

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

Additional Risk Factors

RCRI Score Calculation

Total RCRI Score: _____

Risk Stratification

- Low Risk
- Intermediate Risk
- High Risk

Recommendations

Follow-up Plan

Documentation

Physician's Signature: _____