Revised Cardiac Risk Index (RCRI) Chart

Patient Information • Name: _____ • Age: _____ • Gender: _____ • Medical History: **Surgical Procedure** Type of Surgery: ________ Date of Surgery: ________ **RCRI Risk Factors High-Risk Surgery** ☐ Yes □ No **Ischemic Heart Disease** ☐ Yes □ No **Congestive Heart Failure** ☐ Yes □ No **History of Stroke** ☐ Yes □ No **Insulin-Dependent Diabetes**

☐ Yes

□ No

| RCRI Score Calculation |
|------------------------|
| Total RCRI Score: |
| |
| Risk Stratification |
| □ Low Risk |
| ☐ Intermediate Risk |
| ☐ High Risk |
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| Recommendations |
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| |
| Follow-up Plan |
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| |
| |
| Decumentation |
| Documentation |
| |
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| |
| Physician's Signature: |
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