

INSTRUCTIONS: Questions on this form should be completed based on two time periods:
Section B: Time spent in the Operating Room for Stage III Fontan procedure
Sections C-D: Time spent in the hospital after completing the Stage III Fontan procedure to hospital discharge

Section A: KEY IDENTIFYING INFORMATION

- A1. Study Identification Number _____ - _____ - _____ - _____
- A2. Acrostic Identifier _____
- A3. Study Visit STAGE III (FONTAN).....66
- A4. Date of form completion _____ / _____ / _____
M M / D D / Y Y Y Y
- A5. Name of person completing form _____
PRINT FULL NAME INITIALS
- A6. Was the pre-Fontan echo obtained at a PHN site? YES.....1 NO.....2

Section B
 Questions refer to time spent in OR for Stage III procedure

Section B: STAGE III PROCEDURE

B1. Date of Stage III procedure _____ / _____ / _____
M M / D D / Y Y Y Y

B2. Type of Stage III procedure

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

- a. Level 1 _____
- b. Level 2 _____
- c. Level 3 _____
- d. Level 4 _____
- e. Level 5 _____
- f. Level 6 _____

Surgical Procedure Name Worksheet

g. Specify: _____

- B3. Was patient put on bypass? YES.....1 NO 2 **(B7)**
 a. Total bypass time ___ ___ ___ minutes
 b. Aortic cross clamp time ___ ___ ___ minutes
- B4. First bypass hematocrit ___ ___ %
- B5. Lowest bypass hematocrit ___ ___ %
- B6. Lowest temperature in C° obtained during bypass, regardless of location ___ ___ . ___ Celsius
- B7. Did patient undergo deep hypothermic circulatory arrest (DHCA)? YES.....1 NO 2 **(B8)**
 a. DCHA time ___ ___ ___ minutes
- B8. Did patient undergo regional cerebral perfusion (RCP)? YES.....1 NO 2 **(B9)**
 a. RCP time ___ ___ ___ minutes
- B9. Number of cardiac surgical procedures performed concurrent with Stage III procedure, which are NOT a standard part of the surgeon's routine Stage III operation ___ ___ (0-10) (If 0, skip to **B10**)

Cardiac Surgical Code (See "Ancillary Surgical Procedure" codes in Appendix)

- 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: _____

If >5 cardiac surgical procedures, please make a copy of this page.

- B10. Did patient die in the operating room? YES.....1 NO.....2
(END)

**If patient died,
 End Form & Complete R108
 & R202**

Sections C – D

↓ **Questions refer to time spent in hospital after Stage III procedure to hospital discharge** ↓

Section C: POST-STAGE III ASSESSMENT

- C1. Did patient require cardiopulmonary resuscitation (CPR)? YES.....1 NO.....2
- C2. Was patient placed on extracorporeal membrane oxygenation? YES.....1 NO.....2
- C3. Number of interventional cardiac catheterization procedures _____ (0-10) (If 0, skip to **C4**)
 [DO NOT list diagnostic catheterizations]

Cardiac Catheterization Intervention Code (See Code List F) [code required for data entry]						
	1. Level 1	2. Level 2	3. Level 3	4. Level 4	5. Level 5	
a.	_____ - _____ - _____ - _____ - _____					Specify, other (Code List F) _____
	6. Date of Catheterization Intervention _____ / _____ / _____ - _____ - _____ M M D D Y Y Y Y					7. Primary Indication for intervention (see code list in Appendix) _____ a. if primary indication =other, specify : _____
b.	_____ - _____ - _____ - _____ - _____					Specify, other (Code List F) _____
	6. Date of Catheterization Intervention _____ / _____ / _____ - _____ - _____ M M D D Y Y Y Y					7. Primary Indication for intervention (see code list in Appendix) _____ b. if primary indication =other, specify : _____
c.	_____ - _____ - _____ - _____ - _____					Specify, other (Code List F) _____
	6. Date of Catheterization Intervention _____ / _____ / _____ - _____ - _____ M M D D Y Y Y Y					7. Primary Indication for intervention (see code list in Appendix) _____ a. if primary indication =other, specify : _____

C3. (cont)

Cardiac Catheterization Intervention Code (See Code List F) [code required for data entry]						
	1. Level 1	2. Level 2	3. Level 3	4. Level 4	5. Level 5	
d.	_____ - _____ - _____ - _____ - _____					Specify, other (Code List F) _____
	6. Date of Catheterization Intervention _____ / _____ / _____ - _____ - _____ M M D D Y Y Y Y					7. Primary Indication for intervention (see code list in Appendix) _____ b. if primary indication =other, specify : _____

If >4 interventional cardiac catheterizations, please make a copy of this page.

