

# PulseCath iVAC2L Post Market Surveillance Form

Operator:  Date:  Serial n:

Hospital:  NYHA (Heart failure classification)  I  II  III  IV

Age:  Gender:  Male  Female Indication:  SYNTAX I:

Weight (Kg):  Height (cm): 

ELECTIVE	PRIMARY
ELECTIVE	PRIMARY
ELECTIVE	PRIMARY

 ACUTE CORONARY SYNDROME  
STABLE ANGINA  
OTHER:  EF (%):

### Antecedents – mark if present

- Diabetes II    Myoc. Infarction    Limb ischemia    Surgery Refusal    Unprotected LM  
 Hypertension    Ischemic Stroke    Venous thrombosis    Previous PCI    3-vessel Disease  
 Kidney Failure    Hemorrhagic Stroke    Cancer    Previous CABG

### Vessels treated (mark if treated)

- LM (Left Main)    LCx (Circumflex)    RCA (Right Coronary Art.)  
 LAD (Left Ant. Desc.)    1OM (1<sup>st</sup> Obtuse Marginal)    RPD (Posterior Desc.)  
 1DG (1<sup>st</sup> Diagonal)    2OM (2<sup>st</sup> Obtuse Marginal)    PL (Posterolateral)  
 2DG (2<sup>st</sup> Diagonal)    (LPD) Left Posterior Desc.    Bypass Graft  
 Septal Branch    Intermediate (IN)    Complete Revascularization

PCI start:  (hh:mm)   iVAC start:  (hh:mm)   iVAC end:  (hh:mm)   PCI end:  (hh:mm)

No. stents deployed:    ACT target:  (s)   No. treated lesions:    iVAC2L flow:  (L/min)

### Intraprocedural Events & Outcomes – mark if present

- Death (during PCI)    Blood transfusion (red cells)  
 Hypotension (MAP < 60mmHg)    Premature removal of iVAC2L  
 Shock (SBP less than 90mmHg > 30 min)    Failure to implant  
 Cardiac Massage (CPR)    Other support used  
 Defibrillation/cardioversion    (which):   
 Atropine/adrenaline use    Hemolysis  
 Noradrenaline use    Lesion to the aortic valve (TTE)  
 Dobutamine use  
 Endotracheal Intubation (if emergent)

### Major Adverse events (mark an "x" if occurred)

PRE DISCHARGE	< 30 DAYS	< 90 DAYS	< 1 YEAR	
				Stroke
				Myoc. Infarction
				Kidney failure
				Limb ischemia
				Major bleeding
				Death
				Emergent Revasc.

	Heart Rate	Cardiac Output	Blood Pressure	Wedge Pressure
PRE-SUPPORT				
DURING SUPPORT (min 10 min)				
POST-REMOVAL				

Thank you for contributing to our PMS registry! Please send a digitized copy of this form to: [OREN@PULSECATH.COM](mailto:OREN@PULSECATH.COM)