BMC² POCKET GUIDE
PCI Mortality Risk Prediction Tool

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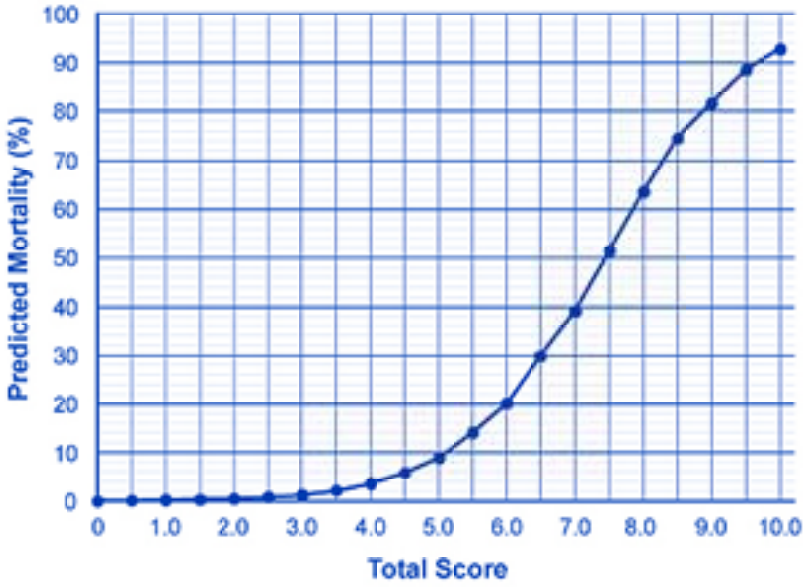
TO ESTIMATE RISK:

Calculate the total score by adding individual scores if the comorbidity is present. For # of diseased vessels, add 0.5 for each major epicardial vessel that has >70% stenosis. Identify total score on the horizontal axis of the plot and corresponding probability on the vertical axis. Scores ≤2.5 are associated with a risk of death <0.8%, while scores >7 are associated with a risk of death >40%.

Variable	Score
Acute MI	1.0
Shock	2.5
Creatinine ≥1.5mg/dl	1.5
History of cardiac arrest	1.5
# Diseased vessels	0.5
Age ≥70	1.0
EF <50%	0.5
Thrombus	0.5
PVD	0.5
Female Gender	0.5
TOTAL SCORE	



CLINICAL DEFINITIONS

Acute Myocardial Infarction: Balloon dilatation of the infarct vessel within 24 hours from onset of symptoms.

Cardiogenic Shock: Indicate if pt has experienced it within 24 hours of cardiac catheterization. It is defined as a systolic pressure <90mmHg for at least 30 mins or pump failure, even after correction for contributing extra-myocardial factors (hypovolemia, arrhythmias, pain, vasovagal reactions), as manifested by either a cardiac index <2.2 and a PCWP >18mmHg, or signs of hypoperfusion (peripheral vasoconstriction, urine output <30cc/hr or altered sensorium).

Cardiac Arrest: Was a cardiac arrest the primary indication for the current coronary intervention?

Number of diseased vessels >70% stenosis: Includes LAD, RCA, LCX, and grafts. This does not include branches off the native vessels. For example, if a patient has a >70% lesion in the OM, proximal LCX, and the mid LAD, mark it as two.

Peripheral Vascular Disease:
1) Claudication
2) Amputation
3) Vascular reconstruction, bypass surgery, or angioplasty
4) Aortic aneurysm
5) History of stroke, TIA, carotid surgery, carotid stenosis

EF <50%: Current ejection fraction is <50%

Visible Thrombus: Filling defect suggestive of thrombus in the coronary artery segment treated.

References:
Moscucci M, Kline-Rogers E, Share D, et al. Simple Bedside Additive Tool for Prediction of In-Hospital Mortality After Percutaneous Coronary Interventions. *Circulation*. 2001;104:263-268.

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