Pediatric Heart Transplant Study

FORM 01$_{99}$: Initial Patient Entry at Listing: Page 1of 2

ID# P ☐☐☐ ☐☐☐☐ ☐☐☐

P	Institution Code	Sequential Patient Number	Patient Initials

1. Institution:

2. Patient Number:

3. Patient Initials:

4 Zip Code: Home: __ __ __ __ __
While Waiting for Tx: __ __ __ __ __

5. Date of Birth: (mo-da-yr) ☐☐ ☐☐ ☐☐

6. Date Listed: (mo-da-yr) ☐☐ ☐☐ ☐☐

8. Gender: ❑ Male ❑ Female

9. Number of Pregnancies: _____

10. Race: ❑ White ❑ Black ❑ American Indian/Alaskan Native ❑ Asian ❑ Pacific Islander ❑ Mid-east/Arabian
(see manual) ❑ Indian Subcontinant ❑ Other(specify):_____ Hispanic Origin: ❑ Yes ❑ No

11. Etiology: ❑ Ischemic ❑ Idiopathic ❑ Congenital (and congenital valvular) ❑ Acquired Valvular ❑ Myocarditis
❑ Post Partum ❑ Alcoholic ❑ Restrictive ❑ Hypertropic ❑ Other (specify):_____
Comments:_____

11b. Congenital Diagnosis Code: ☐☐ (see codes below) Associated Diagnoses: ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

01: Hypoplastic Left Ventricle
02: Aortic Atresia
03: Mitral Atresia
04: Hypoplastic Right Ventricle
05: Tricuspid Atresia
06: Pulmonary Atresia
07: Double Inlet Left Ventricle
08: Single Ventricle, RV Dominant (Not unbalanced AV septal defect)
09: Single Ventricle, LV Dominant (Not unbalanced AV septal defect)
10: Single Ventricle, Indeterminate
11: AV Discordance
12: "D" Transposition (VA Discordance)
13: "L" Transposition (VA Discordance)
14: Complete AV septal defect, normal situs,balanced (not single ventricle)
15: Complete AV septal defect, normal situs RV dominant (not single ventricle)
16: Partial AV septal defect (includes ostium
17: Complete AV septal defect normal situs, LV dominant (not single ventricle)
18: Pulmonary Stenosis
19: Pulmonary Atresia (with complex heart disease, not intact septum or Tetralogy of Fallot)
20: Dextrocardia
21: Situs Inversus
22: Right Isomerism
23: Left Isomerism
24: Situs Ambiguous
25: Tetralogy (includes pulmonary atresia with VSD)
26: Double Outlet Right Ventricle
27: Ebsteins Anomaly
28: Truncus Arteriosus
29: Right Aortic Arch
30: Critical Aortic Stenosis
31: Mitral Stenosis
32: Asplenia
34: Bilateral SVC
35: Left SVC (no right SVC)
36: Interrupted IVC (congenital) Azygous continuation on right
37: Interrupted IVC (congenital) Azygous continuation on left
38: Total Anomalous Pulmonary Venous Return
39: Coarctation
40: Interrupted Aortic Arch
41: VSD
42: PDA (not on PGE)
43: ASD (isolated, not ostium primum)
44: Other (specify):_____
_____
_____
_____

12. Status At **Listing**: ❑ 1 ❑ 1A ❑ 1B ❑ 2 ❑ Other, Specify: _____ (verify status with OPO)
Check All Status Details That Apply Per UNOS Policy 3.7 or 1/20/99:
❑ Status 1A, life expect < 7days (UNOS Policy 3.7.4.f)
❑ In Hospital ❑ Out Hospital ❑ ICU ❑ IV Inotropes, high ❑ IV Inotropes, low ❑ Hemo Monitoring ❑ Ventilator ❑ IABP ❑ ECMO
❑ <6 mon old, pulmonary hypertension >50% systemic pressure ❑ <6 mon old, pulmonary hyperten <50% systemic pressure
❑ Growth Failure due to acquired or congenital heart disease
❑ VAD/TAH: Details: Date 1st Placed: ___ - ___ - ___ ❑ VAD > 30 Days with complication, specify:_____
Type: ❑ Right ❑ Left, ❑ Both, ❑ TAH Brand/Model: _____

