

PROSPECTIVE INVESTIGATION OF PULMONARY EMBOLISM DIAGNOSIS
ANGIOGRAPHIC PROCEDURE FORM

Clinic No.										
ID No.										

STAMP HOSPITAL PLATE IN THIS BOX

THIS SHEET IS FOR LOCAL CLINICAL CENTER USE ONLY.

TEAR OFF THIS SHEET IN THE LOCAL CLINICAL CENTER.

DO NOT MAIL THIS SHEET TO THE PIOPED DATA AND COORDINATING CENTER.

ITEM INSTRUCTIONS: Items with instructions outlined below have the symbol [*] preceding the item number of the form.

REFER TO ITEM 15, PAGE 2

Site Code:	MPA = Main Pulmonary Artery	Projection Code:	AOP = Anteroposterior
	RPA = Right Pulmonary Artery		RAO = Right Anterior Oblique
	RUL = Right Upper Lobe		LAO = Left Anterior Oblique
	RIL = Interlobar		
	RLL = Right Lower Lobe		
	LPA = Left Pulmonary Artery		
	LUL = Left Upper Lobe		
	LLL = Left Lower Lobe		

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Form Type	A	P	0	1	

PART I: Identifying Information.

1. Patient's NAME CODE:

2. Date study performed:
 _____ - _____ - _____
 Month Day Year

Used to calculate ANGDYS

3. Was there any contraindication to angiography? _____ (1) (2)
 Yes No

If NO, proceed to Item 4.

- | | | |
|--|-----|----|
| | Yes | No |
| A. History of severe contrast reaction _____ (1) (2) | | |
| B. History of recent myocardial infarction _____ (1) (2) | | |
| C. Patient in shock _____ (1) (2) | | |
| D. Renal failure _____ (1) (2) | | |

4. Did the patient consent to angiography? _____ (1) (STOP)
 Yes No

If NO consent obtained, do not complete this form.

Answer YES for those patients unable to consent themselves but for whom the relative or guardian responsible for informed consent agreed to angiography for the patient, e.g., ICU patients on ventilators.

5. Angiography performed by:
 A. Certification number:

 B. Signature:

PART II: Angiographic Procedure.

6. Was patient intubated? _____ Yes No
 (1) (2)

If NO, proceed to Item 7.

A. Was patient on a ventilator? _____ (1) (2)

7. Was oxygen (by mask or nasal prongs) administered during procedure? _____ (1) (2)

8. Systemic arterial blood pressure (mm Hg):
 A. Systolic _____ F138A
 B. Diastolic _____ F138B

9. Pulse (beats/min): _____ F139

10. Respiratory rate (per min): _____ F1310

11. ECG findings (check one):
 Normal _____ (1)
 LBBB _____ (2)
 Other, specify _____ (3)

12. Time of entry to procedure room:
 _____ : _____
 24 hr clock

DCC USE ONLY	
FILMS REC'D	Yes () No ()
	# _____

13. Approach (check one):

- Femoral vein (R) ----- (01)
- Femoral vein (L) ----- (02)
- Antecubital vein percut. (R) -- (03)
- Antecubital vein percut. (L) -- (04)
- Antecubital vein cutdown (R) -- (05)
- Antecubital vein cutdown (L) -- (06)
- Other, specify ----- (07)

14. Baseline pressures (mm Hg):

- A. Right atrial mean ----- F1314A
- B. Pulmonary artery:
 - 1. Systolic ----- F1314B1
 - 2. Diastolic ----- F1314B2
 - 3. Mean ----- F1314B3

[+] 15. PA-Gram:

Injection	(a) Site	(b) Projection	(c) Magnification		(d) Flow Rate (ml/sec)	(e) Contrast Volume (ml)	(g) Failures			(i) Specify
			Yes	No			(f) Film Jam	(g) Injector Failure	(h) Other	
1	_____	_____	(1)	(2)	_____	_____	(1)	(1)	(1)	_____
2	_____	_____	(1)	(2)	_____	_____	(1)	(1)	(1)	_____
3	_____	_____	(1)	(2)	_____	_____	(1)	(1)	(1)	_____
4	_____	_____	(1)	(2)	_____	_____	(1)	(1)	(1)	_____
5	_____	_____	(1)	(2)	_____	_____	(1)	(1)	(1)	_____
6	_____	_____	(1)	(2)	_____	_____	(1)	(1)	(1)	_____
7	_____	_____	(1)	(2)	_____	_____	(1)	(1)	(1)	_____
8	_____	_____	(1)	(2)	_____	_____	(1)	(1)	(1)	_____

16. IVC-gram performed: ----- Yes No
 (1) (2)

If NO, proceed to Item 17.

