

**INSTRUCTIONS: Complete for all SVR II patients based on the cardiac catheterization performed closest to but prior to the Fontan surgery. Please complete this form even if a catheterization was not performed, and enter the date of Fontan pre-op visit**

**Section A: KEY IDENTIFYING INFORMATION**

- A1. Study Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  - A2. Acrostic Identifier \_\_\_\_\_
  - A3. Study visit **PRE-FONTAN CATHETERIZATION** .....66
  - A4. Date of visit \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - A5. Date of form completion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - A6. Name of person completing form \_\_\_\_\_
- PRINT FULL NAME INITIALS

**Section B: CATHETERIZATION FINDINGS**

- B1. Was a cardiac catheterization performed? YES ..... 1 NO ..... 2 (END)
- B2. Date of cardiac catheterization \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- B3. Length \_\_\_\_\_ . \_\_\_\_\_ cm
- B4. Weight \_\_\_\_\_ . \_\_\_\_\_ kg
- B5. BSA \_\_\_\_\_ . \_\_\_\_\_ m<sup>2</sup>
- B6. Sedation Moderate ..... 1 General Anesthesia... 2

**Section C: PRE-FONTAN CARDIAC CATHETERIZATION SVC ASSESSMENT**

*Data are pulled from pre-Fontan Catheterization Report.*

- C1. Are there bilateral SVCs? YES..... 1 NO..... 2 UNKNOWN...-8
- C2. Are there SVC abnormalities? YES..... 1 NO..... 2 (D1) UNKNOWN...-8 (D1)

Abnormality	1. Present		If YES, 2. Origin		If YES, 3. Side		
	YES	NO	CONGENITAL	ACQUIRED	RIGHT	LEFT	BOTH
a. SVC stenosis	1	2 (C2b)	1	2	1	2	3
b. SVC occlusion	1	2 (C2c)	1	2	1	2	3
c. Retro-aortic innominate vein	1	2					
d. Levoatrial – cardinal vein	1	2					
e. Other	1	2 (D1)					
If Other = YES, specify: _____							

<b>Section D: PRE-FONTAN CARDIAC CATHETERIZATION IVC ASSESSMENT</b>
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- D1. Right and left hepatic veins confluent with IVC?      YES ...1 (D3)    NO ...2      UNKNOWN ...-8
- D2. Separate right & left hepatic vein drainage?      YES ...1      NO ...2      UNKNOWN ...-8
- D3. Are there IVC abnormalities?      YES ...1      NO ...2 (E1)      UNKNOWN ...-8 (E1)

Abnormality	1. Present		2. If YES, what is the etiology?	
	YES	NO	CONGENITAL	ACQUIRED
a. IVC stenosis	1	2 (D3b)	1	2
b. IVC occlusion	1	2 (D3c)	1	2
c. Cor triatriatum Dexter	1	2		
d. Interrupted IVC with azygous continuation	1	2		
e. Other	1	2 (E1)		
If Other=YES, specify: _____				

<b>Section E: PRE-FONTAN CARDIAC CATHETERIZATION PA ASSESSMENT</b>
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- E1. Pulmonary artery abnormality    YES..... 1    NO.....2 (F1)    UNKNOWN.....-8 (F1)
- a. Number of pulmonary artery abnormalities    \_\_ \_\_ (1-15)

Pre-Fontan Pulmonary Artery Abnormality Code (See Code List H) [code required for data entry]					Pulmonary Artery Abnormality Name Worksheet
	a. Level 1	b. Level 2	c. Level 3	d. Level 4	
1.	___ -	___ -	___ -	___	
2.	___ -	___ -	___ -	___	
3.	___ -	___ -	___ -	___	
4.	___ -	___ -	___ -	___	

5.	____ - ____ - ____ - ____	5.
6.	____ - ____ - ____ - ____	6.
7.	____ - ____ - ____ - ____	7.
8.	____ - ____ - ____ - ____	8.

If patient had more than 8 PA abnormalities pre-Fontan, please use and attach Form R208, Question E1 Supplement to record information about these additional abnormalities.

**Section F: PRE-FONTAN CARDIAC CATHETERIZATION FINDINGS**

F1.	Catheterization data obtained in ...	ROOM AIR ..... 1	SUPPL. OXYGEN.....2
F2.	Mean right atrial pressure	____ mmHg	NOT DONE.....-3
F3.	Mean left atrial OR pulmonary capillary wedge pressure	____ mmHg	NOT DONE.....-3
F4.	Mean left pulmonary artery OR left pulmonary vein wedge pressure	____ mmHg	NOT DONE.....-3
F5.	Mean right pulmonary artery OR right pulmonary vein wedge pressure	____ mmHg	NOT DONE.....-3
F6.	Systemic ventricular end diastolic pressure	____ mmHg	NOT DONE.....-3
F7.	Peak ascending aortic pressure	____ mmHg	NOT DONE.....-3
F8.	Peak descending aortic pressure	____ mmHg	NOT DONE.....-3
F9.	Mean descending aortic pressure	____ mmHg	NOT DONE.....-3
F10.	Left pulmonary artery saturation	____ %	NOT DONE.....-3
F11.	Right pulmonary artery saturation	____ %	NOT DONE.....-3
F12.	Superior vena cava saturation	____ %	NOT DONE.....-3
F13.	Pulmonary vein saturation	____ %	NOT DONE.....-3

F14. Systemic arterial saturation \_\_\_\_\_ % NOT DONE.....-3

F15. Additional comments / interventions performed?

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**END OF FORM**