



The Society of Thoracic Surgeons Congenital Heart Surgery Database

Version 3.41
Updated August 20, 2019



ADMINISTRATIVE

ADMINISTRATIVE	
Participant ID:	Patient Participating in STS-Related Clinical Trial: <input type="checkbox"/> None <input type="checkbox"/> Trial 1 <input type="checkbox"/> Trial 2 <input type="checkbox"/> Trial 3 <input type="checkbox"/> Trial 4 <input type="checkbox"/> Trial 5 <input type="checkbox"/> Trial 6
(If not None→)	STS-Related Clinical Trial ID:

DEMOGRAPHICS

Patient ID (software generated)	Patient Nat. ID (SSN):	MRN:
Last Name:	First Name:	Middle Name:
Region:	Postal Code:	Country:

BIRTH INFORMATION

Born by IVF:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Patient Adopted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Birth Location Known:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
(If Yes →)	Born at Home <input type="checkbox"/> Yes <input type="checkbox"/> No			
	(If No →)	Birth Hospital Name Known: <input type="checkbox"/> Yes <input type="checkbox"/> No		
		(If Yes →)	Birth Hospital Name:	
			Birth Hospital TIN:	
Birth City:	Birth Region:	Birth Country		

Mode of Delivery Known: Yes No
(If Yes →) Mode of Delivery:
 Spontaneous onset labor with vaginal delivery Spontaneous onset labor with cesarean section
 Induction of labor with vaginal delivery Induction of labor with subsequent cesarean section
 Scheduled cesarean section Other cesarean section

Mother's Gravidity and Parity known: Yes No (*If Yes ↓*)
Mother's Gravidity: _____ Mother's Parity: _____

APGAR Scores Known: Yes No (If Yes ↓)
APGAR Score at 1 minute: _____ APGAR Score at 5 minutes: _____

Mother's Name Known: Yes No
(If Yes →) Mother's Last : Mother's First Name: Mother's Middle Name:

Mother's National ID Number (SSN) Known: Yes No Refused

Mother's National ID Number (SSN) Known: Yes No Refused

DOB: (mm/dd/yyyy) ____ / ____ / ____ - ____ Birth Weight Known: Yes No (*If Yes* →) Birth Weight (kg):

Sex at Birth: M F Ambiguous Premature Birth: Yes No Unknown

Gestational Age at Birth Known: Yes No
(If Yes →) Gestational age at birth: Weeks: _____ wks Days: 0 1 2 3 4 5 6 Unknown

Multiple Gestation: Yes No Unknown Antenatal Diagnosis of Congenital Heart Disease: Yes No

Pregnancy – related complications: Yes No Unknown

(If Yes →) Pre-eclampsia: Yes No Unknown Gestational DM: Yes No Unknown

Hypertension: Yes No Unknown HELLP: Yes No Unknown
 Polyhydramnios: Yes No Unknown Oligohydramnios: Yes No Unknown
 Hydrops: Yes No Unknown Other: Yes No Unknown

Race Documented: Yes No Patient declined to disclose

(If Yes, →)	Caucasian:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Black/African American:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Asian:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Am Indian/Alaskan Native:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Native Hawaiian/Pacific Islander:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hispanic or Latino Ethnicity:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented		
Date of Last Follow-Up:		(mm/dd/yyyy) ____ / ____ / ____		
Last follow-up NYHA Classification:		<input type="checkbox"/> Not Assessed <input type="checkbox"/> NYHA 1 <input type="checkbox"/> NYHA 2 <input type="checkbox"/> NYHA 3 <input type="checkbox"/> NYHA 4		
Mortality Status at Last Follow-Up:		<input type="checkbox"/> Alive <input type="checkbox"/> Dead		
(If Dead →)	Mortality Date:(mm/dd/yyyy) ____ / ____ / ____			

