



CARDIAC SURGERY ICU SCORE (DOWNTIME FORM)

Predicted 30-day mortality (%)	<input type="text"/>		
Procedure	<input type="text"/>	Peptic Ulcer, GI Bleed History	<input type="text"/>
Emergency	<input type="text"/>	Alcohol Abuse	<input type="text"/>
Left Main Stenosis / 3-Vessel Disease	<input type="text"/>	Refusal of Blood Products	<input type="text"/>
Pulmonary Hypertension	<input type="text"/>	Intra Aortic Balloon Pump	<input type="text"/>
Peripheral Vascular Disease	<input type="text"/>	Ventricular Assist Device/ Extra Corporeal Membrane Oxygenation	<input type="text"/>
Renal Function	<input type="text"/>	Intraoperative Complication	<input type="text"/>
Diabetes	<input type="text"/>	Inotrope	<input type="text"/>
		High Dose Vasopressors	<input type="text"/>
		Packed cells	<input type="text"/>
		CP Bypass Time (in minutes)	<input type="text"/>

Name: _____

Signature: _____

Date & Time: _____