / 2 = No					Number Diseased Vessels	1 = None / 2 = One / 3 = Two / 4 = Three				
Percent Native Artery Stenosis Known	1 = Yes / 2 = No					Percent Stenosis - Left Main					
Ejection Fraction Done	1 = Yes / 2 = No					Ejection Fraction (%)					
PA Systolic Pressure Measured	1 = Yes / 2 = No					PA Systolic Pressure					
Insufficiency - Mitral	0 = None / 1 = Trivial (Trace) / 2 = Mild / 3 = Moderate / 4 = Severe / 5 = Not documented										
Incidence	1 = First cardiovascular surgery / 2 = First re-op cardiovascular surgery 3 = Second re-op cardiovascular surgery / 4 = Third re-op cardiovascular surgery 5 = Fourth or more re-op cardiovascular surgery										
Status	1 = Elective / 2 = Urgent / 3 = Emergent / 4 = Emergent Salvage										
Urgent or Emergent Reason	1 = AMI / 2 = Anatomy / 3 = Aortic Aneurysm / 4 = Aortic Dissection / 5 = CHF / 6 = Device Failure 7 = Diagnostic/ interventional Procedure Complication / 8 = Endocarditis 9 = Failed Transcatheter Valve Therapy / 10 = IABP / 11 = Infected Device 12 = Intracardiac mass or thrombus / 13 = Ongoing Ischemia 14 = PCI Incomplete without clinical deterioration / 15 = PCI or attempted PCI with clinical deterioration 16 = Pulmonary Edema / 17 = Pulmonary Embolus / 18 = Rest Angina / 19 = Shock Circulatory Support 20 = Shock No Circulatory Support / 21 = Syncope / 22 = Transplant / 23 = Trauma / 24 = USA 25 = Valve Dysfunction / 26 = Worsening CP / 27 = Other										
NOTES:											OVER (Next Page)

Note: Highlighted fields MUST NOT be blank. If parent (**) = "No" or "Unkown", then leave children (*) blank.

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ABSTRACT REPORTING FORM (page 3)**

CPB Utilization	1 = None / 2 = Combination / 3 = Full	CPB Utilization - Combination Plan 1 = Planned / 2 = Unplanned																				
IMA Artery Used	1 = Left IMA / 2 = Right IMA / 3 = Both IMAs / 4 = No IMA																					
Reason for No IMA	2 = Subclavian stenosis / 3 = Previous cardiac or thoracic surgery / 4 = Previous mediastinal radiation 5 = Emergent or salvage procedure / 6 = No (bypassable) LAD Disease / 7 = Other																					
Valve	1 = Yes / 2 = No																					
Aortic Valve	2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication 5 = Yes, unplanned due to unsuspected disease or anatomy																					
Aortic Valve Procedure	1 = Replacement / 2 = Repair/Reconstruction / 3 = Root Replacement with valved conduit (Bentall) 5 = Resuspension AV without replacement of ascending aorta 6 = Resuspension AV with replacement of ascending aorta / 7 = Apico-aortic conduit (Aortic valve bypass) 8 = Autograft with pulmonary valve - Ross procedure / 9 = Homograft root replacement 10 = Valve sparing root reimplantation (David) / 11 = Valve sparing root remodeling (Yacoub) 13 = Replacement AV and insertion aortic non-valved conduit in supra-coronary position 14 = Replacement AV and major root reconstruction/debridement with valved conduit 15 = Valve sparing root reconstruction (Florida Sleeve)																					
Mitral Valve	2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication 5 = Yes, unplanned due to unsuspected disease or anatomy																					
Mitral Valve Procedure	1 = Repair / 2 = Replacement																					
Tricuspid Valve	2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication 5 = Yes, unplanned due to unsuspected disease or anatomy																					
Tricuspid Procedure	2 = Annuloplasty only / 3 = Replacement / 4 = Reconstruction with annuloplasty 5 = Reconstruction without annuloplasty / 6 = Valvectomy																					
Pulmonic Valve	2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication 5 = Yes, unplanned due to unsuspected disease or anatomy																					
Pulmonic Procedure	2 = Replacement / 3 = Reconstruction / 4 = Valvectomy																					
Reoperation for Bleed	1 = Yes / 2 = No																					
Reintervention - Graft Occlusion	2 = No / 3 = Yes, surgical / 4 = Yes, PCI																					
Deep Sternal Infection / Mediastinitis	2 = No / 3 = Yes, within 30 days of procedure 4 = Yes, >30 days after procedure, but during hospitalization for surgery																					
Neuro - Stroke Permanent	2 = No / 3 = Yes, hemorrhagic / 4 = Yes, embolic / 5 = Yes, undetermined type																					
Pulm - Ventilation Prolonged	1 = Yes / 2 = No																					
Renal - Renal Failure	1 = Yes / 2 = No																					
Renal - Dialysis Requirement	1 = Yes / 2 = No																					
Other - A Fib	1 = Yes / 2 = No																					
Facility Identification Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					

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