

INSTRUCTIONS: All questions on this form refer to the time frame from post-Glenn surgery to hospital discharge, unless otherwise noted. Enter this form into the Study Visit 4 (Restart) event in the ADEPT system (or Study Visit 3 if visit 4 will never be completed).

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____ - _____

Replaced by blinded ID

blind_id	Blinded ID
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A2. Acrostic Identifier _____

A3. Study visit Study Visit 3 (Pre-Glenn)..... 3
Study Visit 4 (Restart) 4

VISIT	A3.Visit
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A4. Date of cavopulmonary procedure _____ / _____ / _____
M M D D Y Y Y Y

Replaced by age at cavopulmonary procedure

glenn_age	A4. <created var>Age at cavopulmonary procedure, days
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A5. Date of hospital admission _____ / _____ / _____
M M D D Y Y Y Y

Replaced by age at hospital admission

gadm_age	A5. <created var>Age at hospital admission, days
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A6. Date of hospital discharge _____ / _____ / _____
M M D D Y Y Y Y

Replaced by age at hospital discharge

gdis_age	A6. <created var>Age at hospital discharge, days
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A7. Date of form completion _____ / _____ / _____
M M D D Y Y Y Y

Replaced by age at form completion

comp_age	A7. <created var>Age at form completion, days
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A8. Name of person completing form _____
PRINT FULL NAME INITIALS

Removed to protect privacy

Section B: ANATOMY

B1. Number of significant anatomic diagnoses associated with the Glenn shunt surgery _____ (0-4) (If 0, skip to **C1**)

GNUMANDX	B1. Number of significant anatomic diagnoses
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Associated Anatomic Diagnoses	
Code	Name
01	Branch pulmonary artery stenosis
02	Atrioventricular valve regurgitation
03	Abnormal systemic venous drainage
04	Abnormal pulmonary venous drainage
05	Pulmonary vein obstruction
06	Aortic arch obstruction
07	Aortic valve regurgitation
08	Neo-aortic valve regurgitation
09	Restrictive atrial septum
99	Other associated anatomic diagnosis

Anatomic Diagnosis Code (See codes above)

- a. _____ 1. If Other (99), specify _____
- b. _____ 1. If Other (99), specify _____
- c. _____ 1. If Other (99), specify _____
- d. _____ 1. If Other (99), specify _____

GANATDX_0 - GANATDX_3	B1a-B1d. Significant anatomic diagnosis associated with Glenn surgery (0-3)
GANDX_S_0 - GANDX_S_3	B1a1-B1d1. Specify other significant anatomic diagnosis associated with Glenn surgery (0-3)

Section C: CAVOPULMONARY ANASTAMOSIS PROCEDURE (GLENN)

C1. Type of cavopulmonary anastamosis procedure

**Surgical Procedure Code
(See Code List B)**
[code required for data entry]

- a. Level 1 **B 1**
- b. Level 2 ___ ___
- c. Level 3 ___ ___
- d. Level 4 ___ ___

Surgical Procedure Name Worksheet
a1.
b1.
If coding = <u>B1-01-06</u> , you must specify here:
c1.
d1.

gproc	<created var> Cavopulmonary anastamosis procedure (Glenn) (Code List B)
GPROCOTH	C1c1. Specify

C2. Number of cardiac surgical procedures performed concurrent with cavopulmonary anastomosis ___ ___ (0-5) (If 0, skip to **D1**)

GNUMCON	C2. Number of concurrent cardiac surgical procedures
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Concurrent Surgical Procedures			
Code	Procedure Name	Code	Procedure Name
01	Aortic arch repair	11	Repair of totally anomalous pulmonary venous connection
02	Atrial septectomy	12	Resection of subaortic stenosis
03	Atrioventricular valve oversewn	13	Revision of superior vena cava connection
04	Atrioventricular valve replacement	14	Semilunar valve replacement
05	Collateral ligation	15	Shunt ligation/division
06	Division of main pulmonary artery	16	Subaortic stenosis surgery
07	Ligation of main pulmonary artery	17	Takedown of aortopulmonary shunt
08	Pacemaker insertion	18	Takedown of RV-PA conduit
09	Patch repair of pulmonary artery stenosis	99	Other concurrent surgery
10	Repair of atrioventricular valve regurgitation		

Cardiac Surgical Code (See codes above)

- a. ___ ___ 1. If Other (99), specify: _____
- b. ___ ___ 1. If Other (99), specify: _____
- c. ___ ___ 1. If Other (99), specify: _____
- d. ___ ___ 1. If Other (99), specify: _____
- e. ___ ___ 1. If Other (99), specify: _____

GCONCOD_0 - GCOONCOD_5	C2a-C2f. Surgical procedure code concurrent with Glenn (0-5)
GCON_S_0 - GCON_S_5	C2a1-C2f1. Specify other surgical procedure code concurrent with Glenn (0-5)

Section D: POSTOPERATIVE COURSE

Please answer questions D1-D4 with respect to the Glenn Shunt surgery.