C4. Number of other surgical procedures _____ (0-10) (If 0, skip to **C5**)

[DO NOT include stage III procedure or interventional procedures listed previously]

Surgical Code (See "Surgical Procedure" codes in Appendix)

- 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: _____

If >5 surgical procedures, please make a copy of this page.

C5. Implantable electronic device placed YES..... 1 NO.....2 (**C8**)
(IED)?

a. Date of placement _____ / _____ / _____ - _____ - _____
M M D D Y Y Y Y

- b. Type of device
- EPICARDIAL ATRIAL 1 (**C6**)
- EPICARDIAL VENTRICULAR..... 2 (**C6**)
- EPICARDIAL DUAL CHAMBER3 (**C6**)
- EPICARDIAL BIVENTRICULAR.....4 (**C6**)
- IMPLANTABLE CARDIOVERTER DEFIBRILLATOR....5 (**C6**)
- OTHER.....99

1. Other, specify: _____

Form R130: Stage III Fontan Hospitalization

- C6. Classification Indication for Pacemaker Placement
- CLASS I.....1
 - CLASS IIa.....2
 - CLASS IIb3
 - CLASS III4
 - UNKNOWN.....5

C7. Indication for IED placement:

	YES	NO
a. Sinus node dysfunction	1	2
b. Atrio-ventricular block	1	2
c. Atrial tachycardia	1	2
d. Ventricular tachycardia	1	2
e. Ventricular dysynchrony	1	2
f. Inducible arrhythmia	1	2
g. Unknown	1	2
h. Other	1	2

1. Specify: _____

C8. Number of significant complications during this Fontan hospitalization _____ (0-8) (If 0, skip to D1)

Complications Code
(See Code List M)
 [Code required for data entry]

Specify
 [Use spaces below to write complications]

a1. Date of onset
 a2. ____ - ____ ____ ____ ____

____ / ____ / ____ ____ ____ ____ M M D D Y Y Y Y Specify other: _____
--

b1. Date of onset
 b2. ____ - ____ ____ ____ ____

____ / ____ / ____ ____ ____ ____ M M D D Y Y Y Y Specify other: _____
--

c1. Date of onset
 c2. ____ - ____ ____ ____ ____

____ / ____ / ____ ____ ____ ____ M M D D Y Y Y Y Specify other: _____
--

C8. (cont.)

d1. Date of onset

d2. ___ - ___ - ___ - ___

$\frac{\text{M}}{\text{M}} / \frac{\text{D}}{\text{D}} / \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}}$ Specify other: _____

e1. Date of onset

e2. ___ - ___ - ___ - ___

$\frac{\text{M}}{\text{M}} / \frac{\text{D}}{\text{D}} / \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}}$ Specify other: _____

f1. Date of onset

f2. ___ - ___ - ___ - ___

$\frac{\text{M}}{\text{M}} / \frac{\text{D}}{\text{D}} / \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}}$ Specify other: _____

g1. Date of onset

g2. ___ - ___ - ___ - ___

$\frac{\text{M}}{\text{M}} / \frac{\text{D}}{\text{D}} / \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}}$ Specify other: _____

h1. Date of onset

h2. ___ - ___ - ___ - ___

$\frac{\text{M}}{\text{M}} / \frac{\text{D}}{\text{D}} / \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}}$ Specify other: _____

Section D: Stage III DISCHARGE STATUS

D1. Vital Status at discharge

ALIVE.....1

DEAD.....2

Complete R108 & R202

D2. Date of hospital discharge or death date

$\frac{\text{M}}{\text{M}} / \frac{\text{D}}{\text{D}} / \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}}$

Section Z: TIME TO COMPLETE FORM

Z1. How long did it take to complete this form? ___ ___ ___ minutes

END OF FORM

ATTACHMENT: CODE LISTS (R130)

