

Facility Name _____ PFI Number Sequence Number

I. Patient Information

Child's Name _____ <small>(last)</small>		_____ <small>(first)</small>	
Medical Record Number <input type="text"/>	Child's Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Age in Years <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <small>m d y</small>
Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Ethnicity 1 <input type="checkbox"/> Hispanic 2 <input type="checkbox"/> Non-Hispanic	Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Native American 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Pacific Islander 8 <input type="checkbox"/> Other	Residence Code <input type="text"/> <input type="text"/> <small>(see instructions)</small> Hospital Admission Date <input type="text"/> <input type="text"/> <input type="text"/> <small>m d y</small>
State or Country <small>(if 99 code is used)</small>		_____	
Primary Payer <input type="text"/>	Medicaid <input type="text"/>	Transfer PFI <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

II. Procedural Information

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

*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	Prior Surgery this Admission
License Number <input type="text"/>	1 <input type="checkbox"/> Elective 2 <input type="checkbox"/> Urgent 3 <input type="checkbox"/> Emergency	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Name _____		Date <input type="text"/> <input type="text"/> <input type="text"/> <small>m d y</small>

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 <input type="checkbox"/> Low Flow	Circulatory Arrest 1 <input type="checkbox"/> < 30 min 2 <input type="checkbox"/> 30-60 min 3 <input type="checkbox"/> > 60 min	Minimally Invasive 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes	CABG Information Total Conduits <input type="text"/> Arterial Conduits <input type="text"/> Distal Anastomoses <input type="text"/>
Hypothermia 1 <input type="checkbox"/> ≤ 24°C 2 <input type="checkbox"/> 25-32°C	<input type="checkbox"/> Entire Procedure Off Pump		

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

Weight at Time of Operation

- 1 grams
- 2 kilograms

If <1 Year Old at Time of Admission

- Gestational Age at Birth
 weeks

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

7 Pre-Op Interventional Cath Procedure
 If this admission, provide date

- 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

Previous Closed Heart Operations

- 4 One 5 Two 6 Three or more

- 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

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