- D1. Total days of ICU stay ___ ___ ___ days
- D2. Total days of ventilator support ___ ___ ___ days
- D3. Total days until last chest tube removed ___ ___ ___ days

Any time spent in the ICU, on ventilator support, or with chest tubes in place counts as 1 day, even if <24 hr period

GICU	D1. Total days of ICU stay
GVENT	D2. Total days of ventilator support
LASTTUBE	D3. Total days until last chest tube removed

D4. Chylous drainage YES.....1 NO.....2 **(E1)**

a. If YES, which treatment was used?

- NO TREATMENT 1
- MADE NPO 2
- DIET CHANGE TO MEDIUM TRIGLYCERIDE ENTERAL FEEDS..... 3
- TOTAL PARENTERAL NUTRITION (TPN) 4
- OCTREOTIDE..... 5
- THORACIC DUCT LIGATION 6
- OTHER 99

1. If OTHER, please specify _____

DRAIN	D4. Chylous drainage
DRAINTX	D4a. Which treatment was used?
DRAIN_S	D4a1. If other, specify

Section E: POST-GLENN SURGERY TO HOSPITAL DISCHARGE

E1. Post-operative arrhythmia requiring medication or intervention YES..... 1 NO2 (E2)

ARRHYTH	E1. Post-operative arrhythmia
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		YES	NO
a.	Intraatrial re-entrant tachycardia	1	2
b.	Supraventricular tachycardia	1	2
c.	Atrial Flutter	1	2
d.	Atrial fibrillation	1	2
e.	Junctional ectopic tachycardia (> 170 bpm)	1	2
f.	Ventricular tachycardia	1	2
g.	Ventricular fibrillation	1	2
h.	Bradycardia requiring artificial pacemaker	1	2
i.	2 nd degree AV block	1	2
j.	3 rd degree AV block (complete heart block)	1	2
k.	Other	1	2

1. If OTHER, please specify _____

ARRHYTH	E1. Post-operative arrhythmia
ITACH	E1a. Intraatrial re-entrant tachycardia
STACH	E1b. Supraventricular tachycardia
AFLUT	E1c. Atrial flutter
AFIB	E1d. Atrial fibrillation
JTACH	E1e. Junctional ectopic tachycardia
VTACH	E1f. Ventricular tachycardia
VFIB	E1g. Ventricular fibrillation
BRADY	E1h. Bradycardia requiring artificial pacemaker
AVBLOCK2	E1i. 2nd degree AV block
AVBLOCK3	E1j. 3rd degree AV block
ARROTH	E1k. Other
ARROTH_S	E1k1. If other, specify

E2. Number of interventional cardiac catheterizations ___ ___ (0-5) (If 0, skip to **E3**)

GNUMCATH	E2. Number of interventional cardiac catheterizations
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[DO NOT list diagnostic catheterizations]

Post-Glenn Shunt Surgery Cardiac Catheterization Intervention Code (See Code List F) [code required for data entry]						6. Date of Interventional Cardiac Catheterization
1. Level 1	2. Level 2	3. Level 3	4. Level 4	5. Level 5		
a.	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
b.	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
c.	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
d.	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention
e.	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ - ___ - ___ - ___ - ___	___ ___ / ___ ___ / ___ ___ ___ ___ M M D D Y Y Y Y Name of intervention

Form S108: Glenn Shunt Surgery Form

gcath_0 - gcath_5	<created var> Interventional cardiac catheterization code (Code List F) (0-5)
gcath_age_0 - gcath_age_5	E2.6a-E2.6f. <created var>Age at cardiac catheterization, days
GCATHNAM_0 - GCATHNAM_5	E2.6a-E2.6f. Specify other cardiac catheterization, post-Glenn to discharge (0-5)