NONCARDIAC CONGENITAL ANATOMIC ABNORMALITIES (select all that apply)	
<input type="checkbox"/>	None
<input type="checkbox"/>	Major abnormality of head, Choanal atresia
<input type="checkbox"/>	Major abnormality of head, Cleft lip
<input type="checkbox"/>	Major abnormality of head, Cleft palate
<input type="checkbox"/>	Major abnormality of head, Craniosynostosis
<input type="checkbox"/>	Major abnormality of head, Macrocephaly
<input type="checkbox"/>	Major abnormality of head, Microcephaly
<input type="checkbox"/>	Major abnormality of head, Micrognathia
<input type="checkbox"/>	Major abnormality of brain, Hydrocephalus
<input type="checkbox"/>	Major abnormality of brain, Tuberous sclerosis
<input type="checkbox"/>	Major abnormality of spinal cord, Myelomeningocele
<input type="checkbox"/>	Major abnormality of spinal cord, Spina bifida
<input type="checkbox"/>	Major abnormality of spinal cord, Tethered cord
<input type="checkbox"/>	Major abnormality of spine, Scoliosis
<input type="checkbox"/>	Major abnormality of spine, Hemi-vertebrae
<input type="checkbox"/>	Major abnormality of spine, Butterfly vertebrae
<input type="checkbox"/>	Major abnormality of larynx - trachea - or bronchus, Laryngeal cleft
<input type="checkbox"/>	Major abnormality of larynx - trachea - or bronchus, Laryngomalacia
<input type="checkbox"/>	Major abnormality of larynx - trachea - or bronchus, Congenital tracheal stenosis
<input type="checkbox"/>	Major abnormality of larynx - trachea - or bronchus, Tracheomalacia
<input type="checkbox"/>	Major abnormality of larynx - trachea - or bronchus, Tracheoesophageal fistula (TEF)
<input type="checkbox"/>	Major abnormality of larynx - trachea - or bronchus, Bronchomalacia
<input type="checkbox"/>	Major abnormality of chest wall, Pectus carinatum
<input type="checkbox"/>	Major abnormality of chest wall, Pectus excavatum
<input type="checkbox"/>	Major abnormality of lung, Alveolar capillary dysplasia
<input type="checkbox"/>	Major abnormality of lung, Congenital lobar emphysema (CLE)
<input type="checkbox"/>	Major abnormality of lung, Cystic congenital adenomatous malformation of the lung (CAM)
<input type="checkbox"/>	Major abnormality of lung, Cystic fibrosis
<input type="checkbox"/>	Major abnormality of lung, Hypoplastic lung
<input type="checkbox"/>	Major abnormality of lung, Pulmonary lymphangiectasia
<input type="checkbox"/>	Major abnormality of diaphragm, Congenital diaphragmatic hernia (CDH), Bochdalek hernia
<input type="checkbox"/>	Major abnormality of abdominal wall, Gastroschisis
<input type="checkbox"/>	Major abnormality of abdominal wall, Omphalocele
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Esophageal atresia
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Pyloric stenosis
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Biliary atresia
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Duodenal atresia
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Duodenal stenosis
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Jejunal atresia
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Jejunal stenosis
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Ileal atresia
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Ileal stenosis
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Intestinal malrotation
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Hirschsprung's disease (Congenital aganglionic megacolon)
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Stenosis of large intestine
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Atresia of large intestine
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Atresia of rectum
<input type="checkbox"/>	Major abnormality of gastrointestinal system, Stenosis of rectum

<input type="checkbox"/>	Major abnormality of gastrointestinal system, Anal Atresia (imperforate anus)
<input type="checkbox"/>	Major abnormality of genitalia, Ambiguous genitalia
<input type="checkbox"/>	Major abnormality of genitalia, Hypospadias
<input type="checkbox"/>	Major abnormality of genitalia, Rectovaginal fistula
<input type="checkbox"/>	Major abnormality of genitalia, Undescended testis
<input type="checkbox"/>	Major abnormality of kidney, Horseshoe kidney
<input type="checkbox"/>	Major abnormality of kidney, Hydronephrosis
<input type="checkbox"/>	Major abnormality of kidney, Polycystic kidney
<input type="checkbox"/>	Major abnormality of kidney, Single kidney
<input type="checkbox"/>	Other
	(If NCAA is Other→) _____ Major Noncardiac Abnormality- Other- Specify

