

CARDIAC CARE NETWORK



Patient Demographics

Electrophysiology Offlisting Form – CCN-WTIS

Date of procedure _____

Procedural Physician _____

Procedure Time In _____ Procedure Time Out _____

Comorbidities

At ref LA Diameter ____mm Method: Cardiac CT Echo

- Diabetes NYHA _____
- COPD LVEF _____
- Hypertension Method: MUGA Ventriculogram
- CHF Other ECHO
- Prior stroke/TIA/Thromboembolism
- Vascular disease(previous MI, Peripheral arterial disease, or aortic plaque)
- Anticoagulant Yes/No Specify _____
- MI History

Procedural Environment

- Dedicated EP lab
- OR Suite
- Cath Lab
- Other _____

Implant Procedures

- VVI ICD
- DDD ICD
- ILR
- CRT Pacemaker (CRT-P) Leads implanted
- CRT ICD (CRT-D) RA
- RV
- LV
- Epicardial

ICD Other Procedures

- ICD/CRT Pack Change
- ICD/CRT explants ILR Explant
- Pocket Revision
- DFT Testing Only

Diagnostic Procedure Other

- Biopsy

Lead Only Procedures

- Lead Insertion RA Epicardial
- RV
- LV
- Lead Replacement RA Epicardial
- RV
- LV
- Lead Revision RA Epicardial
- RV
- LV

Lead Only Procedures

- Lead Extraction (Laser) RA RV LV

Standard Ablation

- AVNRT
- AVRT-WPW
- AFL Typical
- AV Node Ablation
- Other _____
- Prior Failed (specify) _____

EP diagnostic study Only

Atrial Fibrillation Ablation - Answer:

LA diameter rhythm, new/redo, method of ablation

Complex Ablation

- AFIB
- AFIB with AFL
- LA Diameter _____mm Method: Cardiac CT Echo

Mapping System Used

- Ensite Carto Other

@time of procedure patient's rhythm:

- Afib persistent Afib paroxysmal Aflutter Sinus

Ablation Method for Atrial Fibrillation

- PVI PVI + CFE PVI+Lines PVI+Other
- Cavotricuspid Isthmus Line
- De Novo Redo x1 Redo x 2 Redo x 3 or >

- Atrial Tachycardia
- AFL Atypical
- Ventricular Arrhythmia:

- Substrate Type
- Ischemic Cardiomyopathy PVC
- Non-Ischemic Cardiomyopathy VT Sustained
- Idiopathic VT Non-Sustained

Arrhythmias associated with congenital heart disease:

- Procedures 4 hrs or longer Other _____

<input type="checkbox"/> Implant Procedure Aborted <input type="checkbox"/> Procedural complication <input type="checkbox"/> Equipment failure	<input type="checkbox"/> Diagnostic Procedure Aborted <input type="checkbox"/> Procedural complication <input type="checkbox"/> Equipment failure
<input type="checkbox"/> Ablation Procedure Aborted <input type="checkbox"/> Procedural complication <input type="checkbox"/> Equipment failure	

Intra-Procedural Complications YES NO

- Cardiac Tamponade
- Bleeding >10 g/L drop in hemoglobin
- Symptomatic fluid overload/ CHF
- Urgent surgical intervention
- Other _____

Complications Prior to Discharge YES NO