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

2 🗌 25-32°C

3 □ > 60 min

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

Distal Anastomoses

Facility Name	PFI Number Sequence Number				
	I. Pa	tient Information			
Child's Name (last)			(first)		
Medical Record Number  Sex Ethnicity  1  Male    1  Hispanic  2  Female    2  Non-Hispanic		—	Age in Years  Residence Code (see instructions)  State or Country (if 99 code is used)	Date of Birth	
Primary Payer	Medicaid		Transfer PFI		
	II. Pro	cedural Information			
Date of Surgery d d y	Time at 9	Start of Procedure	: in milit	ary time	
*NOTE: A separate Form needs to be con	ipleted for EACH visit to t	he operating room for	pediatric cardiac surgery		
Primary Surgeon Performing Surgery License Number Name		Surgical Priori  1	ve 1 🗆 Yes it 2 🗆 No	his Admission  Date  m d y	
Cardiac Diagnosis Code 1	2   3	4	5		
Cardiac Procedure Code 1	2 3	4			
Mode of CP Bypass Circulatory	Arrest	Minimally Invasive	CABG I	nformation	
1 □ Low Flow 1 □ < 3	30 min	0	Total C	onduits	
Hypothermia 2 □ 30	-60 min	1 🗌 Yes	Arteria	l Conduits	

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☐ Entire Procedure Off Pump

Weight at Time of Operation	If <1 Year Old at Time of Ad	mission		
1 🗆 grams	Gestational Age at Birth	Weight at Birth in grams		
2 🗆 kilograms	weeks	1		
0	ore-op			
Previous Open Heart Operations	Previous Clos	Previous Closed Heart Operations		
1	ore 4 🗆 One	5 ☐ Two 6 ☐ Three or more		
7 Pre-Op Interventional Cath Procedure If this admission, provide date	18 🗆 Triso	18 ☐ Trisomy 21		
11  Severe cyanosis or severe hypoxia	21 🗌 Pulm	21 🗌 Pulmonary Hypertension		
12 Dialysis within 14 days prior to surgery		22 Uentricular Assist - ECMO/IABP/LVAD/RVAD/BVAD		
13 Any ventilator dependence during same adm within 14 days prior to surgery	nission or 24 $\square$ Pre- $\epsilon$	24   Pre-existing neurologic abnormality		
14 ☐ Inotropic support immediately pre-op withi	n 24 hours 25 🗌 Pneu	25  Pneumonia at time of surgery		
15 ☐ Positive blood cultures within 2 weeks of su	26 ☐ Prost	26 $\ \square$ Prostaglandin dependence at time of surgery		
16 ☐ Arterial pH <7.25 immediately pre-op within	27 D Rallo	27 🗆 Balloon Atrial Septostomy		
		28 🗌 Any Previous Organ Transplant		
IV. Post Proce	dural Events Requiring Intervention (	answer all that apply)		
0	7 🗌 Clinic	cal sepsis with positive blood culture		
1 🗆 Cardiac Tamponade	11 🗌 Rena	11   Renal Failure requiring dialysis		
2	12 🗌 Comp	12  Complete Heart Block at discharge		
3   Bleeding requiring reoperation	13 🗌 Unplo	13 $\ \square$ Unplanned cardiac reoperation or interventional catheterization		
4 $\ \square$ Deep sternal wound infection	15 🗌 New	15   New neurologic deficit		
6 $\square$ Ventilator dependency for more than 10 days	s 16 □ Ventr	16 Uentricular Assist - ECMO/IABP/LVAD/RVAD/BVAD		
	V. Discharge Information			
Hospital Discharge Date				
m d y				
	Died in:	30 Day Status		
Discharged Alive to:		1 🗆 Live		
Discharged Alive to:  11 ☐ Home	2  Operating Room	1 Live		
	2 ☐ Operating Room 3 ☐ Recovery Room	2 Dead		
11  Home	3 ☐ Recovery Room 4 ☐ Critical Care Unit			
11 ☐ Home 12 ☐ Hospice	<ul> <li>3</li></ul>	2 Dead		
11 ☐ Home  12 ☐ Hospice  13 ☐ Acute Care Facility	3 ☐ Recovery Room 4 ☐ Critical Care Unit	2 Dead		

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