CHROMOSOMAL ABNORMALITIES

Chromosomal Abnormality: (select all that apply)

<input type="checkbox"/>	No chromosomal or genetic abnormality identified
<input type="checkbox"/>	Known Mosaicism
<input type="checkbox"/>	1p36 del
<input type="checkbox"/>	1q21.1 del
<input type="checkbox"/>	1q21.1 dup
<input type="checkbox"/>	1q42.1
<input type="checkbox"/>	2p21
<input type="checkbox"/>	3p22
<input type="checkbox"/>	3q dup
<input type="checkbox"/>	4p16
<input type="checkbox"/>	4q del
<input type="checkbox"/>	5p15.2 del
<input type="checkbox"/>	5p15.33 del
<input type="checkbox"/>	6p12
<input type="checkbox"/>	7q11
<input type="checkbox"/>	7q11.23 del
<input type="checkbox"/>	7q11.23 dup
<input type="checkbox"/>	7q32
<input type="checkbox"/>	7q34
<input type="checkbox"/>	8p23.1 del
<input type="checkbox"/>	8p23.1 dup
<input type="checkbox"/>	8q12
<input type="checkbox"/>	9q34.3 del
<input type="checkbox"/>	Other chromosomal or genetic abnormality

(If "Other chromosomal or genetic abnormality" ↓)

Genes With Identified Abnormalities: (select all that apply↓)

<input type="checkbox"/>	ABCC9y	<input type="checkbox"/>	ACTC1	<input type="checkbox"/>	ADAMTS10	<input type="checkbox"/>	AK7
<input type="checkbox"/>	ANKRD11	<input type="checkbox"/>	ANKS3	<input type="checkbox"/>	ANKS6	<input type="checkbox"/>	ARID1B
<input type="checkbox"/>	ARMC4	<input type="checkbox"/>	B3GALT1	<input type="checkbox"/>	B9D1	<input type="checkbox"/>	B9D2
<input type="checkbox"/>	BBIP1	<input type="checkbox"/>	BBS1	<input type="checkbox"/>	BBS10	<input type="checkbox"/>	BBS12
<input type="checkbox"/>	BBS2	<input type="checkbox"/>	BBS4	<input type="checkbox"/>	BBS7	<input type="checkbox"/>	BBS9
<input type="checkbox"/>	BCOR	<input type="checkbox"/>	BRAF	<input type="checkbox"/>	C21orf59	<input type="checkbox"/>	C2CD3
<input type="checkbox"/>	C5orf42	<input type="checkbox"/>	CACNA1C	<input type="checkbox"/>	CBP	<input type="checkbox"/>	CC2D2A
<input type="checkbox"/>	CCDC103	<input type="checkbox"/>	CCDC114	<input type="checkbox"/>	CCDC151	<input type="checkbox"/>	CCDC39
<input type="checkbox"/>	CCDC40	<input type="checkbox"/>	CCDC65	<input type="checkbox"/>	CCNO	<input type="checkbox"/>	CDK13
<input type="checkbox"/>	CDKN1C	<input type="checkbox"/>	CEP120	<input type="checkbox"/>	CEP152	<input type="checkbox"/>	CEP290
<input type="checkbox"/>	CEP41	<input type="checkbox"/>	CHD4	<input type="checkbox"/>	CHD7	<input type="checkbox"/>	CITED2
<input type="checkbox"/>	COL1A1	<input type="checkbox"/>	COL1A2	<input type="checkbox"/>	COL5A1	<input type="checkbox"/>	CRKL
<input type="checkbox"/>	CSPP1	<input type="checkbox"/>	DGCR2	<input type="checkbox"/>	DHCR7	<input type="checkbox"/>	DLL4
<input type="checkbox"/>	DNAAF1 / LRRC50	<input type="checkbox"/>	DNAAF2	<input type="checkbox"/>	DNAAF3	<input type="checkbox"/>	DNAAF5 (or HEATR2)
<input type="checkbox"/>	DNAH11	<input type="checkbox"/>	DNAH5	<input type="checkbox"/>	DNAI1	<input type="checkbox"/>	DNAI2
<input type="checkbox"/>	DNAJB13	<input type="checkbox"/>	DNAL1	<input type="checkbox"/>	DOCK6	<input type="checkbox"/>	DYNC2H1
<input type="checkbox"/>	DYX1C1 (aka DNAAF4)	<input type="checkbox"/>	EFTUD2	<input type="checkbox"/>	EHMT1	<input type="checkbox"/>	ELN

