

Cardiac Surgery Report – Pediatric (Under Age 18)

Facility Name _____ PFI Number [][][][][] Sequence Number [][][][][]

I. Patient Information

Child's Name _____
(last) _____ (first) _____

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

Sex 1 Male 2 Female Ethnicity 1 Hispanic 2 Non-Hispanic Race 1 White 2 Black 3 Native American 4 Asian 5 Pacific Islander 8 Other Residence Code [][][] (see instructions) Hospital Admission Date [][][][][][][][][][][][][][][][]
m d y

State or Country _____ (if 99 code is used)

Primary Payer [][][] Medicaid [][][] Transfer PFI [][][][][]

II. Procedural Information

Date of Surgery [][][][][][][][][][][][][][][][] Time at Start of Procedure [][][] : [][][] in military time
m d y

*NOTE: A separate Form needs to be completed for EACH visit to the operating room for pediatric cardiac surgery.

Primary Surgeon Performing Surgery _____ Surgical Priority 1 Elective 2 Urgent 3 Emergency Prior Surgery this Admission 1 Yes 2 No License Number [][][][][][][][][][][] Name _____ Date [][][][][][][][][][][][][][][][]
m d y

Cardiac Diagnosis Code (SCAC Code — see instructions) 1 [][][][] 2 [][][][] 3 [][][][] 4 [][][][] 5 [][][][]

Cardiac Procedure Code (SCAC Code — see instructions) 1 [][][][] 2 [][][][] 3 [][][][] 4 [][][][]

Mode of CP Bypass 1 Low Flow Hypothermia 1 ≤ 24°C 2 25-32°C Circulatory Arrest 1 < 30 min 2 30-60 min 3 > 60 min Minimally Invasive 0 No 1 Yes CABG Information Total Conduits [][] Arterial Conduits [][] Distal Anastomoses [][] Entire Procedure Off Pump

III. Pre-Operative Status (answer all that apply)

Pre-op Interventional CATH Procedure
(this admission only)

1 Yes

2 No

Date

m	d	y	y	y	y	y	y

Weight at Time of Operation

1 grams

2 kilograms

--	--	--	--	--

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

Previous Closed Heart Operations

4 One

5 Two

6 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

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

28 Any Previous Organ Transplant

IV. Post Procedural Events Requiring Intervention (answer all that apply)

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

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

V. Discharge Information

Hospital Discharge Date

m	d	y	y	y	y	y	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

1 Live

2 Dead

9 Unknown