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

Cardiac Surgery Report – Pediatric (Under Age 18)

Facility Name _					PFI Number		Seque	nce Number	
			I.	Patient 1	Information				
Child's Name (Las	t)				(First)				
Medical Record N	lumber	Chile	d's Social Secu	rity Num	ber	Age in Ye	ears [Date of Birth Month Date	Year
1 🗆 Male 1	hnicity □ Hispanic □ Non-Hispanic	Race 1 White 2 Black 3 Native Am 4 Asian or P 8 Other	acific Islander	Detailed Under AA	AAPI code API	Residence State or Co		Hospital Adm Month Date Gode is Used)	
Primary Payer		Medicaid			red Language		Т	ransfer PFI	
Date of Surgery Month Date	Year	Time of First	t Skin Incision		Surgical Priorit 1 □ Elective 2 □ Urgent 3 □ Emergency	2 □ No	Month	Date	Year
Primary Surgeon	Performing Sur	gery			Interventional	Cardiologist	(If Participat	ing)	
License Number					License Number				
		damental	Primar	у	Additional #		\dditional #	#2 <i>F</i>	Additional #3
Diagnosis Codes									
Procedure Codes									
Mode of CP Byp 1 ☐ Low Flow	ass	Circulatory 1 □ < 30 m ²			Minimally Invasi 0 □ No	ive		3G Informatio al Conduits	n
Hypothermia 1 □ ≤ 24°C 2 □ 25-32°C		2 □ 30-60 r 3 □ > 60 m ²			1 ☐ Yes ☐ Entire Procedu	re Off Pump		erial Conduits tal Anastomose	es

DOH-2254p (12/22) p 1 of 2 2023 Discharge Year

	III. Pre-Operative St	atus (Answer All	That Apply)					
Weight at Time of Operation	ight at Time of Operation If <1 Year Old at Time of Admission							
1 \square Grams 2 \square Kilograms	Gestational Age at I	Gestational Age at Birth Weeks			Weight at Birth in Grams			
	Weeks				4 □ 1500-1999 5 □ ≥ 2000			
0 ☐ None of the conditions below were prese	nt pre-op							
Previous Open Heart Operations		Previous Closed Heart Operations						
1 \square One 2 \square Two 3 \square Three or	4 🗌 0ne	5 🗌 Two	6 🗌 Three	e or more				
7 🗆 Pre-Op Interventional Cath Procedure		17 🗆 Significa	ant Renal Dysfund	ction				
If this admission, provide date		18 🗌 Trisomy	18 ☐ Trisomy 21					
Month Date Year		19 Major Extracardiac Anomalies (Specify)						
11 \square 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 a or within 14 days prior to surgery	24 Pre-existing neurologic abnormality (Specify)							
14 ☐ Inotropic support immediately pre-op wit	25 Pneumonia at time of surgery							
15 ☐ Positive blood cultures within 2 weeks of	5 5	26 ☐ Prostaglandin dependence at time of surgery						
16 ☐ Arterial pH <7.25 immediately pre-op wit	.nin nospitat stay	27 ☐ Balloon Atrial Septostomy						
		28 Any Previous Organ Transplant						
IV. Post Pro	ocedural Events Requiri	na Intervention	(Answer All Tha	t Apply)				
0 □ None	,		sepsis with posit		cure			
1 Cardiac Tamponade		11 ☐ Renal Failure requiring dialysis						
2 □ Ventricular Fibrillation or CPR		12 □ Complete Heart Block at discharge						
3 ☐ Bleeding requiring reoperation	13 \square Unplanned cardiac reoperation or interventional catheterization							
4 \square Deep sternal wound infection	15 ☐ New neurologic deficit							
6 \square Ventilator dependency for more than 10 da	16 🗆 Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD							
	V. Discha	rge Information						
Hospital Discharge Date Month Date	Year	<u> </u>						
Discharged Alive to:	Died in:			30 Day	Status			
11 ☐ Home 2 ☐ Operating		Room	om 1 □ Live					
12 ☐ Hospice 3 ☐ Recovery F		oom 2 🗆 Dead			d			
13 \square Acute Care Facility	e Unit 9 □ Unknown							
14 \square Skilled Nursing Facility	rgical Floor							
15 \square Inpatient Physical Medicine and Rehab	6 🗌 In Transit t	to Other Facility						
19	8 ☐ Elsewhere i (Specify)	in Hospital						

DOH-2254p (12/22) p 2 of 2 2023 Discharge Year