<input type="checkbox"/> EP300	<input type="checkbox"/> ESC02	<input type="checkbox"/> EST-1	<input type="checkbox"/> EVC
<input type="checkbox"/> EVC2	<input type="checkbox"/> FBN1	<input type="checkbox"/> FBN2	<input type="checkbox"/> FGF8
<input type="checkbox"/> FGFR1	<input type="checkbox"/> FLNA	<input type="checkbox"/> FMR1	<input type="checkbox"/> FOXC1
<input type="checkbox"/> FTO	<input type="checkbox"/> GALNT11	<input type="checkbox"/> GANAB	<input type="checkbox"/> GAS8
<input type="checkbox"/> GATA4	<input type="checkbox"/> GATA6	<input type="checkbox"/> GDF1	<input type="checkbox"/> GJA1
<input type="checkbox"/> GPC3	<input type="checkbox"/> GRK5	<input type="checkbox"/> HNRNPK	<input type="checkbox"/> HOXA1
<input type="checkbox"/> HRAS	<input type="checkbox"/> HYDIN	<input type="checkbox"/> IFT122	<input type="checkbox"/> IFT140
<input type="checkbox"/> IFT27	<input type="checkbox"/> IFT43	<input type="checkbox"/> IFT80	<input type="checkbox"/> INPP5E
<input type="checkbox"/> INTU	<input type="checkbox"/> INVS	<input type="checkbox"/> JAG1	<input type="checkbox"/> KAT6B
<input type="checkbox"/> KDM6A	<input type="checkbox"/> KIAA0556	<input type="checkbox"/> KIAA0586	<input type="checkbox"/> KIAA0753
<input type="checkbox"/> KIF7	<input type="checkbox"/> KMT2D (MLL2)	<input type="checkbox"/> KRAS	<input type="checkbox"/> LRRC6
<input type="checkbox"/> LTBP4	<input type="checkbox"/> MAP2K1	<input type="checkbox"/> MAP2K2	<input type="checkbox"/> MAPK1
<input type="checkbox"/> MCIDAS	<input type="checkbox"/> MED12	<input type="checkbox"/> MED13L	<input type="checkbox"/> MEGF8
<input type="checkbox"/> MID1	<input type="checkbox"/> MKKS	<input type="checkbox"/> MKKS (BBS6)	<input type="checkbox"/> MKS1
<input type="checkbox"/> MYH11	<input type="checkbox"/> MYH6	<input type="checkbox"/> MYH7	<input type="checkbox"/> NF1
<input type="checkbox"/> NHS	<input type="checkbox"/> NIPBL	<input type="checkbox"/> NKX2-5	<input type="checkbox"/> NKX2-6
<input type="checkbox"/> NME8 (aka TXNDC3)	<input type="checkbox"/> NODAL	<input type="checkbox"/> NOTCH1	<input type="checkbox"/> NPHP3
<input type="checkbox"/> NR2F2	<input type="checkbox"/> NSD1	<input type="checkbox"/> OFD1	<input type="checkbox"/> PDGFRA
<input type="checkbox"/> PEX1	<input type="checkbox"/> PIBF1	<input type="checkbox"/> PIH1D3	<input type="checkbox"/> PITX2
<input type="checkbox"/> PKD1	<input type="checkbox"/> PKD2	<input type="checkbox"/> PKHD1	<input type="checkbox"/> PQBP1
<input type="checkbox"/> PRKD1	<input type="checkbox"/> PTEN	<input type="checkbox"/> PTPN11	<input type="checkbox"/> RAB23
<input type="checkbox"/> RAD21	<input type="checkbox"/> RAI1	<input type="checkbox"/> RBM10	<input type="checkbox"/> RBPJ
<input type="checkbox"/> RDR2	<input type="checkbox"/> RECQL4	<input type="checkbox"/> ROR2	<input type="checkbox"/> RPGR
<input type="checkbox"/> RPGRIP1L	<input type="checkbox"/> RPL35A	<input type="checkbox"/> RPS10	<input type="checkbox"/> RPS17
<input type="checkbox"/> RPS24	<input type="checkbox"/> RPS26	<input type="checkbox"/> RSK2	<input type="checkbox"/> RSPH1
<input type="checkbox"/> RSPH3	<input type="checkbox"/> RSPH4A	<input type="checkbox"/> RSPH9	<input type="checkbox"/> SALL1
<input type="checkbox"/> SALL4	<input type="checkbox"/> SEMA3E	<input type="checkbox"/> SH3PXD2B	<input type="checkbox"/> SHH
<input type="checkbox"/> SHOC2	<input type="checkbox"/> SHROOM3	<input type="checkbox"/> SMAD2	<input type="checkbox"/> SMAD3
<input type="checkbox"/> SMAD6	<input type="checkbox"/> SMARCA4	<input type="checkbox"/> SMARCB1	<input type="checkbox"/> SMARCE1
<input type="checkbox"/> SMC1L1	<input type="checkbox"/> SMC3	<input type="checkbox"/> SMS	<input type="checkbox"/> SNAP29
<input type="checkbox"/> SOS2	<input type="checkbox"/> SPAG1	<input type="checkbox"/> STRA6	<input type="checkbox"/> TAB2
<input type="checkbox"/> TBX1	<input type="checkbox"/> TBX20	<input type="checkbox"/> TBX5	<input type="checkbox"/> TCOF1
<input type="checkbox"/> TCTEX1D2	<input type="checkbox"/> TCTN1	<input type="checkbox"/> TCTN2	<input type="checkbox"/> TCTN3
<input type="checkbox"/> TFAP2B	<input type="checkbox"/> TGFBR1 or 2	<input type="checkbox"/> TLL1	<input type="checkbox"/> TMEM107
<input type="checkbox"/> TMEM138	<input type="checkbox"/> TMEM216	<input type="checkbox"/> TMEM231	<input type="checkbox"/> TMEM67
<input type="checkbox"/> TRIM32 (BBS11)	<input type="checkbox"/> TSC1	<input type="checkbox"/> TSC2	<input type="checkbox"/> TTC25
<input type="checkbox"/> TTC8 (BBS8)	<input type="checkbox"/> TWIST	<input type="checkbox"/> WDR19	<input type="checkbox"/> ZFPM2 / FOG2
<input type="checkbox"/> ZIC3	<input type="checkbox"/> ZNF423		
<input type="checkbox"/> Unlisted Gene or Chromosomal Anomaly			

