

PEDIATRIC HEART TRANSPLANT STUDY

FORM 12: 2010: Pre-Transplant Follow-up (PG 1 of 1)

This form is intended to capture key events while listed for heart transplant

ID# P

P

Institutional
Code

Sequential
Patient Number

Patient
Initials

Tran
#

To be completed at the yearly anniversary of listing date or when removed from list permanently due to death while waiting or transplantation.

1. Date of Follow-up:
(MO | DAY | YR)

2a. Height:

☐ in

☐ cm

2b. Weight:

☐ lb

☐ kg

3. Current Status:

☐ 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)

4. Changes of Status since listing or last Form 12:

Status _____ to Status _____ Date: _____ Reason Code: _____

Status _____ to Status _____ Date: _____ Reason Code: _____

Status _____ to Status _____ Date: _____ Reason Code: _____

Status _____ to Status _____ Date: _____ Reason Code: _____

Status _____ to Status _____ Date: _____ Reason Code: _____

Status _____ to Status _____ Date: _____ Reason Code: _____

Status _____ to Status _____ Date: _____ Reason Code: _____

Status _____ to Status _____ Date: _____ Reason Code: _____

Reason Codes:

2. Parent/patient reluctance

3. Alternative surgical treatment

4. Alternative medical treatment

5. Financial

6. Psychosocial

8. Infection

9. Deterioration

10. Improved

12. Neurological

14. Age now > 6 months

15. Other, specify: _____

5. Cardiac surgery since listing or last Form 12:

Code

Date

Surgical Codes:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

1. AP Shunt

2. ASD Repair

3. Complete AV Septal Defect Repair

4. Congenitally Corrected Transposition Repair

5. Damus Kaye Stansel (DKS)

6. Ebstein's Anomaly Repair

7. Fontan

8. Glenn, Bi-directional

11. PA Banding

12. TOF/DORV/RVOTO Repair

13. Transposition of the Great Vessels Repair

14. Truncus Arteriosus Repair

15. Valve Replacement or Repair for Outflow Obstruction

16. VSD Repair

17. Other, specify _____

18. Other, specify _____

19. Other, specify _____

20. Other, specify _____

21. Stage 1 Norwood – BT

22. Stage 1 Norwood – RV-PA conduit

23. Hybrid

24. Defibrillator

25. Pacemaker

6. Was patient permanently removed from Transplant Waiting List since listed or last Form 12:

☐ No ☐ Yes If yes, date removed: _____

Reason Removed from List (check one):

☐ Considered too well

☐ Parent/Patient reluctance

☐ Contraindications _____

☐ Alternate surgical treatment

☐ Alternate medical treatment

☐ Other _____

☐ Financial

☐ Psychosocial

7. Followed exclusively elsewhere: ☐ No ☐ Yes If yes, date of transfer: _____

8. Transplanted at your PHTS Center: ☐ No ☐ Yes If yes, date transplanted: _____
(Complete Forms 1T, 2, and 3)

9. Death: ☐ No ☐ Yes If yes, date of death: _____ (Complete Form 10)

10. Dialysis or Renal Transplant: ☐ No ☐ Yes (If yes, complete Form 14)

Person completing this form: _____

Date original form mailed (do not send copy) _____