



PT.

MR./RM.

DR.

### Mechanical Thrombectomy Notations

Date of Procedure: \_\_\_\_\_ Patient Arrival to Lab: \_\_\_\_\_  
 Site/Access Time: \_\_\_\_\_ / \_\_\_\_\_ Time of First Angiographic Imaging Clot: \_\_\_\_\_  
 Micro Catheter in Lesion: \_\_\_\_\_

	Location	Time of Device Deployment	Time of Device Removal
1 <sup>st</sup> Lesion		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____	1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____
2 <sup>nd</sup> Lesion		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____	1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____
Other Lesions		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____	1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____

Time of Final Recanalization: \_\_\_\_\_  
 Final Recanalization Flow/TICI Score (circle one):      0      1      2a      2b50      2b67      2c      3  
 Time of site closure: \_\_\_\_\_ Access closure device: \_\_\_\_\_  
 Estimated Blood Loss: \_\_\_\_\_ cc      Total Fluoroscopy time: \_\_\_\_\_ min

Device(s) STickers



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