(If "Unlisted Gene or Chromosomal Anomaly" ↓)

Unlisted Gene or Chromosomal Anomaly - Specify

SYNDROMES

Syndromes: (select all that apply)

<input type="checkbox"/> No syndromic abnormality identified	
<input type="checkbox"/> 1p36 deletion syndrome	<input type="checkbox"/> 1q21.1 duplication syndrome
<input type="checkbox"/> 3q duplication syndrome	<input type="checkbox"/> 4q deletion syndrome
<input type="checkbox"/> 7q11.23 duplication syndrome	<input type="checkbox"/> 8p23.1 deletion syndrome
<input type="checkbox"/> 15q11.2 deletion syndrome	<input type="checkbox"/> 16p11.2 deletion syndrome
<input type="checkbox"/> 22q11.2 duplication syndrome	<input type="checkbox"/> Adams-Oliver syndrome
<input type="checkbox"/> Alagille syndrome (intrahepatic biliary duct agenesis)	<input type="checkbox"/> Alstrom syndrome
<input type="checkbox"/> Alveolar Capillary Dysplasia Syndrome	<input type="checkbox"/> Apert syndrome
<input type="checkbox"/> Baller-Gerold Syndrome	<input type="checkbox"/> Bardet-Biedl syndrome
<input type="checkbox"/> Beckwith-Wiedemann syndrome	<input type="checkbox"/> Brugada syndrome (Sudden unexplained nocturnal death syndrome) (SUNDS)
<input type="checkbox"/> Brugada/Timothy Syndrome	<input type="checkbox"/> Cantu syndrome
	<input type="checkbox"/> Cardiofaciocutaneous syndrome

