NEW YORK STATE DEPARTMENT OF HEALTH State Cardiac Advisory Committees

## Cardiac Surgery Report – Pediatric (Under Age 18)

Facility Name		PFI Number		equence Number
		I. Patient Information		
Child's Name (last)			(first)	
Medical Record Number  Sex Ethnicit  Medical Record Number  Ethnicit	ry Rai Hispanic 1 Non-Hispanic 2	ce  Black  Native American  White  4  Asian  5  Pacific Islander	Age in Years  Residence Code (see instructions)  State or Country (if 99 code is used)	Date of Birth  m d y  Hospital Admission Date m d y
		II. Procedural Information		
Date of Surgery  d y	1 1	rimary Surgeon Performing Surgery icense Number Name		Surgical Priority  1
*NOTE: A separate Form n	eeds to be complete	ed for EACH visit to the operating room for	pediatric cardiac surgery.	
Prior Surgery this Admission  1  Yes  2  No  Cardiac Diagnosis Code (SCAC Code — see instructions)  Cardiac Procedure Code	Date	2	5	
(SCAC Code — see instructions)  Cardioplegia  0  None  1  Cold  2  Warm  3  Both  1  Intermittent  2  Continuous	1	le	Total Cross Clamp Time	Minimally Invasive  0 □ No 1 □ Yes

III. Pre-Operative Status (answer all that apply)						
Pre-op Interventional CATH Procedure	Weight at Tir	ne of Operation				
(this admission only)  1	1 □ grams 2 □ kilogr		1 □ <500 2 □ 500-999 3 □ 1000-1499 4 □ 1500-1999 5 □ ≥2000			
$0\square$ None of the conditions below were present	pre-op					
Previous Open Heart Operations		Previous Closed Heart	Operations			
1 □ One 2 □ Two 3 □ Three or r	nore	4 □ One 5 [	□ Two 6 □ Three or more			
11 ☐ Severe cyanosis or severe hypoxia		19 ☐ Major Extracar	diac Anomalies			
12   Dialysis within 14 days prior to surgery		21  Pulmonary Hyp	nary Hypertension			
13   Any ventilator dependence during same ad	mission or	22 Uentricular Assist - ECMO/IABP/LVAD/RVAD/BVAD				
within 14 days prior to surgery		24   Pre-existing neurologic abnormality				
14 ☐ Inotropic support immediately pre-op with		25   Pneumonia at time of surgery				
15 Positive blood cultures within 2 weeks of s		26 🗆 Prostaglandin	dependence at time of surgery			
16 ☐ Arterial pH <7.25 immediately pre-op with	in nospitai stay	27   Balloon Atrial	7 🗆 Balloon Atrial Septostomy			
17 ☐ Significant Renal Dysfunction		28  Any Previous Organ Transplant				
18 ☐ Trisomy 21						
IV. Post Proc	edural Events Reguiring	Intervention (answer al	l that apply)			
0 None		7  Clinical sepsis with positive blood culture				
<ul><li>1 □ Cardiac Tamponade</li><li>2 □ Ventricular Fibrillation or CPR</li></ul>		11  Renal Failure requiring dialysis (peritoneal or hemodialysis)				
		12 Complete Heart Block at discharge				
		<ul> <li>13 □ Unplanned cardiac reoperation or interventional catheterization</li> <li>15 □ New neurologic deficit</li> </ul>				
4 Deep sternal wound infection		15 □ New neurologic deficit  16 □ Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD				
6 □ Ventilator dependency for more than 10 days 16 □ Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD						
V. Discharge Information						
Hospital Discharge Date  m d y						
Discharged Alive to:	Died in:		30 Day Status			
11 ☐ Home	☐ Home 2 ☐ Operating Ro		1 □ Live			
12  Hospice	☐ Hospice 3 ☐ Recovery Roor		2 🗆 Dead			
13   Acute Care Facility	☐ Acute Care Facility 4 ☐ Critical Care U		9 □ Unknown			
14 🗆 Skilled Nursing Facility	☐ Skilled Nursing Facility 5 ☐ Medical/Surgi					
15 ☐ Inpatient Physical Medicine and Rehab 6 ☐ In		ransit to Other Facility				
19 ☐ Other (specify)	8   Elsewhere in	Hospital (specify)				