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## Form 3: Initial Immunosuppression

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Not Started

**Transplant Date**

MM/DD/YYYY

Question Added: 01 January 1993  
TXDATE

### Induction Therapy

Induction Therapy is defined as the prescribed use of lymphocyte cytolytic antibody or IL2-R antagonist therapy (e.g., ATGAM, Thymoglobulin, Basiliximab, Daclizumab) given soon after transplant (started within 3 days), not used to specifically treat a known or suspected rejection episode).

The use of non-cytolytic agents pre or intraoperatively is not considered to be induction therapy.

1

**Is Patient on Induction Therapy** Yes No UnknownQuestion Added: 01 January 1993  
INDTHER

### Induction Agents

**Induction Agent Details**

1a

**Induction Immunosuppression Agent**

- Alemtuzumab (Campath)
- Basiliximab (Simulect)
- Bortezomib (Velcade)
- Daclizumab (Zenapax)
- OKT3
- Rituximab (Rituxan)
- Thymoglobulin (ATG)
- Unknown
- Other, specify

ITAGNTSP

Question Added: 01 January 1993  
ITAGNT

1b

**Start Date**

MM/DD/YYYY

Missing Reason:

 UnknownQuestion Added: 01 January 1993  
ITSDATE

1c

**End Date**

MM/DD/YYYY

Missing Reason:

 UnknownQuestion Added: 01 January 1993  
ITEDATE

**2**

**Azathioprine (Imuran)**  Yes  
 No  
 Unknown

AZATIH

**2a** Specify date of first post-op dose   
MM/DD/YYYY

Question Added: 01 January 1999  
AZATIPDT

**2b** Was patient on medication at 30 days?  Yes  
 No  
 Unknown

Question Added: 01 September 2015  
AZATIPDT

**2b.i** If patient is no longer on medication at 30 days, specify stop date.  
MM/DD/YYYY

Missing Reason:  
 UnknownQuestion Added: 01 September 2015  
AZASTPDT**3**

**Cyclosporine**  Yes  
 No  
 Unknown

Question Added: 01 January 1993  
CYCLIH

**3a** Specify date of first post-op dose   
MM/DD/YYYY

Question Added: 01 January 1993  
CYCLIPDT

**3b** Was patient on medication at 30 days?  Yes  
 No  
 Unknown

Question Added: 01 January 2005  
CYCL

**3b.i** If patient is no longer on medication at 30 days, specify stop date.  
MM/DD/YYYY

Missing Reason:  
 UnknownQuestion Added: 01 September 2015  
CYCSTPDT**4**

**Mycophenolate (Cellcept, Myfortic)**  Yes  
 No  
 Unknown

Question Added: 01 January 1999  
MYCOIH

**4a**

Specify date of first post-op dose

MM/DD/YYYY

Question Added: 01 January 1999  
MYCOIPDT**4b**

Was patient on medication at 30 days?

- Yes
- No
- Unknown

Question Added: 01 January 2005  
MYCO**4b.i**

If patient is no longer on medication at 30 days, specify stop date.

MM/DD/YYYY

Missing Reason:  
 UnknownQuestion Added: 01 September 2015  
MYCOSTDT**5****Sirolimus (Rapamycin)**

- Yes
- No
- Unknown

Question Added: 01 January 2005  
SIROIH**5a**

Specify date of first post-op dose

MM/DD/YYYY

Question Added: 01 January 2005  
SIROIPDT**5b**

Was patient on medication at 30 days?

- Yes
- No
- Unknown

Question Added: 01 January 2005  
SIRO**5b.i**

If patient is no longer on medication at 30 days, specify stop date.

MM/DD/YYYY

Missing Reason:  
 UnknownQuestion Added: 01 September 2015  
SIRSTPD**6****Tacrolimus (Prograf, FK506)**

- Yes
- No
- Unknown

Question Added: 01 January 1996  
TACRIH**6a**

Specify date of first post-op dose

MM/DD/YYYY

Question Added: 01 January 1996  
TACRIPDT**6b**

Was patient on medication at 30 days?

