

VA COOPERATIVE STUDY #578

Participant ID: \_\_\_\_\_ - \_\_\_\_\_

**SOURCE DOCUMENT WORKSHEET FOR  
FORM 11: PROCEDURE RELATED DATA**

To be completed by study personnel after the angiography procedure via medical record review and interview of nurse/angiography tech. These questions pertain only to the period of time during which the angiography took place. Once completed, this data should be entered into eDC and this form should be filed in the Participant's Study Binder.

1. Prior to the index angiography procedure, was the participant an inpatient (i.e., hospitalized) or outpatient (i.e., presented to the hospital for the procedure)? **InOutPatient** **Blank: -1**

- Inpatient **1**
- Outpatient **2**

2. Date of index angiography procedure: \_\_\_/\_\_\_/\_\_\_ **AngioDate**

3. What type of angiography procedure did the participant have? **AngioType** **Blank: -1**

- Coronary **If checked, note what the indication was below** **1**
- Carotid **2**
- Peripheral (distal upper or lower extremity) **3**
- Mesenteric **4**
- Aorta and/or iliac **5**
- Pulmonary **6**
- Renal **7**
- Other angiography procedure type **8** (4. Specify: **AngioTypeOth**)

What was the indication for the coronary angiography? (Check all that apply)

- 5. Acute myocardial infarction **CorAngIndMI**
- 6. Unstable angina **CorAngIndACS**
- 7. Stable angina **CorAngIndAng**
- 8. Chest pain **CorAngIndCP**
- 9. Other coronary angiography indication **CorAngIndOth** (10. Specify: **CorAngIndOthSp**)

11. Which of the following contrast dyes was administered during the procedure? **ProcDye** **Blank: -1**

- Iodixanol (Visipaque) **1**
- Iopamidol (Isovue) **2**
- Iopromide (Ultravist) **3**
- Ioversol (Optiray) **4**
- Ioxilan (Oxilan) **5**
- Ioxaglate (Hexabrix) **If checked, answer Q13** **6**
- Iohexol (Omnipaque) **If checked, answer Q13** **7**
- Other contrast dye **8** (12. Specify: **ProcDyeOth**)

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13. The contrast dye you noted as administered during the procedure (ioxaglate (Hexabrix) or iohexol (Omnipaque) has been associated with a higher risk of contrast nephropathy. What was the reason for choosing this contrast dye type? **DyeTypeExplain** **Blank: -1**

- Only contrast dye available at my facility **1**
- It is the least expensive with comparable safety **2**
- No specific reason **3**
- Other reason **4** (14. Specify: \_\_\_\_\_ **DyeTypeExplainOth** \_\_\_\_\_)

15. What was the total volume of contrast dye administered during the procedure? **ProcDyeVol**

\_\_\_\_\_ ml

16. Where was the site of the arterial puncture for the angiogram? **PunctureSite** **Blank: -1**

- Femoral **1**
- Radial **2**
- Other arterial puncture site **3** (17. Specify: \_\_\_\_\_ **PunctureSiteOth** \_\_\_\_\_)

18. Did the participant undergo a percutaneous intervention (angioplasty +/- stent) during the procedure?

- Yes **PCI** **Blank: -1** **1**
- No **2**

19. Did the participant become hypotensive [*systolic blood pressure < 90mmHg and/or MAP < 55 mmHg*] during the procedure? **HypoProc** **Blank: -1**

- Yes **If yes, answer Q20-Q26** **1**
- No **2**

20. Was the administration of non-study IV fluid in addition to the study IV fluid required during the procedure? **NSIVFluidDuring** **Blank: -1**

- Yes **If yes, answer Q21-Q24** **1**
- No **2**

What type of non-study IV fluid was administered? (*Check all that apply*)

- 21. Saline **SalineDuring**
- 22. Sodium bicarbonate **BicarbDuring**
- 23. Other non-study IV fluid **OtherIVDuring** (24. Specify: \_\_\_\_\_ **OtherIVDuringSpecify** \_\_\_\_\_)

25. Was the administration of vasopressor therapy required during the procedure? **VasoDuring**  
(*Such as dopamine (Intropin), phenylephrine (Neosynephrine), norepinephrine/noradrenalin (Levophed), epinephrine/adrenalin, ephedrine, vasopressin, metaraminol bitartrate (Aramine)*)

- Yes **Blank: -1** **1**
- No **2**

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26. Was the insertion of an intra-aortic balloon pump required during the procedure?

**BalloonDuring**      **Blank: -1**

- Yes    **1**
- No     **2**

27. Did the participant experience acute pulmonary edema during the procedure?    **PulEdema**    **Blank: -1**

- Yes **If yes, answer Q28**    **1**
- No    **2**

28. Were IV diuretics required during the procedure?    **Diurectic**    **Blank: -1**  
(Such as furosemide/frusemide (Lasix), bumetanide (Bumex), torsemide (Demadex) or ethacrynic acid)

- Yes    **1**
- No     **2**

29. Was the left ventricular end-diastolic pressure measured during the procedure?    **LeftVent**    **Blank: -1**

- Yes **If yes, answer Q30**    **1**
- No    **2**

30. What was the left ventricular end-diastolic pressure measurement? (If measured more than once, record the first measurement taken.)

\_\_\_\_\_ mm/Hg      **LeftVentMeasure**

31. Was it determined that the procedure will need to be completed in stages?    **Staged**    **Blank: -1**

- Yes **If yes, answer Q32-Q33**    **1**
- No    **2**

32. Date of second procedure: \_\_\_\_/\_\_\_\_/\_\_\_\_    **SecondProcDat**

33. Is this date an estimate?    **SecondProcDatEst**    **Blank: -1**

- Yes    **1**
- No     **2**

34. Date form completed: \_\_\_\_\_ **F11Complete**

Signature of person completing the form: \_\_\_\_\_