<input type="checkbox"/> Carpenter syndrome	<input type="checkbox"/> Cat-eye syndrome
<input type="checkbox"/> Caudal Regression Syndrome	<input type="checkbox"/> Char syndrome
<input type="checkbox"/> CHARGE Association	<input type="checkbox"/> Chiari I Malformation
<input type="checkbox"/> Chromosome 17q12 deletion syndrome	<input type="checkbox"/> Coffin Lowry syndrome
<input type="checkbox"/> Coffin Siris Syndrome	<input type="checkbox"/> Cornelia de Lange syndrome
<input type="checkbox"/> Costello syndrome	<input type="checkbox"/> Cranoectodermal dysplasia (Sensenbrenner syndrome)
<input type="checkbox"/> Cri-du-chat syndrome	<input type="checkbox"/> Dandy Walker Malformation
<input type="checkbox"/> Deletion 10p syndrome	<input type="checkbox"/> Deletion 8p syndrome
<input type="checkbox"/> DiGeorge syndrome (velocardiofacial syndrome) (conotruncal anomaly face syndrome) (22q11 deletion)	<input type="checkbox"/> Distinct disorder
<input type="checkbox"/> Down syndrome (Trisomy 21)	<input type="checkbox"/> Duane Radial Ray (Okihiro) syndrome
<input type="checkbox"/> Duchenne Muscular Dystrophy	<input type="checkbox"/> Edwards syndrome (Trisomy 18)
<input type="checkbox"/> Ehlers-Danlos Syndrome	<input type="checkbox"/> Ellis-van Creveld syndrome
<input type="checkbox"/> Familial atrial septal defects	<input type="checkbox"/> Familial CHD
<input type="checkbox"/> Familial non-syndromic CHD	<input type="checkbox"/> Fetal alcohol syndrome (FAS)
<input type="checkbox"/> Fetal drug exposure	<input type="checkbox"/> Fetal rubella syndrome (Congenital rubella syndrome)
<input type="checkbox"/> Fragile X	<input type="checkbox"/> Goldenhar syndrome
<input type="checkbox"/> Heterotaxy syndrome, Asplenia syndrome	<input type="checkbox"/> Heterotaxy syndrome, Polysplenia syndrome
<input type="checkbox"/> Heterotaxy syndrome, Unknown if asplenia or polysplenia	<input type="checkbox"/> Holt-Oram syndrome
<input type="checkbox"/> Jacobsen syndrome	<input type="checkbox"/> Joubert syndrome
<input type="checkbox"/> Kabuki syndrome	<input type="checkbox"/> Kartagener syndrome (Siewert syndrome) (Primary ciliary dyskinesia)
<input type="checkbox"/> Kleefstra Syndrome	<input type="checkbox"/> Klinefelter syndrome (XXY Syndrome)
<input type="checkbox"/> Koolen-De Vries Syndrome	<input type="checkbox"/> LEOPARD syndrome
<input type="checkbox"/> Loeys-Dietz syndrome	<input type="checkbox"/> Marfan syndrome
<input type="checkbox"/> Marfan-like syndrome	<input type="checkbox"/> McKusick-Kaufman syndrome
<input type="checkbox"/> Meckel-Gruber syndrome	<input type="checkbox"/> Microphthalmia syndromic 9
<input type="checkbox"/> Mowat Wilson Syndrome	<input type="checkbox"/> Mucopolysaccharidosis type IH (Hurler syndrome)
<input type="checkbox"/> Mucopolysaccharidosis type IH/S (Hurler-Scheie syndrome)	<input type="checkbox"/> Mucopolysaccharidosis type II (Hunter syndrome)
