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# Form 3: Initial Immunosuppression

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Not Started

**Transplant Date**   
MM/DD/YYYY

Question Added: 01 January 1993  
TXDATE

## Induction Therapy

Induction Therapy is defined as the prescribed use of lymphocyte cytolytic antibody or IL2-R antagonist therapy (e.g., ATGAM, Thymoglobulin, Basiliximab, Daclizumab) given soon after transplant (started within 3 days), not used to specifically treat a known or suspected rejection episode).

The use of non-cytolytic agents pre or intraoperatively is not considered to be induction therapy.

1 **Is Patient on Induction Therapy**  Yes  
 No  
 Unknown

Question Added: 01 January 1993  
INDTHER

## Induction Agents

### Induction Agent Details

1a **Induction Immunosuppression Agent**  Alemtuzumab (Campath)  
 Basiliximab (Simulect)  
 Bortezomib (Velcade)  
 Daclizumab (Zenapax)  
 OKT3  
 Rituximab (Rituxan)  
 Thymoglobulin (ATG)  
 Unknown  
 Other, specify

ITAGNTSP

Question Added: 01 January 1993  
ITAGNT

1b **Start Date**   
MM/DD/YYYY

**Missing Reason:**  
 Unknown

Question Added: 01 January 1993  
ITSDATE

1c **End Date**   
MM/DD/YYYY

**Missing Reason:**  
 Unknown

Question Added: 01 January 1993  
ITEDATE

2

**Azathioprine (Imuran)**  Yes  
 No  
 Unknown

AZATH

2a

**Specify date of first post-op dose**   
 MM/DD/YYYY

Question Added: 01 January 1999  
 AZATIPDT

2b

**Was patient on medication at 30 days?**  Yes  
 No  
 Unknown

Question Added: 01 September 2015  
 AZAT

2b.i

**If patient is no longer on medication at 30 days, specify stop date.**   
 MM/DD/YYYY

**Missing Reason:**  
 Unknown

Question Added: 01 September 2015  
 AZASTPDT

3

**Cyclosporine**  Yes  
 No  
 Unknown

Question Added: 01 January 1993  
 CYCLIH

3a

**Specify date of first post-op dose**   
 MM/DD/YYYY

Question Added: 01 January 1993  
 CYCLIPDT

3b

**Was patient on medication at 30 days?**  Yes  
 No  
 Unknown

Question Added: 01 January 2005  
 CYCL

3b.i

**If patient is no longer on medication at 30 days, specify stop date.**   
 MM/DD/YYYY

**Missing Reason:**  
 Unknown

Question Added: 01 September 2015  
 CYCSTPDT

4

**Mycophenolate (Cellcept, Myfortic)**  Yes  
 No  
 Unknown

Question Added: 01 January 1999  
 MYCOIH

<b>4a</b>	<b>Specify date of first post-op dose</b> <small>MM/DD/YYYY</small>	<input style="width: 100%;" type="text"/>		<small>Question Added: 01 January 1999 MYCOIPDT</small>
<b>4b</b>	<b>Was patient on medication at 30 days?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<small>Question Added: 01 January 2005 MYCO</small>
<b>4b.i</b>	<b>If patient is no longer on medication at 30 days, specify stop date.</b> <small>MM/DD/YYYY</small>	<input style="width: 100%;" type="text"/>	<b>Missing Reason:</b> <input type="radio"/> Unknown	<small>Question Added: 01 September 2015 MYCOSTDT</small>
<b>5</b>	<b>Sirolimus (Rapamycin)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<small>Question Added: 01 January 2005 SIROIH</small>
<b>5a</b>	<b>Specify date of first post-op dose</b> <small>MM/DD/YYYY</small>	<input style="width: 100%;" type="text"/>		<small>Question Added: 01 January 2005 SIROIPTD</small>
<b>5b</b>	<b>Was patient on medication at 30 days?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<small>Question Added: 01 January 2005 SIRO</small>
<b>5b.i</b>	<b>If patient is no longer on medication at 30 days, specify stop date.</b> <small>MM/DD/YYYY</small>	<input style="width: 100%;" type="text"/>	<b>Missing Reason:</b> <input type="radio"/> Unknown	<small>Question Added: 01 September 2015 SIRSTPDT</small>
<b>6</b>	<b>Tacrolimus (Prograf, FK506)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<small>Question Added: 01 January 1996 TACRIH</small>
<b>6a</b>	<b>Specify date of first post-op dose</b> <small>MM/DD/YYYY</small>	<input style="width: 100%;" type="text"/>		<small>Question Added: 01 January 1996 TACRIPDT</small>
<b>6b</b>	<b>Was patient on medication at 30 days?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		