14a. Blood Type, Patient: ❑ A ❑ B ❑ AB ❑ O 14b Rh: ❑ Pos ❑ Neg

15a. Blood Type, Maternal: ❑ A ❑ B ❑ AB ❑ O 15b. Rh: ❑ Pos ❑ Neg

16. HLA Allotype ❑ N/A	A	A	B	B	DR	DR

17.Insur· a. Primary (check one): Medicare:(❑State❑HMO) Medicaid:(❑State❑HMO) ❑Other Gov ❑Private ❑Self ❑donation ❑Free ❑Other, on
ance: back

18: Percent or Panal Reactive Antibody Screening and method (closest to listing):
18a. Cytotoxic PRA: ____% T ____% B ____% Date: ____-____-_____ ❑ Not Done
18b. Cytotoxic PRA, DTE/DTT: ____% T ____% B ____% Date: ____-____-_____ ❑ Not Done
18c. Flow Cytometry PRA: ____% T ____% B ____% Date: ____-____-_____ ❑ Not Done
18d. Other PRA,:_____ ____% T ____% B ____% Date: ____-____-_____ ❑ Not Done

Person Completing this form:_____ Date Original Form Mailed (do not send copy):_____

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2/14/99 RCB

Pediatric Heart Transplant Study

FORM 0199: Initial Patient Entry at Listing: Page 2of 2

ID# P | | | | | | | | | | |

P | Institution Code | Sequential Patient Number | Patient Initials

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19. Infectious Dis. Screening Date:	General			Hepatitis		
	HTLVIII: ❑Pos ❑Neg ❑NA	IFA Toxo: ❑Pos ❑Neg ❑NA	RPR: ❑Pos ❑Neg ❑NA	HBs Ag ❑Pos ❑Neg ❑NA	HBs Ab ❑Pos ❑Neg ❑NA	HB core Ab ❑Pos ❑Neg ❑NA
	CMV: ❑Pos ❑Neg ❑NA	Herpes: ❑Pos ❑Neg ❑NA	EBV: ❑Pos ❑Neg ❑NA	Hep A IgM ❑Pos ❑Neg ❑NA	Hep A IGG ❑Pos ❑Neg ❑NA	Hep C Ab ❑Pos ❑Neg ❑NA

20.Immunizations: ❑ DPT ❑ IPV ❑ HIB ❑ Varicella ❑ Influenza ❑ OPV ❑ MMR ❑HepB ❑Pneumococcal

21a: Creatinine at Listing: _____ ❑ mg/dl ❑ IU/L

21b: Creatinine clearance at listing: _____ ml/min

22. Med Hx (check all that apply)

- ❑ Shock: Date Last: _____/_____
- ❑ CPR: Date Last: _____/_____
- ❑ Hypertension Dt dx:_____/_____
- ❑ Peripheral Edema at listing
- ❑ Hepatitis: Dt dx:_____/_____
- ❑ Asthma/COPD/Emphysema
- ❑ Protein Loosing Enteropathy
- ❑ Prior Transfusions: #units _____
- ❑ CVA: Dt Last:_____/_____
- ❑ TIA: Dt Last:_____/_____
- ❑ Seizure disorder Dt last:____/____
- ❑ Failure to thrive (Pediatric pt)
- ❑ Diabetes; Insl: ❑Y ❑N, Yr Dx:____
- ❑ Renal Insufficiency
- ❑ Peripheral Emb.: Dt last:____/____
- ❑ Pulmonary Emb.: Dt last:____/____
- ❑ Malignancy, specify:_____
- ❑ Hyperlipidemia (any type)
- ❑ Prenatal Diagnosis
- ❑ Varicella (zoster or "chicken pox")
- ❑ Peripheral Myopathy
- ❑ Other(specify):_____
- ❑ ETOH: ❑ Use ❑ Abuse
- ❑ Cigarette: ❑ Past ❑ Within 6 mon
- ❑ Illicit Drug (specify):_____
- ❑ Arrhythmia (specify): ❑ Afib/flutter ❑ VTach ❑ VFib ❑ Comp Ht Blk
- ❑ Other(specify):_____
- ❑ Pacemaker: Dt 1st Placed

