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

Cardiac Surgery Report – Pediatric (Under Age 18)

Facility Name	Name PFI Number Sequence Number						
		I.	Patient Information				
Child's Name	(last)		_	(first)		_	
Medical Record N Sex Male Female	Number Ethnicity Hispanic Non-Hispanic	Child's Social Securit Race 1 White 2 Black 3 Native American	4 □ Asian 5 □ Pacific Islander	Age in Years Residence Code (see instructions) State or Country (if 99 code is used)	Date of Birth		
Primary Payer		Medicaid		Transfer PFI			
License Number	Cardiologist (if participatin	g)	Surgical Prior 1	ive 1 \(\sum \) Yes	nis Admission Date m d y		
Diagnosis Codes Procedure Codes		· ·	Additional #1	Additional #2 Add	itional #3		
Mode of CP Bypa	ass Circulatory A	rrest	Minimally Invasive	CABG I	nformation	=	
1 🗌 Low Flo	ow 1 □ < 3	O min	0	Total C	onduits		
Hypothermia	2 🗌 30-	60 min	1 🗆 Yes	Arteria	l Conduits		
1	3 □ > 6	O min		Distal A	Anastomoses		
2 🗌 25-32°	С	☐ Entire Procedure Off Pump					

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I	II. Pre-Operative Sta	itus (answer all that a	рріу)				
Weight at Time of Operation	If <1 Year	Old at Time of Admissio	n				
1 🗆 grams	Gestationa	al Age at Birth	Weight at Birth in grams				
2 🗆 kilograms		weeks	1				
0	pre-op						
Previous Open Heart Operations		Previous Closed Hea	art Operations				
1 One 2 Two 3 Three or r	nore	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		21 Near Systemic PVR					
12 Dialysis within 14 days prior to surgery		22 Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD					
13 Any ventilator dependence during same ad within 14 days prior to surgery	mission or	24 🗌 Pre-existin	g neurologic abnormality(specify)				
14 Inotropic support immediately pre-op with	in 24 hours	25 Pneumonia at time of surgery					
5 Positive blood cultures within 2 weeks of surgery		26 $\ \square$ Prostaglandin dependence at time of surgery					
16 ☐ Arterial pH <7.25 immediately pre-op with		27 🗆 Balloon Atrial Septostomy					
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IV. Post Proc	edural Events Requiri	ng Intervention <i>(answe</i>	r all that apply)				
0 None		7 Clinical sepsis 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 ☐ New neurologic deficit					
6 $\ \square$ Ventilator dependency for more than 10 da	ys	16 Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD					
V. Discharge Information							
		3					
Hospital Discharge Date							
m d y							
Discharged Alive to:	Died in:		30 Day Status				
11 ☐ Home	2 Operating R	Room	1 Live				
12 🗌 Hospice	3 Recovery Ro	oom	2 🗌 Dead				
13 Acute Care Facility	4 🗌 Critical Care	e Unit	9 🗆 Unknown				
14 🗌 Skilled Nursing Facility	5 Medical/Sun	Medical/Surgical Floor					
15 🗌 Inpatient Physical Medicine and Rehab	6 🗌 In Transit t	o Other Facility					
19 🗆 Other (specify)	8 🗌 Elsewhere i	n Hospital (specify)					
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