*American Heart Association definition of Sudden Cardiac Death (also called sudden arrest) is death resulting from an abrupt loss of heart function (cardiac arrest). The victim may or may not have diagnosed heart disease. The time and mode of death are unexpected. It occurs within minutes after symptoms appear. Do not list support withdrawal as COD. Identify underlying reason – i.e., cardiac failure, pulmonary hemorrhage, irreversible brain injury, etc…
2c If Malignancy/Cancer, specify
   Check only one.
   - Lymphoma/Lymphoproliferative disease
   - Malignancy, non-lymphoma

2d If Neurologic, specify
   Check only one.
   - Anoxic insult
   - Stroke/Cerebrovascular accident
   - Other, specify

2e If Rejection, specify
   Check only one.
   - Acute
   - Chronic
   - Hyper acute (onset <24 hours post-transplant)

2f If Trauma/Accidental, specify
   Check only one.

3 Did patient have a contributing cause of death?
   - Yes
   - No
   - Unknown

3a
   - Cardiac
   - Family decision to withdraw of support
   - Hepatic Failure
   - Infection
   - Major bleeding
   - Malignancy/Cancer
   - Neurologic
   - Non-compliance
   - Poor donor preservation
   - Primary graft failure (onset <24 hours post-transplant)
   - Pulmonary embolism
   - Pulmonary hypertension/RV failure
   - Rejection
   - Renal Failure
   - Respiratory failure
   - Suicide
   - Trauma/Accidental, specify
   - Other, specify
   - Unknown
3a.i  If Cardiac, specify
- Congestive heart failure
- Coronary artery disease, (infarction)
- Fatal arrhythmia
- Sudden cardiac death, no arrhythmia or MI documented
- Other, specify

3a.ii  If Major Bleeding, specify
- Post-operative hemorrhage
- Pulmonary hemorrhage
- Other, specify

3a.iii  If Malignancy/Cancer, specify
- Lymphoma/Lymphoproliferative disease
- Malignancy, non-lymphoma
- Other, specify

3a.iv  If Neurologic, specify
- Anoxic insult
- Stroke/Cerebrovascular accident
- Other, specify

3a.v  If Rejection, specify
- Hyperacute (onset < 24 hours post transplant)
- Acute
- Chronic
- Other, specify

3a.vi  If Trauma/Accidental, specify

4  Patient supported by IABP/VAD/TAH/ECMO at time of death
- Yes
- No
- Unknown

5  Was patient listed or relisted at time of death?
- Yes
- No
- Unknown
### Status Details

Check all that Apply Per UNOS Policy 6.1 On 6/14/2015

- Has ductal dependent pulmonary or systemic circulation, with ductal patency maintained by stent of prostaglandin infusion
- In hospital
- Out of hospital
- Requires Inotropes

**SDODTSYS**
**SDINHOS**
**SDOUTHOS**
**SDIVINO**

Question Added: 01 JAN 1993

---

### 5a

<table>
<thead>
<tr>
<th>Details</th>
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<th>No</th>
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<tr>
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**SDICU**

Question Added: 01 JAN 1999

---

### 5a.ii

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<th>Requires continuous mechanical ventilation</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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**SDVENT**

Question Added: 01 JAN 1993

---

### 5a.iii

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<th>On inotropes</th>
<th>High dose or multiple IV</th>
<th>Single low dose IV</th>
<th>Unknown Dose</th>
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**SDINODS**

Question Added: 01 JAN 1999

---

### 5b

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<th>ABO Incompatible</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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**SDABOINC**

Question Added: 01 JAN 2005

---

### 5c

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<th>History of PRA &gt; 10%</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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**SDPRAG10**

Question Added: 01 JAN 2010

---

### 5c.i

Did the patient receive treatment to lower or manage an elevated PRA while awaiting transplantation?

**SDTXPRA**

Question Added: 01 JAN 2010

---

#### 5c.i.1 Which therapy was administered?

- Azathioprine (Imuran)
- Bortezomib (Velcade)
- Cytoxan (cyclophosphamide)
- Immunoglobulin (IVIG, IV IgG)
- Mycophenylate, MMF (Cellcept, Myfortic)
- Plasmapheresis/plasma exchange
- Rituximab (Rituxan)
- Other, specify

**SDAZA**
**SDBORT**
**SDCYTO**
**SDIGG**
**SDMMF**
**SDPLAS**
**SDRITUX**
**SDOTHER**
**SDOTHSP**

Question Added: 01 JAN 2010
5c.i.2 How long was therapy administered?

- Only for a pre-specified time/number of treatments: specify
- Until Heart transplantation, regardless of subsequent PRA levels/sensitization profile
- Until PRA level reduced to 0%/patient no longer sensitized
- Until PRA/sensitization profile diminished to a pre-specified goal
- Unknown
- Other, specify

5c.i.2 Other, specify

Post Mortem Examination (autopsy)

- Yes
- No

6a Cardiac pathology found

- Check all that apply.
  - Acute Rejection
  - CAD, remote infarction (>1wk)
  - Coronary artery disease, recent infarction (<= 1wk)
  - Diffuse fibrosis, no acute rejection
  - Graft atherosclerosis
  - No cardiac pathology found
  - Other, specify

6a.i ACR Grading

- 0
- 1R
- 2R
- 3R
- Unknown

6a.ii pAMR Grading

- 0
- 1h
- 1i
- 2
- 3
- Not evaluated
- Positive, score not specified

2004 revised ISHLT grading system for ACR:
ACR: acute cellular rejection (0, 1R, 2R, 3R)

2013 revised ISHLT grading system for pAMR:
pAMR: pathologic antibody mediated rejection (0, 1h, 1i, 2, 3)
Were there special circumstances surrounding the death?  

Yes  
No  

Comments  

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