Pediatric Heart Transplant Study
Form 03r: Initial Immunosuppression & Antibiotics

ID# P [ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ]

P	Institution Code	Sequential Patient Number	Patient Initials

A. Initial Immunosuppression: (complete and mail 30 days post transplant)

1. Induction Therapy (cytolytic therapy soon after transplant not used to specifically treat known rejection)

❑ Yes (if yes complete this question) ❑ No (if no, skip to number 2)

Specifics of Induction; indicate any dose or agent change on a new line:

AGENT*	Pre-Op Dose?	Intra-Op Dose?	Dose/Day & units	Start Date	Stop Date
	❑ Yes ❑ No	❑ Yes ❑ No		__-__-__	__-__-__
	❑ Yes ❑ No	❑ Yes ❑ No		__-__-__	__-__-__
	❑ Yes ❑ No	❑ Yes ❑ No		__-__-__	__-__-__
	❑ Yes ❑ No	❑ Yes ❑ No		__-__-__	__-__-__
	❑ Yes ❑ No	❑ Yes ❑ No		__-__-__	__-__-__

*Induction Agents:
OKT3
ALG
ATG.

If other, please specify.

2a. Cyclosporine:
a. Pre-Op Dose ❑ Yes ❑ No (if yes, specify: _____ mg ❑ PO ❑ IV)
b. Date First Post Op Cyclosporine Dose: __-__-__.

2b. Type of Cyclosporine (check one):
❑ Sandimmune ❑ Neoral
❑ Blinded therapy, per protocol

2c. Tacrolimus (Prograf, FK-506):
a. Pre-Op Dose ❑ Yes ❑ No (if yes, specify: _____ mg ❑ PO ❑ IV)
b. Date First Post Op Dose: __-__-__.

3a. Azathioprine (Imuran):Pre-Op Dose ❑Yes ❑ No (if yes, specify: _____ mg ❑ PO ❑ IV) ❑ Unknown (blinded)

3b. Mycophenolate (Cellcept):
Pre-Op Dose ❑Yes ❑ No (if yes, specify: _____ mg ❑ PO ❑ IV) *IV not available as of 1/1/96*)

4. Steroids:
Pre-Op: ❑ None ❑ Prednisone: ____ mg PO ❑ Solumedrol: ____ mg IV
Intra-Op: ❑ None ❑ Solumedrol: ____ mg IV
Post-Op: ❑ None
❑ Prednisone
❑ Other (specify:_____)
Initial Dose: _____mg ❑ PO ❑ IV Date Started: __-__-__
Dose at 14 Days: _____mg ❑ PO ❑ IV (total dose per day)
Dose at 30 Days: _____mg ❑ PO ❑ IV (total dose per day)

6. Other immunosuppression (specify:_____):
a. Pre-Op Dose ❑ Yes ❑ No (if yes, specify: _____ mg ❑ PO ❑ IV)
b. Date First Post Op Dose (if any): __-__-__.

7. List and describe any unusual pre-op or early (1st 30 days) immunosuppression:

_____

_____

_____

B. Prophylactic Antibiotics/Antivirals started pre-op through 30 days post-op:

8. Infection Prophylaxis: started during first 30 days post transplant (not used to treat a known infection):

❑ Ganciclovir	Date Start: __-__-__	Days of Tx Intended: _____
❑ Acyclovir	Date Start: __-__-__	Days of Tx Intended: _____
❑ Trimethoprim/sulfa	Date Start: __-__-__	Days of Tx Intended: _____
❑ Antifungal (specify:_____)	Date Start: __-__-__	Days of Tx Intended: _____
❑ Other (specify:_____)	Date Start: __-__-__	Days of Tx Intended: _____
❑ Immune Globulin	Date Start: __-__-__	Days of Tx Intended: _____

❑ Peri-operative* antibiotics: Specify: _____

* Peri-operative includes: pre-operative, intra-operative, and started prophylactically immediately post-operative.

Person Completing this form:_____

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

PRINT IN BLACK INK ONLY: USE THIS FORM FO_ _L PATIENTS OR EVENTS FROM JULY 1, 1996.

8/1/96 RCb