<input type="checkbox"/> Mucopolysaccharidosis type IS (Scheie syndrome)	<input type="checkbox"/> Nance Horan syndrome
<input type="checkbox"/> Nephronophthisis	<input type="checkbox"/> Neurofibromatosis
<input type="checkbox"/> Non-syndromic CHD	<input type="checkbox"/> Noonan syndrome
<input type="checkbox"/> Oculofaciocardiodental	<input type="checkbox"/> Oral-facial-digital syndromes (types I-XVI and unclassified)
<input type="checkbox"/> Patau syndrome (Trisomy 13)	<input type="checkbox"/> Peter's Plus syndrome
<input type="checkbox"/> Pierre Robin syndrome	<input type="checkbox"/> Polycystic Kidney Disease
<input type="checkbox"/> Primary ciliary dyskinesia (PCD)	<input type="checkbox"/> Prune Belly Syndrome
<input type="checkbox"/> Rethore syndrome (Trisomy 9)	<input type="checkbox"/> Roberts syndrome
<input type="checkbox"/> Robinow syndrome	<input type="checkbox"/> Rubinstein-Taybi syndrome
<input type="checkbox"/> Saethre Chotzen syndrome	<input type="checkbox"/> Short Rib Polydactyl Type I
<input type="checkbox"/> Short rib thoracic dysplasias including Jeune chondrodysplasia, Saldino Mainzer	<input type="checkbox"/> Sickle cell disease
<input type="checkbox"/> Sickle cell trait	<input type="checkbox"/> Sifrim-Hitz-Weiss syndrome (SIHIWES)
<input type="checkbox"/> Simpson-Golabi-Behmel syndrome	<input type="checkbox"/> Situs inversus
<input type="checkbox"/> Smith Magenis syndrome	<input type="checkbox"/> Smith-Lemli-Opitz syndrome
<input type="checkbox"/> Sotos syndrome	<input type="checkbox"/> Spinal Muscular Atrophy, Type II
<input type="checkbox"/> Sporadic and familial CHD	<input type="checkbox"/> Syndromic CHD
<input type="checkbox"/> TAR syndrome	<input type="checkbox"/> Thalassemia - Major
<input type="checkbox"/> Thalassemia - Minor	<input type="checkbox"/> Townes-Brocks syndrome
<input type="checkbox"/> Trisomy 13	<input type="checkbox"/> Trisomy 13
<input type="checkbox"/> Trisomy 21	<input type="checkbox"/> Turner syndrome (45XO)
<input type="checkbox"/> VACTERL syndrome (VACTER/VATER/VATERR syndrome)	<input type="checkbox"/> VACTERL-H syndrome (VATER association with hydrocephalus) (Briard-Evans syndrome)
<input type="checkbox"/> von Willebrand disease (vWD)	<input type="checkbox"/> Warkany syndrome (Trisomy 8)
<input type="checkbox"/> Williams syndrome (Williams-Beuren syndrome)	<input type="checkbox"/> Wolf-Hirschhorn syndrome
<input type="checkbox"/> X-linked heterotaxy	
<input type="checkbox"/> Other syndromic abnormality	

(If Other Syndromic abnormality, Specify ↓)

Syndrome – Other – Specify

HOSPITALIZATION

Hospital Name: _____

Hospital Zip Code: _____ Hospital State: _____ Hospital National Provider Identifier: _____

PrimaryPayor: Secondary (supplemental) Payor:

None/self

None/self

(If Primary
not None or
missing →)

