



**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 \_\_\_\_\_  
(specify)  
 21  Pulmonary Hypertension  
 22  Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD  
 24  Pre-existing neurologic abnormality \_\_\_\_\_  
(specify)  
 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