NEW YORK STATE DEPARTMENT OF HEALTH State Cardiac Advisory Committees

Cardiac Surgery Report – Pediatric (Under Age 18)

Facility Name	PFI Number Sequence Number				
		I. Patient Information			
Child's Name	Child's Social	Security Number — —	(first) Age in Years	Date of Birth	
	Hispanic1 □ WhiteNon-Hispanic2 □ Black	4 🗆 Asian 5 🗆 Pacific Islander merican 8 🗆 Other	Residence Code (see instructions) State or Country (if 99 code is used)	m d y Hospital Admission Date	
Date of Surgery		II. Procedural Information eon Performing Surgery per		Surgical Priority 1	
*NOTE: A separate Form	needs to be completed for EACH	visit to the operating room for	pediatric cardiac surgery	3 Emergency	
Prior Surgery this Admission 1	Date Date m d y 1	3	5		
Cardiac Procedure Code (SCAC Code — see instructions)	1 2	3 4			
Mode of CP Bypass 1 □ Low Flow Hypothermia 1 □ < 24°C	Circulatory Arrest 1 □ < 30 min 2 □ 30-60 min 3 □ > 60 min	Minimally Invasive 0 □ No 1 □ Yes	Total C Arteria	Information Conduits al Conduits Anastomoses	
2 □ 25-32°C		Entire Procedure Off Pump			

III. Pre-Operative Status (answer all that apply)							
Pre-op Interventional CATH Procedure	Weight at Tir	ne of Operation	Weight at Birth in grams				
is admission only) Person Date No m d y 1 grams 2 kilogram			1 □ <500 2 □ 500-999 3 □ 1000-1499 4 □ 1500-1999 5 □ ≥2000				
0 □ 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 Extracard	liac Anomalies				
12 🔲 Dialysis within 14 days prior to surgery		21 🗆 Pulmonary Hypertension					
13 Any ventilator dependence during same ad	mission or	22 🗆 Ventricular 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 \Box Positive blood cultures within 2 weeks of s	0 9	26 Prostaglandin dependence at time of surgery					
16 \Box Arterial pH <7.25 immediately pre-op with	in hospital stay	27 🗆 Balloon Atrial Septostomy					
17 Significant Renal Dysfunction		28 🗌 Any Previous O	28 🗆 Any Previous Organ Transplant				
18 🗆 Trisomy 21							
IV. Post Procedural Events Requiring Intervention (answer all that apply)							
0 🗆 <i>None</i>		7 Clinical sepsis with positive blood culture					
1 🛛 Cardiac Tamponade		11 🗆 Renal Failure requiring dialysis (peritoneal or hemodialysis)					
2 D Ventricular Fibrillation or CPR		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 🗆 Ventilator dependency for more than 10 day	/S	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 Ro	om	1 🗆 Live				
12 🗆 Hospice	3 🗌 Recovery Roo	m	2 🗆 Dead				
3 Acute Care Facility 4 Critical Care Un		Jnit	9 🗆 Unknown				
14 🗆 Skilled Nursing Facility 5 🗆 Medical/Surgica		ical Floor					
15 Inpatient Physical Medicine and Rehab 6 In Transit to		Other Facility					
19 🗆 Other (specify)	8 🗆 Elsewhere in	Hospital (specify)					