

INSTRUCTIONS: Complete this form if study subject is re-hospitalized \leq 30 days from date of discharge from Stage III Fontan Hospitalization. Complete a new form for each hospital admission.

Section A: KEY IDENTIFYING INFORMATION

- A1. Study Identification Number _____ - _____ - _____
- A2. Acrostic Identifier _____
- A3. Study visit STAGE III (FONTAN).....66
- A4. Date form completed _____ / _____ / _____
M M D D Y Y Y Y
- A5. Name of person completing form _____
PRINT FULL NAME INITIALS

Section B: MEDICAL HISTORY INFORMATION

- B1. Date of re-hospitalization post Fontan _____ / _____ / _____
M M D D Y Y Y Y
- B2. Primary admission diagnosis (primary) (**see code list M**) _____. _____. _____. _____.
 a. If other, specify _____
- B3. Number of secondary admission diagnoses (secondary) ____ (0-8) (**If 0, skip to B4**)
 - a. Diagnosis (secondary) (**see code list M**) _____. _____. _____. _____.
 1. If other, specify _____
 - b. Diagnosis (secondary) (**see code list M**) _____. _____. _____. _____.
 1. If other, specify _____
 - c. Diagnosis (secondary) (**see code list M**) _____. _____. _____. _____.
 1. If other, specify _____
 - d. Diagnosis (secondary) (**see code list M**) _____. _____. _____. _____.
 1. If other, specify _____
 - e. Diagnosis (secondary) (**see code list M**) _____. _____. _____. _____.
 1. If other, specify _____

If > 5 secondary diagnoses, please make a copy of this page to enter additional information.

B4. Number of cardiac catheterization intervention procedures during this admission (0-10) (If 0, skip to B5)

[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
1.	<div style="display: flex; justify-content: space-between;"> ____ - ____ - ____ - ____ - ____ i. Specify, other (Code List F) _____ </div> <div style="margin-top: 10px;"> <p>a. Date of Catheterization Intervention M M / D D / Y Y Y Y</p> <p>b. Primary Indication for intervention (see code list below) ____</p> <p style="margin-left: 20px;">i. If primary indication = 99 (other) specify: _____</p> </div>				
2.	<div style="display: flex; justify-content: space-between;"> ____ - ____ - ____ - ____ - ____ i. Specify, other (Code List F) _____ </div> <div style="margin-top: 10px;"> <p>a. Date of Catheterization Intervention M M / D D / Y Y Y Y</p> <p>b. Primary Indication for intervention (see code list below) ____</p> <p style="margin-left: 20px;">i. If primary indication = 99 (other) specify: _____</p> </div>				

Catheterization Intervention Indication Code List			
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

If >2 cardiac catheterization interventions, please photocopy this page.

B5. Number of other surgical procedures during this admission _____ (0-10) (If 0, skip to B6)

Surgical Procedure Code List			
Code	Procedure Name	Code	Procedure Name
01	Patch repair of pulmonary artery stenosis	14	Extracorporeal membrane oxygenation
02	Repair of atrio-ventricular valve 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

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 _____

If >5 surgical procedures, please photocopy this page.

B6. Number of significant complications identified _____ (0-8) (If 0, skip to B7) during this re-hospitalization

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

1. a. Date of onset _____ / _____ / _____
M M D D Y Y Y Y

b. Code _____ - _____

i. Specify other: _____

2. a. Date of onset _____ / _____ / _____
M M D D Y Y Y Y

b. Code _____ - _____

i. Specify other: _____

3. a. Date of onset _ _ / _ _ / _ _ _ _
M M D D Y Y Y Y

b. Code _ - _ _ _ _

i. Specify other: _____

4. a. Date of onset _ _ / _ _ / _ _ _ _
M M D D Y Y Y Y

b. Code _ - _ _ _ _

i. Specify other: _____

5. a. Date of onset _ _ / _ _ / _ _ _ _
M M D D Y Y Y Y

b. Code _ - _ _ _ _

i. Specify other: _____

6. a. Date of onset _ _ / _ _ / _ _ _ _
M M D D Y Y Y Y

b. Code _ - _ _ _ _

i. Specify other: _____

7. a. Date of onset _ _ / _ _ / _ _ _ _
M M D D Y Y Y Y

b. Code _ - _ _ _ _

i. Specify other: _____

8. a. Date of onset _ _ / _ _ / _ _ _ _
M M D D Y Y Y Y

b. Code _ - _ _ _ _

i. Specify other: _____

B7. Date of Discharge _ _ / _ _ / _ _ _ _ (END)
M M D D Y Y Y Y

END OF FORM