E3. Number of other cardiac surgical procedures _____ (0-5) (If 0, skip to **E4**)

GNUMSURG	E3. Number of other cardiac surgical procedures
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[DO NOT include cavopulmonary anastomosis or catheterization procedures listed previously]

Cardiac Surgical Procedures			
Code	Procedure Name	Code	Procedure Name
01	Chest closure	08	Pulmonary artery band revision
02	Chest exploration without intervention	09	Pulmonary artery plasty
03	Diaphragm plication	10	Shunt revision or thrombectomy
04	Permanent pacemaker insertion*	11	Thorocentesis
05	Percutaneous enteral gastrostomy	12	Thoracic duct ligation
06	Pericardial window	13	Thoracostomy tube
07	Pleurodesis	99	Other cardiac surgical procedure

***If code 04 is selected, question E4 must be YES**

Cardiac Surgical Code (See codes above)

- a. _____ 1. If Other (99), specify: _____
- b. _____ 1. If Other (99), specify: _____
- c. _____ 1. If Other (99), specify: _____
- d. _____ 1. If Other (99), specify: _____
- e. _____ 1. If Other (99), specify: _____

GSURGCOD_0 - GSURGCOD_13	E3a-E3n. Other cardiac surgical procedure, post-Glenn to discharge (0-13)
GSURG_S_0 - GSURG_S_13	E3a1-E3n1. Specify other surgical procedure post-Glenn to discharge (0-13)

E4. Permanent pacemaker placed? YES..... 1 NO.....2 (**E5**)

PACER	E4. Permanent pacemaker placed?
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Form S108: Glenn Shunt Surgery Form

a. Date of placement

__ / __ / __ __ __ __
M M / D D / Y Y Y Y

Replaced by age at placement

pacr_age	E4a. <created var>Age at placement of pacemaker, days
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- b. Type of pacemaker
- PERMANENT EPICARDIAL ATRIAL PACING..... 1
 - PERMANENT EPICARDIAL VENTRICULAR PACING 2
 - PERMANENT EPICARDIAL DUAL CHAMBER PACING 3
 - OTHER 99

1. If OTHER, please specify _____

PACERTYP	E4b. Type of pacemaker
PACER_S	E4b1. If other, specify

E5. Did an adverse event occur during the hospitalization? YES..... 1 NO..... 2 **(E6)**

Complete Form S200 for each event

a. How many adverse events? __ __

AE	E5. Did an adverse event occur during hospitalization?
AENUM	E5a. How many adverse events?

E6. Did patient receive an open-label ACE inhibitor after the Glenn surgery? YES 1 NO..... 2 **(E7)**

a. How many days? __ __

ACEGLENN	[Added Version B] E6. Did patient receive open-label ACE inhibitor after surgery
GLENDAYS	[Added Version B] E6a. How many days did pt receive open-label ACE after the Glenn

E7. Number of discharge medications, other than the study drug _____ (0-10) (If 0, skip to **E8**)

Medication Code
(See Code List D)
[Code required for data entry]

- a. ___ ___ . ___ ___
- b. ___ ___ . ___ ___
- c. ___ ___ . ___ ___
- d. ___ ___ . ___ ___
- e. ___ ___ . ___ ___
- f. ___ ___ . ___ ___
- g. ___ ___ . ___ ___
- h. ___ ___ . ___ ___
- i. ___ ___ . ___ ___
- j. ___ ___ . ___ ___

Medication Name Worksheet

a1.
b1.
c1.
d1.
e1.
f1.
g1.
h1.
i1.
j1.

GNUMMED	E7. Number of discharge medications
gmedcode_0 - gmedcode_12	<created var> Post-Glenn discharge medication (Code List D) (0-12)
GMEDNAME_0 - GMEDNAME_12	E7a-E7m. Specify other Post-Glenn discharge medication (0-12)

E8. Oxygen saturation at discharge _____ % UNKNOWN..... -8 (**E9**)

a. Type of air ROOM AIR1 OXYGEN.....2

GO2SAT	E8. Oxygen saturation at discharge, %
GAIRTYPE	E8a. Type of air

E9. Was study drug restarted prior to discharge? YES 1 NO 2

FORM S112 MUST BE COMPLETED AT THE TIME THE STUDY DRUG IS RESTARTED, WHETHER BEFORE OR AFTER DISCHARGE

DRESTART	E9. Was study drug restarted prior to discharge?
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