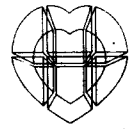
Affix computer I.D. here



# MAJOR EVENTS AND COMPLICATIONS A

Name_____

Date*____/____/____ DATE16
Mo. Day Yr.

TYPE16

NOTE: If complications occur the **same date** as arteriography, coronary bypass surgery, exercise test, or other procedure, fill out Complications Form B.

CODE16

DVONST16
Date of Onset

**A. DEATH** __/__/__

**B. CARDIAC COMPLICATIONS**

**1. Myocardial infarction** __/__/__
1 Definite ☐ 2 Probable ☐

**2. Arrhythmia**

Ventricular fibrillation __/__/__
1 Related to MI ☐ 2 Not related to MI ☐

Bradycardia less than 40/min. (requiring therapy) __/__/__
1 Related to MI ☐ 2 Not related to MI ☐

Asystole (requiring therapy) __/__/__
1 Related to MI ☐ 2 Not related to MI ☐

Atrial fibrillation (>24 hours) __/__/__
Atrial tachycardia (>24 hours) __/__/__
Ventricular tachycardia __/__/__

**3. Shock (BP less than 80 mmHG requiring treatment)** __/__/__
1 Related to MI ☐ 2 Not related to MI ☐

**4. Congestive heart failure** __/__/__
1 Related to MI ☐ 2 Not related to MI ☐

**5. Papillary muscle dysfunction** __/__/__
1 Related to MI ☐ 2 Not related to MI ☐

**Papillary muscle rupture** __/__/__
1 Related to MI ☐ 2 Not related to MI ☐

**6. Ventricular septum rupture** __/__/__
1 Related to MI ☐ 2 Not related to MI ☐

**7. Conduction defects**

LBBB: >24 hours __/__/__
RBBB: >24 hours __/__/__
Hemiblock or IVCD: >24 hours __/__/__
Complete heart block (requiring therapy) __/__/__

*Use date of discharge if complications occurred during hospital admission.

For clinic use: _____

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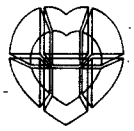
Affix computer I.D. here



Name _____

Date of Procedure__/__/__
Mo. Day Yr.

# MAJOR EVENTS AND COMPLICATIONS B

NOTE: Use only for events occuring **same date** as a hospital procedure.

Procedure: PROCED16

1 Angiography ☐ 2 Coronary bypass surgery ☐
3 Exercise Test ☐ 4 Other ☐ (Specify: 10-keystroke limit) _____

Check when complication occurred in relation to the procedure noted above.

| CODE16 | BEFORE16 Before | DURING16 During | AFTER16 After |
|---|---|---|---|
| **A. DEATH** | ☐ | ☐ | ☐ |
| **B. CARDIAC COMPLICATIONS** | | | |
| **1. Myocardial Infarction** 1 Definite ☐ 2 Probable | ☐ | ☐ | ☐ |
| **2. Arrhythmia** | | | |
| Ventricular fibrillation 1 Related to MI ☐ 2 Not related to MI ☐ | ☐ | ☐ | ☐ |
| Bradycardia less than 40/min. (requiring therapy) 1 Related to MI ☐ 2 Not related to MI ☐ | ☐ | ☐ | ☐ |
| Asystole (requiring therapy) 1 Related to MI ☐ 2 Not related to MI ☐ | ☐ | ☐ | ☐ |
| Atrial fibrillation (>24 hours) | ☐ | ☐ | ☐ |
| Atrial tachycardia (>24 hours) | ☐ | ☐ | ☐ |
| Ventricular tachycardia | ☐ | ☐ | ☐ |
| **3. Shock** (BP less than 80 mmHG requiring treatment) 1 Related to MI ☐ 2 Not related to MI ☐ | ☐ | ☐ | ☐ |
| **4. Congestive Heart failure** 1 Related to MI ☐ 2 Not related to MI ☐ | ☐ | ☐ | ☐ |
| **5. Papillary muscle dysfunction** 1 Related to MI ☐ 2 Not related to MI ☐ | ☐ | ☐ | ☐ |
| **Papillary muscle rupture** 1 Related to MI ☐ 2 Not related to MI ☐ | ☐ | ☐ | ☐ |
| **6. Ventricular septum rupture** 1 Related to MI ☐ 2 Not related to MI ☐ | ☐ | ☐ | ☐ |
| **7. Conduction defects** | | | |
| LBBB: >24 hours | ☐ | ☐ | ☐ |
| RBBB: >24 hours | ☐ | ☐ | ☐ |
| Hemiblock or IVCD: >24 hours | ☐ | ☐ | ☐ |
| Complete heart block (requiring therapy) | ☐ | ☐ | ☐ |

