PEDIATRIC HEART TRANSPLANT STUDY

FORM 10: 2010: **Death** (PG 1 of 1)

To be filled out for deaths while waiting or post-transplant

ID# **P** ☐☐☐ ☐☐☐☐ ☐☐☐ ☐

P | Institutional Code | Sequential Patient Number | Patient Initials | Tran #

1. Date of Death: ☐☐ ☐☐ ☐☐
(MO | DAY | YR)

2. Primary Cause of Death (check only one)**:**

- ☐ Accidental, specify: ___________________________
- ☐ Anoxic insult
- ☐ Cerebrovascular accident
- ☐ Coronary artery disease, (infarction, arrhythmia, CHF)
- ☐ Fatal arrhythmia
- ☐ Infection (complete Form 06)
- ☐ Lymphoma/Lymphoproliferative disease (complete Form 07)
- ☐ Malignancy, non-lymphoma (complete Form 07)
- ☐ Poor donor preservation
- ☐ Post-operative hemorrhage
- ☐ Pulmonary embolism
- ☐ Pulmonary hypertension/RV failure
- ☐ Rejection, acute (complete Form 05)
- ☐ Rejection, hyperacute (onset < 24 hours post transplant)
- ☐ Respiratory failure
- ☐ Sudden cardiac death, no MI documented
- ☐ Suicide
- ☐ Unknown
- ☐ Other, specify: _________________________________

3. Contributing causes of Death (check all that apply)**:**

- ☐ Accidental, specify: ___________________________
- ☐ Anoxic insult
- ☐ Arrhythmia
- ☐ Cerebrovascular accident
- ☐ Coronary artery disease, (infarction, arrhythmia, CHF)
- ☐ Infection (complete Form 06)
- ☐ Lung Disease
- ☐ Lymphoma/Lymphoproliferative disease (complete Form 07)
- ☐ Malignancy, non-lymphoma (complete Form 07)
- ☐ Noncompliance
- ☐ Poor donor preservation
- ☐ Post-operative hemorrhage
- ☐ Pulmonary embolism
- ☐ Pulmonary hypertension/RV failure
- ☐ Rejection, acute (complete Form 05)
- ☐ Rejection, hyperacute (onset < 24 hours post transplant)
- ☐ Renal failure
- ☐ Sudden cardiac death, no MI documented
- ☐ Suicide
- ☐ Unknown
- ☐ Other, specify: _________________________________

4. Patient supported by IABP/VAD/TAH/ECMO at time of death? ☐ No ☐ Yes If yes, complete Form 15

5a. If patient transplanted, was the patient relisted prior to death?

☐ No ☐ Yes If yes, date listed: ___ ___ ___

5b. If listed for transplant at death:

Status at Death:

☐ US ☐ 1A ☐ 1B ☐ 2
☐ Other __________________

☐ Canada ______________________

☐ UK ______________________

☐ Other ______________________

ABO incompatible: ☐ No ☐ Yes

Check All Status Details That Apply Per UNOS Policy 3.7 on 11/17/2009:

- ☐ Status 1A, life expect <14 days
- ☐ In Hospital
- ☐ Out Hospital
- ☐ ICU
- ☐ IV Inotropes, high
- ☐ IV Inotropes, low
- ☐ Hemo Monitoring
- ☐ Ventilator
- ☐ <6 mon old, pulmonary hypertension >50% systemic pressure
- ☐ <6 mon old, pulmonary hypertension <50% systemic pressure
- ☐ Growth failure due to acquired or congenital heart disease

If IABP VAD ECMO TAH, complete Mechanical Support Form (Form 15)

5c. History of PRA > 10% ☐ No ☐ Yes

6. Post Mortem Examination (autopsy)? ☐ No ☐ Yes If yes: cardiac pathology found **(check all that apply)**:

- ☐ Acute rejection: (ACR: _______, AMR: ______)
- ☐ CAD, remote infarction (>1wk)
- ☐ Coronary artery disease, recent infarction (≤ 1 wk)
- ☐ No cardiac pathology found
- ☐ Diffuse fibrosis, no acute rejection
- ☐ Graft atherosclerosis
- ☐ Other, specify: _______________________________

7. Comments or special circumstances surrounding death (attach copy of autopsy and death summary with any identifiable patient information removed. Be sure to include PHTS patient number and initials): _________________________

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Person completing this form: _______________________________ Date original form mailed (do not send copy) ___________

PRINT IN BLACK INK ONLY. USE THIS FORM FOR ALL PATIENTS OR EVENTS AFTER JANUARY 1, 2010