- A. Projection (check one):
 - AP ----- (1)
 - Lateral ----- (2)
 - Oblique ----- (3)
 - Biplane ----- (4)
- B. Flow rate of contrast (ml/sec): -----
- C. Contrast volume (ml): - -----

17. Type of contrast (check all that apply):
- A. Renografin-60 ----- (1)
 - B. Renografin-76 ----- (1)
 - C. Hypaque ----- (1)
 - D. Conray ----- (1)
 - E. Non-ionic ----- (1)
 - F. Angiovist ----- (1)
 - G. Other, specify ----- (1)

18. Total contrast volume from all injections-- including test (ml): ----- F1318

- * 19. Pull out pressures (mm Hg):
- A. Pulmonary artery:
 - 1. Systolic -----
 - 2. Diastolic -----
 - 3. Mean -----
 - B. Right atrial mean -----

* 20. Cardiac output (liters/minute): ----- F1320

21. Time procedure completed (patient out of room):
 _____ : _____
 24 hr clock

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22. Was the procedure modified? - (1) (2)
Yes No

If NO, proceed to Item 23.

Justifications for modification present (check all that apply):

- A. Allergy ----- (1)
- B. Nausea, vomiting ----- (1)
- C. Respiratory embarrassment ----- (1)
- D. Impaired mental status ----- (1)
- E. Impaired renal function ----- (1)
- F. Hypotension ----- (1)
- G. LBBB ----- (1)
- H. Ventricular arrhythmia ----- (1)
- I. Elevated RVED pressure ----- (1)
- J. Patient not cooperative ----- (1)
- K. Patient refused to continue study ----- (1)
- L. Pulmonary hypertension ----- (1)
- M. Other, specify ----- (1)

24. Were there technical incidents or difficulties? ----- (1) (2)
Yes No

If NO, proceed to Item 25.

Technical incidents and difficulties (check all that apply):

- A. Film jam ----- (1)
- B. Injector failure ----- (1)
- C. Film not loaded ----- (1)
- D. Blown catheter ----- (1)
- E. Catheter dislodged ----- (1)
- F. Film fog ----- (1)
- G. Other, specify ----- (1)

23. Were there complications? --- (1) (2) F1323
Yes No

If NO, proceed to Item 24.

Complications:

- A. Hematoma at puncture site ----- (1) (2) F1323A
- B. Contrast reaction, specify ----- (1) (2) F1323B
- C. Arrhythmia ----- (1) (2) F1323C

If NO, proceed to Item 23D.

- 1. Bradycardia ----- (1) (2) F1323C1
- D. Pulmonary edema ----- (1) (2) F1323D
- E. Myocardial perforation -- (1) (2) F1323E
- F. Respiratory decompen- sation or arrest ----- (1) (2) F1323F
- G. Cardiac arrest ----- (1) (2) F1323G
- H. Convulsions or loss of consciousness ----- (1) (2) F1323H
- I. Death ----- (1) (2) F1323I
- J. Other, specify ----- (1) (2) F1323J

ID No.

PART III: Quality of Films.

25. Assessment of quality of angiograms:

A. Quality (check one):

F1325A

Good ----- (1)
Fair ----- (2)
Poor ----- (3)

B. Comments:

PART IV: Coordination.

26. Checked for completeness and accuracy:

A. Certification Number:

_____ - _____

B. Signature:

C. Date:

____ - ____ - ____
Month Day Year

Retain a copy of this form for your files. Send the original to the PIOPED Data and Coordinating Center. Use PIOPED mailing labels:

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PIOPED Data and Coordinating Center
600 Wyndhurst Avenue
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