



**III. Pre-Operative Status (Answer All That Apply)**

**Weight at Time of Operation**

1  Grams    2  Kilograms

**If <1 Year Old at Time of Admission**

**Gestational Age at Birth**  
  Weeks

**Weight at Birth in Grams**

1  < 500                      4  1500-1999  
 2  500-999                    5  ≥ 2000  
 3  1000-1499

0  None of the conditions below were present pre-op

**Previous Open Heart Operations**

1  One            2  Two            3  Three or more

7  Pre-Op Interventional Cath Procedure  
 If this admission, provide date  
       
 Month      Date              Year

- 11  Severe cyanosis or severe hypoxia
- 12  Dialysis within 14 days prior to surgery
- 13  Any ventilator dependence during same admission or within 14 days prior to surgery
- 14  Inotropic support immediately pre-op within 24 hours
- 15  Positive blood cultures within 2 weeks of surgery
- 16  Arterial pH <7.25 immediately pre-op within hospital stay

**Previous Closed Heart Operations**

4  One            5  Two            6  Three or more

- 17  Significant Renal Dysfunction
- 18  Trisomy 21
- 19  Major Extracardiac Anomalies  
 (Specify) \_\_\_\_\_
- 21  Near Systemic PVR
- 22  Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD
- 24  Pre-existing neurologic abnormality  
 (Specify) \_\_\_\_\_
- 25  Pneumonia at time of surgery
- 26  Prostaglandin dependence at time of surgery
- 27  Balloon Atrial Septostomy
- 28  Any Previous Organ Transplant

**IV. Post Procedural Events Requiring Intervention (Answer All That Apply)**

- 0  None
- 1  Cardiac Tamponade
- 2  Ventricular Fibrillation or CPR
- 3  Bleeding requiring reoperation
- 4  Deep sternal wound infection
- 6  Ventilator dependency for more than 10 days
- 7  Clinical sepsis with positive blood culture
- 11  Renal Failure requiring dialysis
- 12  Complete Heart Block at discharge
- 13  Unplanned cardiac reoperation or interventional catheterization
- 15  New neurologic deficit
- 16  Ventricular Assist - ECMO/IABP/LVAD/RVAD/BVAD

**V. Discharge Information**

**Hospital Discharge Date**        
 Month      Date              Year

**Discharged Alive to:**

- 11  Home
- 12  Hospice
- 13  Acute Care Facility
- 14  Skilled Nursing Facility
- 15  Inpatient Physical Medicine and Rehab
- 19  Other  
 (Specify) \_\_\_\_\_

**Died in:**

- 2  Operating Room
- 3  Recovery Room
- 4  Critical Care Unit
- 5  Medical/Surgical Floor
- 6  In Transit to Other Facility
- 8  Elsewhere in Hospital  
 (Specify) \_\_\_\_\_

**30 Day Status**

- 1  Live
- 2  Dead
- 9  Unknown