Radial Hematoma Documentation and Coding Guide

EASY Hematoma Classification after Transradial/Ulnar PCI

***Use the hematoma classifications in the figure below to support accurate documentation in the medical record of PCI access site hematomas

![EASY Hematoma Classification after Transradial/Ulnar PCI](image)

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| I     | ≤ 5%      | Local hematoma, superficial | Analgesia Additional bracelet Local ice | Inform physician | - Control blood pressure (BP) (importance of pain management)  
- Consider interruption of any anticoagulation and/or antiplatelet infusion  
- Follow forearm and arm diameters to evaluate requirement for additional bracelet and/or BP cuff inflation  
- Additional bracelet(s) can be placed alongside artery anatomy  
- Ice cubes in a plastic bag or washcloths are placed on the hematoma  
- Finger O2 saturation can be monitored during inflated blood pressure cuff  
- To inflate blood pressure cuff, select a pressure of 20 mmHg < systolic pressure and deflate every 15 minutes  
- After bracelet removal, use "Yelpass bandage" around forearm/arm for a few hours to maintain mild positive pressure |
| II    | < 3%      | Hematoma with moderate muscular infiltration | Analgesia Additional bracelet Local ice | Inform physician | |
| III   | < 2%      | Forearm hematoma and muscular infiltration, below the elbow | Analgesia Additional bracelet Local ice Inflated BP cuff | Inform physician | |
| IV    | ≤ 0.1%    | Hematoma and muscular infiltration extending above the elbow | Analgesia Additional bracelet, Local ice Inflated BP cuff | Inform physician | |
| V     | < 0.01%   | Ischemic threat (compartment syndrome) | Consider surgery | STAT call to physician | |

Bleeding: Hematoma at Access Site Coding Definition

***Use the CathPCI Registry hematoma definition below to support accurate coding of PCI access site hematomas

Coding Instruction: Indicate whether the patient experienced a hematoma at the percutaneous entry site that was observed and documented in the medical record.

To qualify there must be evidence of any of the following:
1. Hemoglobin drop of ≥3 g/dL
2. Transfusion of whole blood or packed red blood cells
3. Procedural intervention/surgery at the bleeding site to reverse/stop or correct the bleeding (such as surgical closures/exploration of the arteriotomy site, balloon angioplasty to seal an arterial tear, endoscopy with cautery of a GI bleed).

Figure reproduced with permission from Bertrand, O. F. (2010). "Acute forearm muscle swelling post transradial catheterization and compartment syndrome: prevention is better than treatment!" Catheter Cardiovasc Interv 75(3): 366-368.