Print Form

CARDIAC CATHETERIZATION PROCEDURES

Facility _____ For the twelve month period from _____ to _____

PRIMARY PROCEDURE (one per patient)	**Total No.**	**No. of Complications**
Right & left heart cath	_____	_____
Isolated right heart cath	_____	_____
Isolated left heart cath	_____	_____
Isolated myocardial biopsies	_____	_____
Electrophysiologic study	_____	_____
Pacemaker Insertion	_____	_____
Other: _____	_____	_____
_____	_____	_____
Total Primary Procedures	_____	_____

INTERVENTIONAL PROCEDURES	**Total No.**	**No. of Complications**
Balloon aortic valvuloplasty	_____	_____
Balloon atrial septostomy	_____	_____
Balloon primary coarctation of the aorta	_____	_____
Balloon recurrent coarctation of the aorta	_____	_____
Balloon pulmonary arterioplasty	_____	_____
Balloon pulmonic valvuloplasty	_____	_____
Device closure of PDA	_____	_____
Device closure of ASD	_____	_____
Device closure of VSD	_____	_____
Catheter ablation of dysrhythmia	_____	_____
Myocardial biopsy	_____	_____
Stent placement--pulmonary or systemic circulation	_____	_____
Primary	_____	_____
Post-operative	_____	_____
Vessel embolization	_____	_____
Other (describe) _____	_____	_____
_____	_____	_____
_____	_____	_____
Total Interventional Procedures	_____	_____

Complication Rate All Procedures _____

Number of patients during this period referred to another facility: in Florida_____ out of state_____

All interventional procedures would also be included in the list of primary procedures. For example, a balloon pulmonic valvuloplasty would also be included as either a right & left heart catheterization or an isolated right heart catheterization.

List all complications on a separate page, describing individually the cardiac diagnosis, the procedure accomplished, the complication, and the patient's outcome/status.