ANCILLARY SURGICAL PROCEDURES (QUESTION B9)			
CODE	PROCEDURE NAME	CODE	PROCEDURE NAME
01	PATCH REPAIR OF PULMONARY ARTERY STENOSIS OR OTHER PROCEDURES TO TREAT PULMONARY ARTERY STENOSIS (E.G. BALLOON DILATION OR STENT PLACEMENT IN OR)	14	EXTRACORPOREAL MEMBRANE OXYGENATION
02	ATRIOVENTRICULAR VALVULOPLASTY OR REPAIR FOR REGURGITATION	15	PERICARDIAL WINDOW
03	ATRIAL SEPTECTOMY	16	PLEURODESIS
04	REVISION OF SUPERIOR VENA CAVA CONNECTION	17	THROMBECTOMY
05	LIGATION OF MAIN PULMONARY ARTERY	18	THORACIC DUCT LIGATION
06	DIVISION OF MAIN PULMONARY ARTERY	19	TRACHEOSTOMY
07	ATRIO-VENTRICULAR VALVE OVERSEWN	20	EFE RESECTION
08	ATRIO-VENTRICULAR VALVE REPLACEMENT	21	SEMILUNAR VALVE REPAIR OR VALVULOPLASTY
09	SEMILUNAR VALVE REPLACEMENT	22	PLACEMENT OF PERMANENT PACEMAKER WIRES
10	AORTIC ARCH REPAIR	23	ORL SURGICAL PROCEDURE
11	PACEMAKER INSERTION	24	THORACENTESIS
12	REVISION OF FONTAN PATHWAY	25	THORACOSTOMY TUBE
13	FONTAN FENESTRATION	99	OTHER SURGICAL PROCEDURE

CATHETERIZATION INTERVENTION INDICATION CODE LIST (QUESTION C3)			
CODE	PRIMARY INDICATION FOR CATHETERIZATION INTERVENTION	CODE	PRIMARY INDICATION FOR CATHETERIZATION INTERVENTION
01	STENOSIS	08	VENTRICULAR TACHYCARDIA
02	LOW CARDIAC OUTPUT	09	THROMBOSIS
03	PROTEIN-LOSING ENTEROPATHY	10	INFECTION
04	CYANOSIS	11	AP COLLATERALS OR EXCESSIVE PULMONARY BLOOD FLOW
05	HIGH OUTPUT FAILURE	12	SIGNS OF INCREASED SVP, SUCH AS PLEURAL EFFUSIONS OR ASCITES
06	BRADYCARDIA		
07	INTRA-ATRIAL REENTRANT TACHYCARDIA	99	OTHER

SURGICAL PROCEDURES (QUESTION C4)			
CODE	PROCEDURE NAME	CODE	PROCEDURE NAME
01	PATCH REPAIR OF PULMONARY ARTERY STENOSIS OR OTHER PROCEDURES TO TREAT PULMONARY ARTERY STENOSIS (E.G. BALLOON DILATION OR STENT PLACEMENT IN OR)	14	EXTRACORPOREAL MEMBRANE OXYGENATION
02	ATRIOVENTRICULAR VALVULOPLASTY OR REPAIR FOR REGURGITATION	15	PERICARDIAL WINDOW
03	ATRIAL SEPTECTOMY	16	PLEURODESIS
04	REVISION OF SUPERIOR VENA CAVA CONNECTION	17	THROMBECTOMY
05	LIGATION OF MAIN PULMONARY ARTERY	18	THORACIC DUCT LIGATION
06	DIVISION OF MAIN PULMONARY ARTERY	19	TRACHEOSTOMY
07	ATRIO-VENTRICULAR VALVE OVERSEWN	20	EFE RESECTION
08	ATRIO-VENTRICULAR VALVE REPLACEMENT	21	SEMILUNAR VALVE REPAIR OR VALVULOPLASTY
09	SEMILUNAR VALVE REPLACEMENT	22	PLACEMENT OF PERMANENT PACEMAKER WIRES
10	AORTIC ARCH REPAIR	23	ORL SURGICAL PROCEDURE
11	PACEMAKER INSERTION	24	THORACENTESIS
12	REVISION OF FONTAN PATHWAY	25	THORACOSTOMY TUBE
13	FONTAN FENESTRATION	99	OTHER SURGICAL PROCEDURE