NEW YORK STATE DEPARTMENT OF HEALTH State Cardiac Advisory Committees

Cardiac Surgery Report – Pediatric (Under Age 18)

| Facility Name | | PFI Number | S | equence Number | |
|--|---|--|--|------------------------------|----------|
| | I. Pat | ient Information | | | |
| Child's Name | | | (5-1) | | |
| (last) | Child's Casial Casurity N | | (first) | Date of Birth | |
| Medical Record Number | Child's Social Security N | | Age in Years | | |
| SexEthnicity1Male1Hispanic2Female2Non-Hispanic | 2 🗆 Black 5 | □ Asian □ Pacific Islander □ Other | Residence Code (see instructions) State or Country | Hospital Admission Date | |
| Primary Payer | 3 🗆 Native American 8 Medicaid 📔 | | (if 99 code is used) Transfer PFI | | |
| Date of Surgery m d y | Time at St | edural Information | | ary time | |
| *NOTE: A separate Form needs to be con | mpleted for EACH visit to th | e operating room for | r pediatric cardiac surger | у. | |
| Primary Surgeon Performing Surgery License Number | | Surgical Prior 1 		Electi 2 		Urger 3 		Emerg | ive 1 🗌 Yes | his Admission Date d y | <u> </u> |
| Cardiac Diagnosis Code 1 | 2 3 | 4 | 5 | | |
| Cardiac Procedure Code 1 | 2 3 | 4 | | | |
| Mode of CP Bypass Circulatory | Arrest | Minimally Invasive | CABG I | nformation | |
| 1 □ Low Flow 1 □ < 3 | | 0 🗌 No | | | |
| Hypothermia 2 🗌 30 | -60 min | 1 🗌 Yes | Arteria | l Conduits | |
| 1 □ ≤ 24°C 3 □ > 0 | 60 min | | Distal | Anastomoses | |
| 2 🗌 25-32°C | Entire Procedure Off Pump | | | | |

| III. Pre-Operative Status (answer all that apply) | | | | | | | |
|--|-------------------------------------|--|--|--|--|--|--|
| Pre-op Interventional CATH Procedure | Weight at Time | of Operation | Weight at Birth in grams | | | | |
| (this admission only) 1 Yes Date 2 No m d y | 1 □ grams 2 □ kilogram | s | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | |
| 0 None of the conditions below were present pre-op | | | | | | | |
| Previous Open Heart Operations Previous Closed Heart Operations | | | | | | | |
| 1 		 0ne 		 2 		 Two 		 3 		 Three or 1 | more | 4 🗌 One 5 🗌 . | Two 6 🗌 Three or more | | | | |
| 11 🗌 Severe cyanosis or severe hypoxia | | 19 🗌 Major Extracardia | c Anomalies | | | | |
| 12 🔲 Dialysis within 14 days prior to surgery | | 21 🔲 Pulmonary Hypertension | | | | | |
| 13 Any ventilator dependence during same admission or within 14 days prior to surgery | | 22 Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD 24 Pre-existing neurologic abnormality | | | | | |
| 14 \square Inotropic support immediately pre-op within 24 hours | | 25 🗌 Pneumonia at time of surgery | | | | | |
| 15 \square Positive blood cultures within 2 weeks of | surgery | 26 🗌 Prostaglandin dependence at time of surgery | | | | | |
| 16 \square Arterial pH <7.25 immediately pre-op with | in hospital stay | 27 🗌 Balloon Atrial Septostomy | | | | | |
| 17 🗌 Significant Renal Dysfunction | | 28 🗌 Any Previous Organ Transplant | | | | | |
| 18 🗌 Trisomy 21 | | | | | | | |
| | | | | | | | |
| IV. Post Proc | edural Events Requiring In | tervention (answer all th | nat apply) | | | | |
| 0 🗌 None | | 7 🗌 Clinical sepsis with positive blood culture | | | | | |
| 1 🗌 Cardiac Tamponade | | 11 🗌 Renal Failure requiring dialysis | | | | | |
| 2 Dentricular Fibrillation or CPR | | 12 🗌 Complete Heart Block at discharge | | | | | |
| 3 Deleeding requiring reoperation | | 13 🗌 Unplanned cardiac reoperation or interventional catheterization | | | | | |
| 4 Deep sternal wound infection | | 15 🗌 New neurologic deficit | | | | | |
| 6 Ventilator dependency for more than 10 da | <i>ys</i> | 16 🗌 Ventricular Assist | - ECMO/IABP/LVAD/RVAD/BVAD | | | | |
| | | | | | | | |
| V. Discharge Information | | | | | | | |
| Hospital Discharge Date | | | | | | | |
| Discharged Alive to: | Died in: | | 30 Day Status | | | | |
| 11 🗌 Home | 2 🗌 Operating Room | | 1 🗌 Live | | | | |
| 12 🗌 Hospice | 3 🗌 Recovery Room | | 2 🗌 Dead | | | | |
| 13 🗌 Acute Care Facility | 4 🔲 Critical Care Unit | t | 9 🗌 Unknown | | | | |
| 14 🗌 Skilled Nursing Facility | 5 🗌 Medical/Surgical | Floor | | | | | |
| 15 🗌 Inpatient Physical Medicine and Rehab 🛛 6 🔲 In Transit to | | er Facility | | | | | |
| 19 🗌 Other (specify) | 8 🗌 Elsewhere in Hospital (specify) | | | | | | |
| | | | | | | | |
| | | | | | | | |