23. Surgical History:

❑ Previous Sternotomy(s): Number:____

❑ Previous Thoracotomy(s): Number:____

Surgical Procedures:

See surgical codes to the right. See manual for additional codes. Please list in chronological order.

	Code	Date (at least year) Mon	Day	Yr
1.				
2.				
3.				
4.				
5				
6.				
7.				

Previous Palliative Surgical Codes:

01: Classic Blalock Taussig *
02: Modified Blalock Taussig *
03: Waterston Shunt *
04: Potts Shunt *
05: Central Shunt *
06: Classical Glenn Shunt
07: Bidirectional Caval Anastomosis **
08: Fenestrated Fontan
09: Pulmonary Artery Band
10: Blalock-Hanlon Septectomy
11: Damus-Kaye-Stanzel (Aortopulmonary Anastomosis)
12: Stage I Norwood
13: Enlargement of VSD or Outlet Foramen

Previous Surgical Repair Codes:

14: Tetralogy Repair
15: Rastelli Repair, TOF, DORV,TGA, with VSD
16: Arterial Switch
17: Atrial Switch (Mustard or Senning)
18: VSD repair (except Rastelli and Tetralogy)
19: Aortic Valvotomy
20: Pulmonary Valvotomy (includes Brock procedure and RVOT procedure in Pulmonary Atresia with intact septum)
21: Aortic Valve Replacement (not Konno Procedure)
22: Pulmonary Valve Replacement
23: Mitral Valve Replacement
24: Konno Procedure
25: Repair of Ebstein's Anomaly- without valve replacement
26: Repair of Ebstein's Anomaly- with valve replacement
27: AV canal repair
28: Fontan (complete): includes total cardiopulmonary anastomosis and Stage III Norwood
29: Other (specify):_____

24. Hemodynamics at listing:

Height: _____ in/cm
Weight:_____ lb/kg (at initial)

	Initial	Best
RAm		
PAs		
PAd		
PAm		
PCW		
C.O.		
C.I.		
H.R.		
Aos		
Aod		
Aom		
Qp/Qs		
Rp		
Rs		
Date:	___-___-___	___-___-___

Indicate agents for best Hemodynamics:

- ❑ 100% O2
- ❑ Dopamine
- ❑ Dobutamine
- ❑ Amrinone (Inocor)
- ❑ Milrinone (Primacor)
- ❑ Isuproterenol (Isuprel)
- ❑ PGE (Alprostadil)
- ❑ PGI (Flolan)
- ❑ Nitroglycerine
- ❑ Nitroprusside (Nipride)
- ❑ Nitric Oxide
- ❑ Others, specify:

_____
_____

25. Development:

Cerebral Outcomes Score: _____ (1-5)
(see definition in manual)

26. Schooling

- ❑ Age appropriate
- ❑ Special School

27. Exercise Capacity

- ❑ Normal
- ❑ Impaired: (❑ mild ❑ severe)

28. Treadmill Test

Resting BP: ____ / ____ HR: ____
Maximum: duration: _____ min
Max. BP: ____ / ____ HR: ___
% of Predicted for Age: _____

29. O.F.C. _____ cm (up to age 3 years)

(occipital - frontal circumference)

30. Serum Ablbumin (closest to listing): _____ Dt: ___ - ___ - ___
31. Total Protein (closest to listing: _____ Dt: ___ - ___ - ___

Person Completing this form:_____

Date Original Form Mailed (do not send copy):_____