

Pediatric Cardiac Surgery Report (Under Age 18)

Hospital Name _____ PFI [][][][][] Sequence Number [][][][][]

Child's Name _____
(last) (first)

Medical Record Number [][][][][][][][][][][]
Child's Social Security Number [][][][]-[][][]-[][][][][][]
Age in Years [][][]
Date of Birth [][][][][][][][][]
m d y

Sex	Ethnicity	Race	Residence Code	Hospital Admission Date
1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Hispanic	1 <input type="checkbox"/> White	[][] (see instructions)	[][][][][][][][][]
2 <input type="checkbox"/> Female	2 <input type="checkbox"/> Non-Hispanic	2 <input type="checkbox"/> Black		m d y
		8 <input type="checkbox"/> Other	State or Country (if 99 code is used)	

Procedural Information

Date of Surgery [][][][][][][][][] m d y	Primary Surgeon Performing Surgery License Number [][][][][][][][][] Name _____	Surgical Priority 1 <input type="checkbox"/> Elective 2 <input type="checkbox"/> Urgent 3 <input type="checkbox"/> Emergency
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*NOTE: A separate Form needs to be completed for EACH visit to the operating room for pediatric cardiac surgery.

Prior Surgery this Admission

1 Yes Date [][][][][][][][][]
2 No m d y

Cardiac Diagnosis Code 1 [][][][] 2 [][][][] 3 [][][][] 4 [][][][] [][][]

Cardiac Procedure Code 1 [][][][] 2 [][][][] 3 [][][][] 4 [][][][]

Cardioplegia 0 <input type="checkbox"/> None <hr/> 1 <input type="checkbox"/> Cold 2 <input type="checkbox"/> Warm 3 <input type="checkbox"/> Both <hr/> 1 <input type="checkbox"/> Intermittent 2 <input type="checkbox"/> Continuous	1 <input type="checkbox"/> Antegrade 2 <input type="checkbox"/> Retrograde 3 <input type="checkbox"/> Both <hr/> 1 <input type="checkbox"/> Crystalloid 2 <input type="checkbox"/> Blood 3 <input type="checkbox"/> Both	Mode of CP Bypass 1 <input type="checkbox"/> Low Flow <hr/> Hypothermia 1 <input type="checkbox"/> < 24°C 2 <input type="checkbox"/> 25-32°C <hr/> Circulatory Arrest 1 <input type="checkbox"/> < 30 min 2 <input type="checkbox"/> 30-60 min 3 <input type="checkbox"/> > 60 min	Total Cross Clamp Time [][][] minutes CP Bypass Time [][][] minutes	Minimally Invasive 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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Pre-Operative Status

Pre-op Interventional CATH Procedure
(this admission only)

1 Yes

2 No

Date

m	d	y					

Weight at Time of Operation

1 grams

2 kilograms

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Weight at Birth in grams

1 <500

2 500-999

3 1000-1499

4 1500-1999

5 ≥2000

0 None of the conditions below were present pre-op

Previous Open Heart Operations

1 One 2 Two 3 Three or more

11 Severe cyanosis or severe hypoxia

12 Dialysis within 14 days prior to surgery

13 Any ventilator dependence during same admission or within 14 days prior to surgery

14 Inotropic support immediately pre-op within 24 hours

15 Positive blood cultures within 2 weeks of surgery

16 Arterial pH <7.25 immediately pre-op within hospital stay

17 Significant Renal Dysfunction

Previous Closed Heart Operations

4 One 5 Two 6 Three or more

18 Trisomy 21

19 Major Extracardiac Anomalies

21 Pulmonary Hypertension

22 Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD

24 Pre-existing neurologic abnormality

25 Pneumonia at time of surgery

26 Prostaglandin dependence at time of surgery

27 Balloon Atrial Septostomy

Post Procedural Events Requiring Intervention

0 None

1 Cardiac Tamponade

2 Ventricular Fibrillation or CPR

3 Bleeding requiring reoperation

4 Deep sternal wound infection

6 Ventilator dependency for more than 10 days

7 Clinical sepsis with positive blood culture

11 Renal Failure requiring dialysis (peritoneal or hemodialysis)

12 Complete Heart Block at discharge

13 Unplanned cardiac reoperation or interventional catheterization

15 New neurologic deficit

16 Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD

Discharge Information

Hospital Discharge Date

m	d	y				

Discharged Alive to:

11 Home

12 Hospice

13 Acute Care Facility

14 Skilled Nursing Facility

15 Inpatient Physical Medicine and Rehab

19 Other (specify)

Died in:

2 Operating Room

3 Recovery Room

4 Critical Care Unit

5 Medical/Surgical Floor

6 In Transit to Other Facility

8 Elsewhere in Hospital (specify)

30 Day Status

Alive at:

11 Home

12 Hospice

13 Acute Care Facility

14 Skilled Nursing Facility

15 Inpatient Physical Medicine and Rehab

19 Other (specify)

2 Dead

9 Unknown