

VASCULAR SURGERY PRIORITY CRITERIA TOOL

June 2008

Patient Name: _____		HSN: _____	
Patient Date of Birth _____ MM DD YYYY		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Does your patient want a confirmation letter? If NO check here <input type="checkbox"/>		This Form Completed By: Surgeon _____ Other Clinician _____ Office Staff _____	

Please check the box that most accurately describes the patient's current situation.

1. Condition encountered <input type="checkbox"/> Renal transplant refer to 2, 10-16 <input type="checkbox"/> Dialysis access refer to 2, 3, 10-16 <input type="checkbox"/> AAA refer to 2, 4, 10-16 <input type="checkbox"/> Veins refer to 2, 5, 10-16 <input type="checkbox"/> Thoracic outlet syndrome refer to 2, 6, 10-16 <input type="checkbox"/> CEA refer to 2, 7, 10-16 <input type="checkbox"/> Arterial disease/other aneurysm - lower refer to 2, 8, 10-16 <input type="checkbox"/> Arterial disease/other aneurysm - upper refer to 2, 9, 10-16																							
2. Renal Failure (automatically Priority Level II) <input type="checkbox"/> Yes	3. Dialysis Access (automatically Priority Level I) 40 <input type="checkbox"/> Perline 40 <input type="checkbox"/> AVF – G 40 <input type="checkbox"/> Peritoneal Dialysis Catheter																						
4. AAA 5 <input type="checkbox"/> < 5.0 cm 10 <input type="checkbox"/> 5.0 – 5.9 cm 20 <input type="checkbox"/> 6.0 – 6.9 cm 30 <input type="checkbox"/> 7.0 – 8.0 cm 40 <input type="checkbox"/> > 8.0 cm	5. Veins 10 <input type="checkbox"/> Asymptomatic 10 <input type="checkbox"/> Pruritis 10 <input type="checkbox"/> Pain 20 <input type="checkbox"/> Phlebitis 30 <input type="checkbox"/> Ulcer 40 <input type="checkbox"/> Bleeding																						
6. TOS 20 <input type="checkbox"/> Neurogenic 20 <input type="checkbox"/> Venous 30 <input type="checkbox"/> Arterial	7. Carotid Stenosis 15 <input type="checkbox"/> Asymptomatic 30 <input type="checkbox"/> Cresendo TIAs, stroke in evolution 30 <input type="checkbox"/> TIA 30 <input type="checkbox"/> Amaurosis fugax																						
8. Lower Extremity Reconstruction/Amputation 20 <input type="checkbox"/> Claudication (lifestyle impairment) 30 <input type="checkbox"/> Claudication (loss of occupation, disabling) 40 <input type="checkbox"/> Limb threatening ischemia (rest, pain, ulcer, tissue loss) 50 <input type="checkbox"/> Amputation	9. Upper Extremity Reconstruction/Amputation 30 <input type="checkbox"/> Claudication 50 <input type="checkbox"/> Distal atheroemboli (sequential; separate from LE ischemic from ASOD) 50 <input type="checkbox"/> Acute limb threatening ischemia 50 <input type="checkbox"/> Amputation																						
10. Psychological Stress 0 <input type="checkbox"/> None 2 <input type="checkbox"/> Mild 4 <input type="checkbox"/> Moderate 6 <input type="checkbox"/> Severe	11. Degree of impairment in usual activities due to surgical condition 0 <input type="checkbox"/> Not impaired at all / mildly impaired 5 <input type="checkbox"/> Able but difficult and / or somewhat impaired 10 <input type="checkbox"/> Able but difficult and at much reduced level 20 <input type="checkbox"/> Totally dependent (unable to perform any usual activities)																						
12. Recent history of major complications of condition OR significant physical exam results OR significant test results 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Yes	13. Expected improvement in life expectancy with surgery 0 <input type="checkbox"/> None 5 <input type="checkbox"/> Minimal 10 <input type="checkbox"/> Moderate 20 <input type="checkbox"/> Major																						
14. Life-expectancy implications of condition without procedure 0 <input type="checkbox"/> Minimal threat to life 10 <input type="checkbox"/> Patient faces somewhat reduced life expectancy 15 <input type="checkbox"/> Patient faces substantially reduced life expectancy 20 <input type="checkbox"/> Patient has condition that is likely to be fatal between six months and two years 25 <input type="checkbox"/> Patient has condition that is likely to be fatal within six months																							
15. All things considered how would you rate the urgency or relative priority of this patient (Draw a line) <table style="width: 100%; text-align: center;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td colspan="5">Not urgent at all</td> <td colspan="6">Extremely urgent (just short of an emergency)</td> </tr> </table>		0	1	2	3	4	5	6	7	8	9	10	Not urgent at all					Extremely urgent (just short of an emergency)					
0	1	2	3	4	5	6	7	8	9	10													
Not urgent at all					Extremely urgent (just short of an emergency)																		
16. In your clinical judgment, what should be the maximum acceptable waiting time for this patient? Number of days: _____ or weeks: _____ or months: _____																							