- Yes
- No
- Unknown

Question Added: 01 January 2005  
TACR

**6b.i** If patient is no longer on medication at 30 days, specify stop date.   
MM/DD/YYYY

Missing Reason:  
 UnknownQuestion Added: 01 September 2015  
TACSTPDT

**7** Everolimus  Yes  
 No  
 Unknown

Question Added: 01 September 2015  
EVEROIH

**7a** Specify date of first post-op dose   
MM/DD/YYYY

Question Added: 01 September 2015  
EVERODT

**7b** Was patient on medication at 30 days?  Yes  
 No  
 Unknown

Question Added: 01 September 2015  
EVERO

**7b.i** If patient is no longer on medication at 30 days, specify stop date.   
MM/DD/YYYY

Missing Reason:  
 UnknownQuestion Added: 01 September 2015  
EVRSTPDT

**8** Cyclophosphamide (Cytoxan)  Yes  
 No  
 Unknown

Question Added: 01 September 2015  
CYPHOIH

**8a** Specify date of first post-op dose   
MM/DD/YYYY

Question Added: 01 September 2015  
CYPHOHT

**8b** Was patient on medication at 30 days?  Yes  
 No  
 Unknown

Question Added: 01 September 2015  
CYPH

**8b.i** If patient is no longer on medication at 30 days, specify stop date.   
MM/DD/YYYY

Missing Reason:  
 UnknownQuestion Added: 01 September 2015  
CYPHSTDT

**9a** Was patient given pre-operative steroids?  Yes  
 No  
 Unknown

Question Added: 01 January 1993  
 STERPR

**9b** Was patient given intra-operative steroids?  Yes  
 No  
 Unknown

Question Added: 01 January 1993  
 STERIO

**9c** Was patient given post-operative steroids?  Yes  
 No  
 Unknown

Question Added: 01 January 1993  
 STEROP

**9c.i** Date of first post-op dose   
 MM/DD/YYYY

Missing Reason:  
 Unknown

Question Added: 01 January 1993  
 STERIPDT

**9c.ii** Daily dose at 30 days mg

Missing Reason:  
 No Steroids at 30 days  
 Unknown

Question Added: 01 January 1993  
 STER30DS

**9d** Planned Maintenance Steroids  Yes  
 No  
 Unknown

Question Added: 01 January 2005  
 STERMAIN

**9d.i** If no, please specify End Date of steroid use   
 MM/DD/YYYY

Missing Reason:  
 Unknown

Question Added: 01 January 2005  
 STERENDT

**10** Was patient given other immunosuppressants?  Yes  
 No  
 Unknown

Question Added: 01 January 1993  
 OIMMIH

## Other immunosuppressant details

### Other immunosuppressant details

**10a** Specify other immunosuppressant

OIMMTP

10b

**Specify date of first post op dose**

MM/DD/YYYY

Missing Reason:

 Unknown

OIMMIPDT

10c

**Patient on medication at 30 days**  Yes  
 No  
 Unknown

OIM30DS

10c.i

If patient is no longer on medication at 30 days, specify stop date.

MM/DD/YYYY

Missing Reason:

 Unknown

OIMSTPD

**Prophylactic Antibiotics/Antivirals started Pre-op through 30 days post op**

Infection Prophylaxis: Started during the first 30 days post-transplant (not used to treat known infection).

11

**Prophylactic Antibiotics/Antivirals started Pre-op through 30 days post op**

Check all that apply

- |  |         |
|--|---------|
| <input type="checkbox"/> Acyclovir                     | PRACY   |
| <input type="checkbox"/> Antifungal                    | PRANT   |
| <input type="checkbox"/> CMV Immunoglobulin (Cytogam)  | PRCYT   |
| <input type="checkbox"/> Dapsone                       | PRDAPSO |
| <input type="checkbox"/> Ganciclovir or Valganciclovir | PRGAN   |
| <input type="checkbox"/> Immunoglobulin (IV Ig)        | PRIMM   |
| <input type="checkbox"/> Pentamidine                   | PRPENTA |
| <input type="checkbox"/> Trimethaprim-Sulfamethoxazole | PRTRI   |
| <input type="checkbox"/> Valacyclovir                  | PRVALAC |
| <input type="checkbox"/> Unknown                       | PROUNK  |
| <input type="checkbox"/> Other, specify                | PROTH   |

OTHPROPH

Question Added: 01 January 1993

11a

**If antifungal, please specify**

Check all that apply

- |   |          |
|---|----------|
| <input type="checkbox"/> Fluconazole    | PRFLUOC  |
| <input type="checkbox"/> Nystatin       | PRNYST   |
| <input type="checkbox"/> Unspecified    | PRFUNSP  |
| <input type="checkbox"/> Other, specify | PRFUNOTH |

FUNGSPEC

Question Added: 01 January 1993

11b

**If ganciclovir or valganciclovir, please specify**

Check all that apply

- |                             |         |
|-----------------------------|---------|
| <input type="checkbox"/> IV | PRGANIV |
| <input type="checkbox"/> PO | PRVALPO |

Question Added: 01 September 2015

12

**Date of Hospital Discharge**

MM/DD/YYYY

Missing Reason:

- Still In Hospital
- Unknown

Question Added: 01 January 2005  
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