

Section A: KEY IDENTIFYING INFORMATION

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

Replaced by blinded ID

blind_id	Blinded ID
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A2. Acrostic Identifier _____ - _____ - _____ - _____ - _____

Removed to protect privacyA3. Date of form completion _____ / _____ / _____
M M / D D / Y Y Y Y**Replaced by age at form completion**

comp_age	A3. <created var>Age at form completion, years
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A4. Name of person completing form _____
PRINT FULL NAME INITIALS**Removed to protect privacy****Section B: CLINICAL ASSESSMENT**B1. Date of hospital **admission** _____ / _____ / _____
M M / D D / Y Y Y Y

admit_age	B1. <created var>Age at hospital admission, years
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B2. Date of hospital **discharge** _____ / _____ / _____
M M / D D / Y Y Y Y

discharge_age	B2. <created var>Age at hospital discharge, years
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B3. Date of SV palliative surgery _____ / _____ / _____
M M / D D / Y Y Y Y

palsrg_age	B3. <created var>Age at SV palliative surgery, years
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B4. Type of SV palliative surgery

**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.	
c1.	If coding = <u>B1-01-06</u> , you must specify here:
d1.	

PALSRG	B4. Type of SV palliative surgery
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B5. Number of other surgical procedures concurrent with SV palliative surgery ___ ___ (0-5) (If 0, skip to **B6a**)

PROCNUM	B5. Number of other procedures concurrent with SV palliative surgery
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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		
03	Atrioventricular valve oversewn		
04	Atrioventricular valve replacement	14	Semilunar valve replacement
06*	Division of main pulmonary artery	16	Subaortic stenosis surgery
07	Ligation of main pulmonary artery		
08	Pacemaker insertion		
09	Patch repair of pulmonary artery stenosis		
10	Repair of atrioventricular valve regurgitation	99	Other

***NOT TO BE SELECTED IF QUESTION B4a- b IS CODED AS B105.**

Concurrent 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: _____

(There is no data for B5a-e)

B6. Status during SV palliative surgery:

a. Bypass time _____ minutes

BYPASS_TM	B6a. Bypass time, minutes
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b. Cross clamp time _____ minutes

CLAMP_TM	B6b. Cross clamp time, minutes
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c. Circulatory arrest YES 1 NO 2 **(B7)**

CIRC_ARREST	B6c. Circulatory arrest, yes/no
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1. Total circulatory arrest time _____ minutes

(There is no data for B6c1)

B7. Total ICU stay following SV palliative surgery _____ days

B8. Total time on ventilator support following SV palliative surgery _____ days

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

ICU_STAY	B7. Total ICU stay following SV palliative surgery, days
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VENT_TM	B8. Total time on ventilator support following SV palliative surgery, days
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B9. Number of interventional cardiac catheterizations after palliative surgery to hospital discharge _____ (0-8) (If 0, skip to **B10**)

CATHNUM	B9. Number of interventional cardiac catheterizations after palliative surgery to hospital discharge
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[DO NOT include diagnostic catheterizations]

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

(There is no data for B9a-e)

B10. Number of other cardiac surgical procedures after palliative surgery to hospital discharge _____ (0-5) (If 0, skip to C1)

CSURGNUM	B10. Number of other cardiac surgical procedures after palliative surgery to hospital discharge
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[DO NOT include catheterization procedures listed in B9a-e]

Cardiac Surgical Procedures	
Code	Procedure Name
01	Chest closure
02	Chest exploration without intervention
03	Diaphragm plication
04	Pacemaker insertion
05	Percutaneous enteral gastrostomy
07	Pleurodesis
08	Pulmonary artery band revision
09	Pulmonary artery plasty
10	Shunt revision or Thrombectomy
11	Thorocentesis
12	Thoracic duct ligation
13	Thoracostomy tube
99	Other

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: _____

(There is no data for B10a-e)

Section C: DISCHARGE CLINICAL ASSESSMENT

C1. Number of discharge medications, other than the study drug _____ (0-10) (If 0, skip to C2)

MEDNUM	C1. Number of discharge medications, other than the study drug
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**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.

medcode0 - medcode5	C1a-f. 1st medication code
med_spec0 - med_spec5	C1a-f. 1st medication (specify)

C2. Oxygen saturation at discharge _____ % UNKNOWN-8

OXSAT	C2. Oxygen saturation at discharge, %
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a. Type of air ROOM AIR1 OXYGEN 2

TYPE_AIR	C2a. Type of air
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