Demographics

Record ID _____

MRN _____

Last name _____

First name _____

Date of birth _____

Gender _____

Ethnicity
- ◯ Hispanic or Latino
- ◯ Not Hispanic or Latino

Race
- ◯ White
- ◯ African American/ Black
- ◯ Asian
- ◯ Pacific Islander
- ◯ Other

Describe _____

Prenatal history

Gestational diabetes
◯ Yes
◯ No

Maternal diabetes
◯ Yes
◯ No
(Include only those with pre-pregnancy diabetes)

Maternal essential hypertension
◯ Yes
◯ No

Maternal pregnancy induced HTN
◯ Yes
◯ No

Maternal pre-eclampsia
◯ Yes
◯ No

Maternal eclampsia
◯ Yes
◯ No

Maternal HELLP syndrome
◯ Yes
◯ No

Maternal chorioamnionitis
◯ Yes
◯ No

describe organism
_____

Prenatal cardiac diagnosis
◯ Yes
◯ No

describe cardiac
_____

Prenatal non cardiac diagnosis
◯ Yes
◯ No

describe non cardiac
_____

Delivery data

Delivery type
- ◯ Vaginal
- ◯ Cesarean
- ◯ Other

describe _____

APGARS 1 minute _____

APGARS 5 minutes _____

Intubation in delivery room
- ◯ Yes
- ◯ No
- ◯ N/A

Immediate post natal blood gas

pH _____

pO2 _____

pCO2 _____

HCO3 _____

base excess _____

lactate _____

Data prior to surgery

Gestational age at birth (in weeks) _____

Birth weight (in grams) _____

Primary cardiac diagnosis _____

Arrhythmia
- ◯ Yes
- ◯ No
- ◯ N/A

describe arrhythmia _____

Arrhythmia needing treatment
- ◯ Yes
- ◯ No
- ◯ N/A

Describe Rx _____

DOL cardiac surgery performed _____

Extracardiac anomalies
- ◯ Single
- ◯ Multiple
- ◯ None
- ◯ N/A

describe_single _____

describe_multiple _____

Genetic defect
- ◯ Identified syndrome
- ◯ Chromosomal/Gene anomaly
- ◯ N/A

describe syndrome _____

describe genetic defect _____

Non cardiac surgery before cardiac repair
- ◯ Yes
- ◯ No
- ◯ N/A

describe surgery _____

GERD or aspiration
- ☐ UGI
- ☐ FEES
- ☐ Impedence probe
- ☐ Milk scan
- ☐ Other
- ☐ N/A

describe other _____

Surgery delayed reasons
- ☐ Infection
- ☐ Weight < 1800g
- ☐ Brain maturation/ gestational age
- ☐ Other

describe other reasons _____

Infection describe
- ◯ Viral
- ◯ Bacterial culture positive
- ◯ Bacterial culture negative

describe virus _____

describe bacteria _____

Ionotropes prior to surgery
- ◯ Yes
- ◯ No
- ◯ N/A

Type ionotrope
- ☐ dopamine
- ☐ dobutamine
- ☐ milrinone
- ☐ vasopressin

days on dopamine _____

days on dobutamine _____

days on milrinone _____

days on vasopressin _____

Positive pressure support
- ◯ Yes
- ◯ No
- ◯ N/A

Type PPV
- ◯ Ventilator support
- ◯ Vapotherm
- ◯ NIPPV

Days PPV _____

Supplemental oxygen
- ◯ Yes
- ◯ No
- ◯ N/A

Days supplemental O2 _____

IVH pre
- ◯ Grade I
- ◯ Grade II
- ◯ Grade III
- ◯ Grade IV
- ◯ N/A

Data post surgery

PCCU admit date _____

PCCU discharge date _____

PCCU LOS _____

Weight at time of surgery (in grams) _____

Gestational age (time of surgery) _____
(in weeks)

RACHS category
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6

Type of surgery _____

CPB
- ◯ Yes
- ◯ No
- ◯ N/A

describe cpb time (min) _____

Cross clamp time
- ◯ Yes
- ◯ No
- ◯ N/A

describe cross clamp _____

ECMO immediate
- ◯ Yes
- ◯ No
- ◯ N/A

(Cannot separate from bypass)

Days on ECMO _____

ECMO delayed need
- ◯ Yes
- ◯ No
- ◯ N/A

(Needing ECMO after initial post op)

Days on ECMO post _____

ionotropes post surgery
- ◯ Yes
- ◯ No
- ◯ N/A

Ionotropes type
- ☐ Dopamine
- ☐ Dobutamine
- ☐ Milrinone
- ☐ Vasopressin

days dopamine _____

days dobutamine _____

days milrinone _____

days vasopressin _____

Positive pressure ventilation
- ◯ Yes
- ◯ No
- ◯ N/A

Type PPV
- ◯ Ventilator
- ◯ Vapotherm
- ◯ NIPPV
- ◯ CPAP
- ◯ BiPAP

days ventilator _____

days vapotherm _____

days NIPPV _____

days cpap _____

days bipap _____

Supplemental oxygen
- ◯ Yes
- ◯ No
- ◯ N/A

Days supplemental oxygen _____

Arrhythmia post
- ◯ Yes
- ◯ No
- ◯ N/A

Arrhythmia type post _____

Arrhythmia needing Rx post
- ◯ Yes
- ◯ No
- ◯ N/A

Describe Rx post _____

Thrombosis
- ◯ Yes
- ◯ No
- ◯ N/A

Site _____

Thrombus treatment
- ◯ Lovenox alone
- ◯ Aspirin alone
- ◯ Lovenox + aspirin
- ◯ N/A

IVH post
- ◯ Grade I
- ◯ Grade II
- ◯ Grade III
- ◯ Grade IV
- ◯ N/A

Sepsis
- ◯ Culture proven
- ◯ Culture negative
- ◯ Viral
- ◯ N/A

Describe Culture + _____

Describe virus _____

CPR events
- ◯ Yes single
- ◯ Yes multiple
- ◯ No
- ◯ N/A

Number CPR events _____

NEC
- ◯ Surgical Rx
- ◯ Non surgical Rx
- ◯ N/A

BPD/CLD
- ◯ Yes
- ◯ No
- ◯ N/A

Follow up data

Discharge date _____

Date of last medical encounter _____

age at last medical encounter _____

LOS _____

Disposition
- ◯ Alive
- ◯ Deceased
- ◯ N/A