NEW YORK STATE DEPARTMENT OF HEALTH New York State Cardiac Advisory Committee

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 9 | Security Number | Age in Years | Date of Birth | | |
| Sex Ethnicity 1 | spanic 2 🗆 Black | 4 □ Asian 5 □ Pacific Islander nerican 8 □ Other | Residence Code (see instructions) State or Country (if 99 code is used) | Hospital Admissio | - | |
| Primary Payer | Medicaid | | Transfer PFI | | | |
| m d Primary Surgeon Performing Surge License Number Na | | Surgical Prior 1 | ive 1 \square Yes | his Admission Date m d | <u> </u> | |
| Cardiac Diagnosis Code 1 (SCAC Code — see instructions) | 2 | 3 4 | 5 | | | |
| Cardiac Procedure Code 1 CSCAC Code — see instructions) | 2 | 3 4 | | | | |
| Mode of CP Bypass Circ | ulatory Arrest | est Minimally Invasive | | Information | | |
| 1 | 1 □ < 30 min | 0 🗌 No | Total Conduits | | | |
| Hypothermia | 2 🗌 30-60 min | 1 ☐ Yes | Arteria | l Conduits | | |
| 1 □ ≤ 24°C | 3 □ > 60 min | | Distal | Anastomoses | | |
| 2 □ 25-32°C | | ☐ Entire Proced | dure Off Pump | | | |

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| | II. Pre-Operative St | atus (answer all that | арріу) | | | | |
|---|-----------------------------------|--|-----------------------------------|--|--|--|--|
| Weight at Time of Operation If <1 Year Old at Time of Admission | | | | | | | |
| 1 🗆 grams | Gestation | al Age at Birth | Weight at Birth in grams | | | | |
| 2 🗆 kilograms | weeks | | 1 | | | | |
| 0 ☐ None of the conditions below were present pre-op | | | | | | | |
| Previous Open Heart Operations Previous Closed Heart Operations | | | | | | | |
| 1 \square One 2 \square Two 3 \square Three or more 4 \square One 5 \square Two 6 \square Three or more | | | | | | | |
| 7 Pre-Op Interventional Cath Procedure If this admission, provide date | | 17 ☐ Significant Renal Dysfunction 18 ☐ Trisomy 21 19 ☐ Major Extracardiac Anomalies | | | | | |
| 11 Severe cyanosis or severe hypoxia | | (specify) 21 Pulmonary Hypertension | | | | | |
| 12 \square Dialysis within 14 days prior to surgery | | 22 Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD | | | | | |
| 13 Any ventilator dependence during same ac | lmission or | 24 Pre-existing neurologic abnormality | | | | | |
| within 14 days prior to surgery 14 Inotropic support immediately pre-op with | ain 27 hawa | (specify) 25 Pneumonia at time of surgery | | | | | |
| | | 26 Prostaglandin dependence at time of surgery | | | | | |
| 15 Positive blood cultures within 2 weeks of | | 27 🗌 Balloon Atrial Septostomy | | | | | |
| 16 ☐ Arterial pH <7.25 immediately pre-op with | iii iiospitat stay | 28 Any Previous Organ Transplant | | | | | |
| IV. Post Procedural Events Requiring Intervention (answer all that apply) | | | | | | | |
| 0 | | · · · · · · · · · · · · · · · · · · · | epsis with positive blood culture | | | | |
| 1 🗆 Cardiac Tamponade | | 11 Renal Failure requiring dialysis | | | | | |
| 2 | | 12 Complete Heart Block at discharge | | | | | |
| 3 Bleeding requiring reoperation | | 13 Unplanned cardiac reoperation or interventional catheterization | | | | | |
| 4 ☐ Deep sternal wound infection | | 15 | | | | | |
| 6 🗆 Ventilator dependency for more than 10 da | ys | 16 ☐ Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD | | | | | |
| | | | | | | | |
| | v. Discha | rge Information | | | | | |
| Hospital Discharge Date m d y | | | | | | | |
| Discharged Alive to: | Died in: | | 30 Day Status | | | | |
| 11 \square Home | 2 | | 1 🗆 Live | | | | |
| 12 | 3 ☐ Recovery Room | | 2 🗆 Dead | | | | |
| 13 Acute Care Facility | y 4 🗆 Critical Care Unit | | 9 🗆 Unknown | | | | |
| 14 🗌 Skilled Nursing Facility | acility 5 🗆 Medical/Surgical Floo | | | | | | |
| 15 Inpatient Physical Medicine and Rehab 6 In | | to Other Facility | | | | | |
| 19 Other (specify) | 8 🗆 Elsewhere i | in Hospital (specify) | | | | | |
| | | | | | | | |

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