

APPENDIX 3:

PERIOPERATIVE CARDIOVASCULAR EVENTS

Admission details

UR: _____ DOB: _____

Name: _____ Sex: _____

Initial surgery location (hospital): _____

Initial surgery admitting unit: _____

Readmission (if occurred) location: _____

Readmission unit: _____

Date of admission: _____ Date of discharge: _____

Procedure and event details

Surgical procedure description and speciality: _____

Timing of MI relative to index procedure (days and hours after): _____ Days _____ Hours

ASA classification: _____ Duration of procedure (mins): _____

Preoperative risk and management

Cardiac risk (as per revised cardiac risk index, tick all that apply):

- High risk surgery (major intracavity, suprainguinal vascular)
- History of ischaemic heart disease (previous MI, nitrate use, Q waves on ECG, chest pain to be consider ischaemic, positive exercise test)
- History of CCF (pulmonary oedema, CXR showing pulmonary vascular redistribution, PND)

- History of cerebrovascular disease
- Preoperative treatment with insulin
- Preoperative creatinine >2mg/dL/176.8umol/L

Known Previous stent:

Type: Drug-eluting: (circle) Y / N

Timing (approx. years/days prior to surgery):

_____ Days _____ Hours

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ANTIPLATELET/ANTICOAGULANT MEDICATIONS

(tick if normal medication and give timing of last dose prior to surgery):

- Clopidogrel: last dose timing
(days/hrs prior to surgery) _____ Days _____ Hours
- Aspirin: last dose timing
(days/hrs prior to surgery) _____ Days _____ Hours
- Any other antiplatelet/anticoagulant:
type and last dose timing
(days/hrs prior to surgery): _____ (type) _____ Days _____ Hours

OTHER PREOPERATIVE CVS MEDICATIONS

(tick if taking and give timing of last dose prior to surgery):

- ACE-i/ARB _____ Days _____ Hours
- Beta blocker _____ Days _____ Hours
- Statin _____ Days _____ Hours

Preoperative plans and instructions regarding cardiovascular medications/antiplatelet agents/anticoagulants documented: Y / N

If yes, were the preoperative instructions followed: Y / N / unknown

Reviewed by cardiologist prior to procedure within 3 months of surgery: Y / N

Reviewed by/discussed with cardiologist specifically in relation to planned surgery: Y / N / unknown

Most recent HbA1c: _____

Presenting signs and symptoms of mi:

Symptoms/signs (tick all that apply):

- Chest pain
- Syncope/collapse
- Dyspnoea
- Hypotension
- Cardiac arrest
- Other/Non-specific
(describe): _____

ECG changes (tick all that apply):

- ST depression
- ST elevation
- Dysrhythmia
- T wave changes
- Other
(describe): _____

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Investigations and management:

Troponin - type and peak level (ng/L): _____

Review by cardiologist: Y / N

Echo: Y / N

If echo, new regional wall motion abnormalities: Y / N

Angiogram during admission: Y / N

Cardiovascular medications changed: Y / N

If new cardiovascular medications started please list below:

Required ICU/coronary care unit admission: Y / N (If yes, number of days): _____ Days

Outcomes

Died during admission: Y / N

If discharged – cardiovascular follow-up plan documented: Y / N

Discussed in M&M: Y / N

If yes, which M&M (eg. surgical, anaesthesia...): _____

Potentially modifiable factors: Y / N

If yes, please describe factors: _____

Other comments: _____