<p><b>6b.i</b> If patient is no longer on medication at 30 days, specify stop date. <small>MM/DD/YYYY</small></p> <div style="border: 1px solid gray; width: 150px; height: 20px; margin-left: 100px;"></div>	<p>Question Added: 01 January 2005 TACR</p> <p>Missing Reason: <input type="radio"/> Unknown</p> <p>Question Added: 01 September 2015 TACSTPDT</p>
<p><b>7</b> Everolimus <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>Question Added: 01 September 2015 EVEROIH</p>
<p><b>7a</b> Specify date of first post-op dose <small>MM/DD/YYYY</small></p> <div style="border: 1px solid gray; width: 150px; height: 20px; margin-left: 100px;"></div>	<p>Question Added: 01 September 2015 EVERODT</p>
<p><b>7b</b> Was patient on medication at 30 days? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>Question Added: 01 September 2015 EVERO</p>
<p><b>7b.i</b> If patient is no longer on medication at 30 days, specify stop date. <small>MM/DD/YYYY</small></p> <div style="border: 1px solid gray; width: 150px; height: 20px; margin-left: 100px;"></div>	<p>Missing Reason: <input type="radio"/> Unknown</p> <p>Question Added: 01 September 2015 EVRSTPDT</p>
<p><b>8</b> Cyclophosphamide (Cytoxan) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>Question Added: 01 September 2015 CYPHOIH</p>
<p><b>8a</b> Specify date of first post-op dose <small>MM/DD/YYYY</small></p> <div style="border: 1px solid gray; width: 150px; height: 20px; margin-left: 100px;"></div>	<p>Question Added: 01 September 2015 CYPHDT</p>
<p><b>8b</b> Was patient on medication at 30 days? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	<p>Question Added: 01 September 2015 CYPH</p>
<p><b>8b.i</b> If patient is no longer on medication at 30 days, specify stop date. <small>MM/DD/YYYY</small></p> <div style="border: 1px solid gray; width: 150px; height: 20px; margin-left: 100px;"></div>	<p>Missing Reason: <input type="radio"/> Unknown</p> <p>Question Added: 01 September 2015 CYPHSTDT</p>

9a Was patient given pre-operative steroids?  Yes  
 No  
 Unknown

Question Added: 01 January 1993  
 STERPR

9b Was patient given intra-operative steroids?  Yes  
 No  
 Unknown

Question Added: 01 January 1993  
 STERIO

9c Was patient given post-operative steroids?  Yes  
 No  
 Unknown

Question Added: 01 January 1993  
 STEROP

9c.i Date of first post-op dose   
MM/DD/YYYY

Missing Reason:  
 Unknown

Question Added: 01 January 1993  
 STERIPDT

9c.ii Daily dose at 30 days  mg

Missing Reason:  
 No Steroids at 30 days  
 Unknown

Question Added: 01 January 1993

STER30DS

9d Planned Maintenance Steroids  Yes  
 No  
 Unknown

Question Added: 01 January 2005  
 STERMAIN

9d.i If no, please specify End Date of steroid use   
MM/DD/YYYY

Missing Reason:  
 Unknown

Question Added: 01 January 2005  
 STERENDT

10 Was patient given other immunosuppressants?  Yes  
 No  
 Unknown

Question Added: 01 January 1993  
 OIMMIH

**Other immunosuppressant details**

**Other immunosuppressant details**

10a Specify other immunosuppressant

OIMMTP

10b

Specify date of first post op dose

MM/DD/YYYY

Missing Reason:

Unknown

OIMMIPDT

10c

Patient on medication at 30 days

- Yes
- No
- Unknown

OIM30DS

10c.i

If patient is no longer on medication at 30 days, specify stop date.

MM/DD/YYYY

Missing Reason:

Unknown

OIMSTPDT

### Prophylactic Antibiotics/Antivirals started Pre-op through 30 days post op

Infection Prophylaxis: Started during the first 30 days post-transplant (not used to treat known infection).

11

Prophylactic Antibiotics/Antivirals started Pre-op through 30 days post op

Check all that apply

- Acyclovir
- Antifungal
- CMV Immunoglobulin (Cytogam)
- Dapsone
- Ganciclovir or Valganciclovir
- Immunoglobulin (IV Ig)
- Pentamidine
- Trimethaprim-Sulfamethoxazole
- Valacyclovir
- Unknown
- Other, specify

- PRACY
- PRANT
- PRCYT
- PRDAPSO
- PRGAN
- PRIMM
- PRPENTA
- PRTRI
- PRVALAC
- PROUNK
- PROTH
- OTHPROPH

Question Added: 01 January 1993

11a

If antifungal, please specify

Check all that apply

- Fluconazole
- Nystatin
- Unspecified
- Other, specify

- PRFLUCO
- PRNYST
- PRFUNSP
- PRFUNOTH
- FUNGSPEC

Question Added: 01 January 1993

11b

If ganciclovir or valganciclovir, please specify

Check all that apply

- IV
- PO

- PRGANIV
- PRVALPO

Question Added: 01 September 2015

12

**Date of Hospital Discharge**

MM/DD/YYYY

Missing Reason:

- Still In Hospital
- Unknown

Question Added: 01 January 2005  
HOSDISDT

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