



### 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)

- |  |  |
|--|--|
| <p>0 <input type="checkbox"/> None</p> <p>1 <input type="checkbox"/> Cardiac Tamponade</p> <p>2 <input type="checkbox"/> Ventricular Fibrillation or CPR</p> <p>3 <input type="checkbox"/> Bleeding requiring reoperation</p> <p>4 <input type="checkbox"/> Deep sternal wound infection</p> <p>6 <input type="checkbox"/> Ventilator dependency for more than 10 days</p> | <p>7 <input type="checkbox"/> Clinical sepsis with positive blood culture</p> <p>11 <input type="checkbox"/> Renal Failure requiring dialysis</p> <p>12 <input type="checkbox"/> Complete Heart Block at discharge</p> <p>13 <input type="checkbox"/> Unplanned cardiac reoperation or interventional catheterization</p> <p>15 <input type="checkbox"/> New neurologic deficit</p> <p>16 <input type="checkbox"/> Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD</p> |
|--|--|

### 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