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

Cardiac Surgery Report – Pediatric

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Facility Name	PFI Number Sequence Number Sequence Number						
		I. Patient Information					
Child's Name							
(last)		(first)					
Medical Record Number	Child's Social	Security Number	Age in Years	Date of Birth			
				m d y			
Sex Ethnicity	Race	Resid		Hospital Admission Date			
1 🗌 Male 1 🗌 H	lispanic 1 🗌 White	4 🗆 Asian	(see instructions)				
2 🗌 Female 2 🗌 N	Ion-Hispanic 2 🗌 Black	5 🗌 Pacific Islander		m d y			
	3 🗆 Native Ar		or Country code is used)				
Primary Payer	Medicaid	Trans	fer PFI				
		II. Procedural Information					
Date of Surgery m	1	Time at Start of Procedure :	in military	time			
*NOTE: A separate Form ne	eeds to be completed for EACH	visit to the operating room for pediat	ric cardiac surgery.				
Primary Surgeon Performing	Surgery	Surgical Priority	Prior Surgery this	Admission			
License Number		1 🗆 Elective 1 🗌 Yes Date					
		2 🗌 Urgent					
	Name	3 🗌 Emergency	2 🗌 No	m d y			
Cardiac Diagnosis Code (SCAC Code — see instructions)	1 2	3 4	5				
Cardiac Procedure Code (SCAC Code — see instructions)	1 2	3 4					
Mode of CP Bypass	Circulatory Arrest	Minimally Invasive	CABG Info	ormation			
1 🗌 Low Flow	1 🗌 < 30 min	0 🗌 No	Total Conduits				
Hypothermia	2 🗌 30-60 min	1 🗌 Yes	Arterial C	onduits			
1 □ ≤ 24°C	3 🗌 > 60 min		Distal Ana	astomoses			
2 🗌 25-32°C		Entire Procedure Off	F Pump				

III. Pre-Operative Status (answer all that apply)								
Weight at Time of Operation If <1 Year Old at Time of Admission								
1 grams 2 kilograms	Gestational Age at Birth		Weight at Birth in grams 1 □ <500 2 □ 500-999 3 □ 1000-1499 4 □ 1500-1999 5 □ ≥2000					
0	pre-op							
Previous Open Heart Operations	Previous Open Heart Operations Previous Closed Heart Operations							
1 🗌 One 2 🗌 Two 3 🗌 Three or n	nore	4 🗌 One 5						
 7 Pre-Op Interventional Cath Procedure If this admission, provide date 11 Severe cyanosis or severe hypoxia 12 Dialysis within 14 days prior to surgery 13 Any ventilator dependence during same admission or within 14 days prior to surgery 14 Inotropic support immediately pre-op within 24 hours 15 Positive blood cultures within 2 weeks of surgery 16 Arterial pH <7.25 immediately pre-op within hospital stay 		 17 Significant Renal Dysfunction 18 Trisomy 21 19 Major Extracardiac Anomalies 21 Pulmonary Hypertension 22 Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD 24 Pre-existing neurologic abnormality 25 Pneumonia at time of surgery 26 Prostaglandin dependence at time of surgery 27 Balloon Atrial Septostomy 28 Any Previous Organ Transplant 						
IV. Post Proce	edural Events Requiring	Intervention (answer a	ıll that apply)					
 None Cardiac Tamponade Ventricular Fibrillation or CPR Bleeding requiring reoperation Deep sternal wound infection Ventilator dependency for more than 10 days 		 Renal Failure Complete Heat Unplanned cat New neurolog 	 Clinical sepsis with positive blood culture Renal Failure requiring dialysis Complete Heart Block at discharge Unplanned cardiac reoperation or interventional catheterization New neurologic deficit 					
V. Discharge Information Hospital Discharge Date m d y								
Discharged Alive to:	rged Alive to: Died in:		30 Day Status					
 11 Home 12 Hospice 13 Acute Care Facility 14 Skilled Nursing Facility 15 Inpatient Physical Medicine and Rehab 19 Other (specify) 	 2 Operating Roo 3 Recovery Roor 4 Critical Care U 5 Medical/Surgio 6 In Transit to C 8 Elsewhere in F 	n nit cal Floor	 Live Dead Unknown 					