For clinic use: _____

☆ GPO 797-709

Name _____

| | Before | During | After |
|---|---|---|---|
| **C. VASCULAR COMPLICATIONS** | | | |
| **1. Arterial thrombosis** | | | |
| a. requiring surgery | ☐ | ☐ | ☐ |
| b. residual pulse deficit | ☐ | ☐ | ☐ |
| c. claudication | ☐ | ☐ | ☐ |
| d. loss of extremity (attach note) | ☐ | ☐ | ☐ |
| **2. Arterial embolization to** | | | |
| a. CNS | ☐ | ☐ | ☐ |
| b. peripheral arteries | ☐ | ☐ | ☐ |
| c. other (enter organ site: 10-keystroke limit) _____ | ☐ | ☐ | ☐ |
| (pulmonary embolism is included under thoracic complications) | | | |
| **3. Vascular dissection or rupture** | ☐ | ☐ | ☐ |
| **4. Hematoma** (requiring surgery or prolonging hospitalization) | ☐ | ☐ | ☐ |
| **5. Pseudoaneurysm** | ☐ | ☐ | ☐ |
| **6. Thrombophlebitis prolonging hospitalization** | ☐ | ☐ | ☐ |
| **D. NEUROLOGICAL COMPLICATIONS** | | | |
| **1. CNS deficit** | ☐ | ☐ | ☐ |
| Transient (<1 hour) ☐ Transient (>1 hour) ☐ Residual ☐ | | | |
| **2. Psychotic reaction** | ☐ | ☐ | ☐ |
| **3. Peripheral nerve injury** | ☐ | ☐ | ☐ |
| **E. THORACIC COMPLICATIONS** | | | |
| **1. Respiratory insufficiency** | ☐ | ☐ | ☐ |
| **2. Pulmonary embolism** | ☐ | ☐ | ☐ |
| **3. Peripheral nerve injury** | ☐ | ☐ | ☐ |
| **4. Postpericardiotomy syndrome** | ☐ | ☐ | ☐ |
| **5. Bleeding requiring exploration** | ☐ | ☐ | ☐ |
| **F. INFECTION** | | | |
| **1. Infection at wound or catheter site requiring antibiotics, surgery, or prolonged hospitalization** | ☐ | ☐ | ☐ |
| **2. Pneumonitis** | ☐ | ☐ | ☐ |
| **3. Other significant infection** | ☐ | ☐ | ☐ |
| **G. OTHER COMPLICATIONS** | | | |
| **1. Renal failure requiring specific treatment** | ☐ | ☐ | ☐ |
| **2. Postperfusion syndrome** | ☐ | ☐ | ☐ |
| **3. Technical** | ☐ | ☐ | ☐ |
| Wire break ☐ Catheter break ☐ Other ☐ | | | |
| **4. Allergic reaction** (requiring treatment) | ☐ | ☐ | ☐ |
| **5. Disturbances of vision** | ☐ | ☐ | ☐ |
| **6. Other** (explain: 22-keystroke limit) _____ | ☐ | ☐ | ☐ |

_____

Name of person filling out form

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