- Medicare
- Medicaid
- Military Health
- Indian Health Service
- Correctional Facility
- State Specific Plan
- Other Government Insurance
- Commercial Health Insurance
- Health Maintenance Organization
- Non US Plan
- Charitable Care/Foundation Funding (internal)
- Charitable Care/Foundation Funding (external)

(If
Secondary
not None
or missing
→)

- Medicare
- Medicaid
- Military Health
- Indian Health Service
- Correctional Facility
- State Specific Plan
- Other Government Insurance
- Commercial Health Insurance
- Health Maintenance Organization
- Non US Plan
- Charitable Care/Foundation Funding (internal)
- Charitable Care/Foundation Funding (external)

(If
Medicare→)

Primary Payor
Medicare Fee
for Service:

Yes No

(If
Medicare
→)

Secondary Payor
Medicare Fee for
Service:

Yes No

Admission date: (mm/dd/yyyy) ____ / ____ / ____ - ____

Location From which Patient was Admitted: Home Other acute care center
 Other chronic care center Born at operative center

Surgery date: (mm/dd/yyyy) ____ / ____ / ____ - ____

Height (Cm): _____ Weight (Kg): _____ Age at time of surgery (in days): _____

PREOPERATIVE FACTORS (select all that apply)

<input type="checkbox"/> No preoperative factors identified	<input type="checkbox"/> Sepsis
<input type="checkbox"/> Cardio-pulmonary resuscitation	<input type="checkbox"/> Sepsis with positive blood culture
<input type="checkbox"/> Preoperative complete AV block	<input type="checkbox"/> Preoperative neurological deficit
<input type="checkbox"/> Preoperative/Preprocedural mechanical circulatory support (IABP, VAD, ECMO, or CPS)	<input type="checkbox"/> Seizure during lifetime
<input type="checkbox"/> Shock, Persistent at time of surgery	<input type="checkbox"/> Seizure within 48 hours prior to surgery
<input type="checkbox"/> Shock, Resolved at time of surgery	<input type="checkbox"/> Stroke, CVA, or Intracranial hemorrhage > Grade 2 during lifetime
<input type="checkbox"/> Diabetes mellitus, Insulin dependent	<input type="checkbox"/> Stroke, CVA, or Intracranial hemorrhage > Grade 2 within 48 hours prior to surgery
<input type="checkbox"/> Diabetes mellitus, Non-insulin dependent	<input type="checkbox"/> Renal dysfunction
<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Renal failure requiring dialysis
<input type="checkbox"/> Currently taking steroids as treatment for adrenal insufficiency	<input type="checkbox"/> Invasive mechanical ventilation to treat cardiorespiratory failure
<input type="checkbox"/> Currently taking steroids for any reason other than treatment of adrenal insufficiency	<input type="checkbox"/> Non-invasive respiratory support to treat cardiorespiratory failure
<input type="checkbox"/> Colostomy present	<input type="checkbox"/> Respiratory Syncytial Virus

<input type="checkbox"/> Enterostomy of small intestine present	<input type="checkbox"/> Single lung
<input type="checkbox"/> Esophagostomy present	<input type="checkbox"/> Tracheostomy present
<input type="checkbox"/> Gastrostomy present	<input type="checkbox"/> Asthma
<input type="checkbox"/> Hepatic dysfunction	<input type="checkbox"/> Bronchopulmonary Dysplasia (BPD)
<input type="checkbox"/> Necrotizing enterocolitis, Treated medically	<input type="checkbox"/> ICD (AICD) ([automatic] implantable cardioverter defibrillator) present
<input type="checkbox"/> Necrotizing enterocolitis, Treated surgically	<input type="checkbox"/> Pacemaker present
<input type="checkbox"/> Coagulation disorder, Hypercoagulable state	<input type="checkbox"/> Tobacco use
<input type="checkbox"/> Coagulation disorder, Hypocoagulable state not secondary to medication (intrinsic hypocoagulable state)	<input type="checkbox"/> Transferred from another hospital after undergoing cardiac surgical operation at that hospital during this episode of care.
<input type="checkbox"/> