

# PROMOTE-ALI - version 17.11

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## 1. Patient characteristics - Demographics and medication

Number	Question	Answers
1.1	Country of study site	<input type="radio"/> Afghanistan <input type="radio"/> Albania <input type="radio"/> Algeria <input type="radio"/> Andorra <input type="radio"/> Angola <input type="radio"/> Antigua and Barbuda <input type="radio"/> Argentina <input type="radio"/> Armenia <input type="radio"/> Australia <input type="radio"/> Austria <input type="radio"/> Azerbaijan <input type="radio"/> Bahamas <input type="radio"/> Bahrain <input type="radio"/> Bangladesh <input type="radio"/> Barbados <input type="radio"/> Belarus <input type="radio"/> Belgium <input type="radio"/> Belize <input type="radio"/> Benin <input type="radio"/> Bhutan <input type="radio"/> Bolivia <input type="radio"/> Bosnia and Herzegovina <input type="radio"/> Botswana <input type="radio"/> Brazil <input type="radio"/> Brunei <input type="radio"/> Bulgaria <input type="radio"/> Burkina Faso <input type="radio"/> Burundi <input type="radio"/> Cabo Verde <input type="radio"/> Cambodia <input type="radio"/> Cameroon <input type="radio"/> Canada <input type="radio"/> Central African Republic <input type="radio"/> Chad <input type="radio"/> Chile <input type="radio"/> China

- Colombia
- Comoros
- Democratic Republic of the Congo
- Republic of the Congo
- Costa Rica
- Cote d Ivoire
- Croatia
- Cuba
- Cyprus
- Czech Republic
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Fiji
- Finland
- France
- Gabon
- Gambia
- Georgia
- Germany
- Ghana
- Greece
- Grenada
- Guatemala
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Honduras
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland

- Israel
- Italy
- Jamaica
- Japan
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kosovo
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macedonia
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Mauritania
- Mauritius
- Mexico
- Micronesia
- Moldova
- Monaco
- Mongolia
- Montenegro
- Morocco
- Mozambique
- Myanmar (Burma)
- Namibia
- Nauru
- Nepal
- Netherlands
- New Zealand

- Nicaragua
- Niger
- Nigeria
- North Korea
- Norway
- Oman
- Pakistan
- Palau
- Palestine
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Poland
- Portugal
- Qatar
- Romania
- Russia
- Rwanda
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Korea
- South Sudan
- Spain
- Sri Lanka
- Sudan
- Suriname
- Swaziland

- Sweden
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- Timor-Leste
- Togo
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States of America
- Uruguay
- Uzbekistan
- Vanuatu
- Vatican City
- Venezuela
- Vietnam
- Yemen
- Zambia
- Zimbabwe

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1.2	Year of birth	<input style="width: 60px; height: 20px; border: 1px dashed black;" type="text"/> (yyyy)
<hr/>		
1.3	Gender	<input type="radio"/> Female <input type="radio"/> Male
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1.4	Height	<input style="width: 150px; height: 20px; border: 1px dashed black;" type="text"/> cm
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1.5	Weight	<input style="width: 150px; height: 20px; border: 1px dashed black;" type="text"/> kg
<hr/>		
1.6	BMI	
<hr/>		
1.7	Date of admission	<input style="width: 40px; height: 20px; border: 1px dashed black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px dashed black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px dashed black;" type="text"/> (dd-mm-yyyy)

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1.8	Anticoagulation at admission	<input type="checkbox"/> None <input type="checkbox"/> Aspirin <input type="checkbox"/> Clopidogrel <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Prasugrel <input type="checkbox"/> Rivaroxaban <input type="checkbox"/> Apixaban <input type="checkbox"/> Dabigatran <input type="checkbox"/> Heparin - Low molecular weight <input type="checkbox"/> Heparin - unfractionated <input type="checkbox"/> VKA (i.e. Warfarin) <input type="checkbox"/> Argatroban <input type="checkbox"/> Other
1.9	Recent anticoagulation switch or stop	<input type="radio"/> yes <input type="radio"/> no
1.10	Statin use at admission	<input type="radio"/> yes <input type="radio"/> no

## 2. Patient characteristics - Risk factors - cardiovascular

Number	Question	Answers
2.1	Atrial fibrillation	<input type="radio"/> yes <input type="radio"/> no
2.2	Chronic kidney disease	<input type="radio"/> eGFR > 60 <input type="radio"/> eGFR < 60 <input type="radio"/> eGFR < 30 <input type="radio"/> Dialysis
2.3	COPD	<input type="radio"/> yes <input type="radio"/> no

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2.4	Coronary artery disease	<input type="radio"/> yes <input type="radio"/> no
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2.5	COVID-19 in history	<input type="radio"/> No <input type="radio"/> Previous infection <input type="radio"/> Current infection <input type="radio"/> Unknown status
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2.5.1	<b>If 'COVID-19 in history' is not equal to 'No' answer this question:</b> COVID-19 thromboembolic complications	<input type="radio"/> yes <input type="radio"/> no
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2.5.1.1	<b>If 'COVID-19 thromboembolic complications' is equal to 'yes' answer this question:</b> COVID-19 Thromboembolic compliations comment	<input type="text"/>
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2.6	COVID-19 vaccination status	<input type="radio"/> None <input type="radio"/> mRNA (e.g. Moderna, Pfizer ) <input type="radio"/> Vector (e.g. Astra, Johnson) <input type="radio"/> Unknown
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2.6.1	<b>If 'COVID-19 vaccination status' is not equal to 'None' answer this question:</b> Vaccination status	<input type="radio"/> Partly vaccinated <input type="radio"/> Fully vaccinated <input type="radio"/> Mix of vaccines
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2.7	Diabetes	<input type="radio"/> yes <input type="radio"/> no
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2.8	Dyslipidemia	<input type="radio"/> yes <input type="radio"/> no
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2.9	Hypertension	<input type="radio"/> yes <input type="radio"/> no
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2.10	Smoking status	<input type="radio"/> Never <input type="radio"/> Previous smoker <input type="radio"/> Current smoker
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### 3. Patient characteristics - Risk factors - acute limb ischemia

Number	Question	Answers
3.1	Peripheral arterial disease	<input type="radio"/> yes <input type="radio"/> no
3.2	Aortic aneurysm or dissection	<input type="radio"/> yes <input type="radio"/> no
3.3	Arterial embolization in history	<input type="radio"/> yes <input type="radio"/> no
3.4	Malignancy in history	<input type="radio"/> No <input type="radio"/> Previous malignancy <input type="radio"/> Active malignancy
3.5	Peripheral aneurysm in history	<input type="radio"/> yes <input type="radio"/> no
3.6	Stroke in history	<input type="radio"/> yes <input type="radio"/> no
3.7	Thrombophilia in history	<input type="radio"/> yes <input type="radio"/> no
3.8	Previous revascularization - ipsilateral arteries	<input type="radio"/> yes <input type="radio"/> no
3.8.1	<b><i>If 'Previous revascularization - ipsilateral arteries' is equal to 'yes' answer this question:</i></b> Revascularization technique	<input type="checkbox"/> PTA with/without stent <input type="checkbox"/> Thrombectomy or TEA <input type="checkbox"/> Vein bypass <input type="checkbox"/> Prosthetic bypass

### 4. Clinical presentation and procedure - Clinical presentation

Number	Question	Answers
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4.1	Acute limb ischemia - Rutherford category	<input type="radio"/> Rutherford I <input type="radio"/> Rutherford IIa <input type="radio"/> Rutherford IIb <input type="radio"/> Rutherford III
4.2	Cause of ALI	<input type="radio"/> Unknown <input type="radio"/> Native artery thrombosis <input type="radio"/> Embolus <input type="radio"/> Aneurysm thrombosis <input type="radio"/> Occluded arterial reconstruction <input type="radio"/> Iatrogenic occlusion <input type="radio"/> Traumatic occlusion
4.3	Level of arterial occlusion	<input type="checkbox"/> Aorto-iliac <input type="checkbox"/> Femoral <input type="checkbox"/> Popliteal <input type="checkbox"/> Crural/tibial
4.4	Ischemia duration (hours)	<input type="text"/> hours
4.5	Initial heparin on diagnosis	<input type="radio"/> yes <input type="radio"/> no
4.5.1	<b><i>If 'Initial heparin on diagnosis' is equal to 'yes' answer this question:</i></b> Heparin dosage	<input type="text"/> IU

## 5. Clinical presentation and procedure - Procedural details

Number	Question	Answers
5.1	Revascularization procedure	<input type="radio"/> yes <input type="radio"/> no

5.1.1	<b>If 'Revascularization procedure' is equal to 'yes' answer this question:</b> Type of revascularization procedure	<input type="checkbox"/> Surgical embolectomy <input type="checkbox"/> Bypass - prosthetic <input type="checkbox"/> Bypass - vein graft <input type="checkbox"/> Catheter directed thrombolysis <input type="checkbox"/> Catheter guided embolectomy / aspiration <input type="checkbox"/> PTA <input type="checkbox"/> PTA with stent <input type="checkbox"/> Major amputation
5.1.2	<b>If 'Revascularization procedure' is equal to 'yes' answer this question:</b> Completion angiography	<input type="radio"/> yes <input type="radio"/> no
5.1.3	<b>If 'Revascularization procedure' is equal to 'yes' answer this question:</b> Compartment syndrome - developed	<input type="radio"/> yes <input type="radio"/> no
5.1.3.1	<b>If 'Compartment syndrome - developed' is equal to 'yes' answer this question:</b> Compartment syndrome diagnosis	<input type="radio"/> Clinical diagnosis <input type="radio"/> Compartment pressure measurement
5.1.4	<b>If 'Revascularization procedure' is equal to 'yes' answer this question:</b> Fasciotomy performed	<input type="radio"/> None <input type="radio"/> Primary / prophylactic fasciotomy <input type="radio"/> Secondary / unplanned

## 6. Outcome and follow up - Outcome and follow up

Number	Question	Answers
6.1	Reintervention of index-leg during first 90 days	<input type="radio"/> None <input type="radio"/> For revascularization <input type="radio"/> For wound complications

6.1.1	<p><b>If 'Reintervention of index-leg during first 90 days' is equal to 'For revascularization' answer this question:</b> Redo-Revascularization details</p>	<input type="checkbox"/> Surgical embolectomy <input type="checkbox"/> Bypass - prosthetic <input type="checkbox"/> Bypass - vein graft <input type="checkbox"/> Catheter directed thrombolysis <input type="checkbox"/> Catheter guided embolectomy / aspiration <input type="checkbox"/> PTA <input type="checkbox"/> PTA with stent <input type="checkbox"/> Major amputation
6.1.2	<p><b>If 'Reintervention of index-leg during first 90 days' is not equal to 'None' answer this question:</b> Date of reintervention</p>	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
6.2	Bleeding periprocedural	<input type="radio"/> None <input type="radio"/> Access site bleeding <input type="radio"/> Intracranial bleeding <input type="radio"/> Gastrointestinal bleeding <input type="radio"/> Other major bleeding
6.3	Access site infection	<input type="radio"/> yes <input type="radio"/> no
6.4	Acute kidney injury	<input type="radio"/> None <input type="radio"/> Risk <input type="radio"/> Injury <input type="radio"/> Failure <input type="radio"/> Loss <input type="radio"/> End stage kidney disease
6.5	Multi organ failure	<input type="radio"/> yes <input type="radio"/> no
6.6	Date of discharge	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)

6.7	Anticoagulation at discharge	<input type="checkbox"/> None <input type="checkbox"/> Aspirin <input type="checkbox"/> Clopidogrel <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Prasugrel <input type="checkbox"/> Rivaroxaban <input type="checkbox"/> Apixaban <input type="checkbox"/> Dabigatran <input type="checkbox"/> Heparin - Low molecular weight <input type="checkbox"/> Heparin - unfractionated <input type="checkbox"/> VKA (i.e. Warfarin) <input type="checkbox"/> Argatroban <input type="checkbox"/> Other
6.8	Major amputation	<input type="radio"/> None <input type="radio"/> Below knee amputation <input type="radio"/> Above knee amputation
6.8.1	<b><i>If 'Major amputation' is not equal to 'None' answer this question:</i></b> Date of major amputation	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
6.9	Death	<input type="radio"/> yes <input type="radio"/> no
6.9.1	<b><i>If 'Death' is equal to 'yes' answer this question:</i></b> Date of death	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
6.9.2	<b><i>If 'Death' is equal to 'yes' answer this question:</i></b> Cause of death	<input type="text"/>
6.10	Date of last follow up	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
6.11	Residual sensory deficit	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> unknown
6.12	Residual motor deficit	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> unknown

6.13 Walking distance (Rutherford category)

- Asymptomatic
- Mild claudication
- Moderate claudication
- Severe claudication
- Ischemic rest pain
- Minor tissue loss
- Major tissue loss