

## Criteria for Inpatient Percutaneous Transluminal Angioplasty (PTA); in accordance with KLV Annex 1a Version as of 01.01.2025:

Criteria for Inpatient Percutaneous Transluminal Angioplasty (PTA)		Criteria for Admission on the Previous Day
Age:	<input type="checkbox"/> Under 16 years	
Cardiac Conditions:	<input type="checkbox"/> Heart failure NYHA > II <input type="checkbox"/> Uncontrolled arterial hypertension (systolic > 160 mmHg)	<input type="checkbox"/> Measures required to stabilize circulatory function
Pulmonary Conditions:	<input type="checkbox"/> COPD > GOLD II <input type="checkbox"/> Unstable or exacerbated asthma <input type="checkbox"/> OSAS with AHI $\geq$ 15 and no CPAP available at home <input type="checkbox"/> Long-term oxygen therapy	<input type="checkbox"/> Measures required to stabilize respiratory function
Coagulation Disorders / Blood Thinning:	<input type="checkbox"/> Therapeutic anticoagulation necessary perioperatively <input type="checkbox"/> Triple therapy <input type="checkbox"/> Uncontrolled coagulation disorders, coagulopathies, purpura, and other hemorrhagic diatheses	<input type="checkbox"/> Measures required to ensure effective anticoagulation under optimal bleeding risk control and/or bridging required
Renal Insufficiency:	<input type="checkbox"/> Renal insufficiency CKD > 3b (GFR < 30 ml/min) (see below) <input type="checkbox"/> Contrast agent allergy	<input type="checkbox"/> Measures required for prolonged nephroprotective prehydration
Metabolic Conditions:	<input type="checkbox"/> Poorly controlled, unstable diabetes mellitus or HbA1c > 8% <input type="checkbox"/> Obesity with BMI > 35 kg/m <sup>2</sup> <input type="checkbox"/> Cachexia with BMI < 17.5 kg/m <sup>2</sup> <input type="checkbox"/> Severe metabolic disorders	<input type="checkbox"/> Measures required to control/correct hyperglycemic and prothrombogenic metabolic derailment
Psychological Conditions:	<input type="checkbox"/> Severe unstable psychological disorders preventing adherence to outpatient follow-up <input type="checkbox"/> Addiction (alcohol, medication, drugs) with complications	<input type="checkbox"/> Hospitalization on the day of intervention is medically irresponsible
Social / Geographical Factors:	<input type="checkbox"/> Need for constant supervision <input type="checkbox"/> No competent adult contact or caregiver in the same household for the first 24 hours postoperatively <input type="checkbox"/> No transport options (preoperative, postoperative, or return to a hospital, including taxi) <input type="checkbox"/> Travel time > 30 minutes to a hospital with a 24-hour emergency department and appropriate discipline (arterial punctures)	<input type="checkbox"/> No possibility for hospitalization on the day of intervention
Other / Procedure-Specific Factors:	<input type="checkbox"/> Congenital malformations of the cardiovascular and/or respiratory system <input type="checkbox"/> Multiple (>1) arterial vascular accesses performed <input type="checkbox"/> Complex arterial interventions: supra-aortic, aortic, visceral, iliac, below-the-knee (BTK), multi-segmental, lysis, aspiration, embolization; planned stent implantation or occlusion recanalization in all vascular regions <input type="checkbox"/> Previous groin surgery with puncture in the groin <input type="checkbox"/> Sheath size: outer diameter > 6 F <input type="checkbox"/> * Renal insufficiency with GFR 30-60 ml/min in combination with heart failure NYHA $\geq$ II <input type="checkbox"/> Limb ischemia Fontaine III or IV or patients with complicated PAD stage II (lesions) <input type="checkbox"/> Closure system cannot be safely used (ultrasound or CT findings) <input type="checkbox"/> Antegrade inguinal access <input type="checkbox"/> Elective and emergency recanalization procedures or embolization procedures in the deep venous system. These patients require intravenous opioids for 1-2 days due to postoperative pain	<input type="checkbox"/> Hospitalization on the day of intervention too risky / not justifiable <input type="checkbox"/> Measures required for nephroprotective and controllable, hemodynamically tolerable prehydration <input type="checkbox"/> Invasive vasoactive IV therapy must be possible at short notice

If any criterion is met with «yes», the patient may be treated as an inpatient and, if necessary, admitted on the previous day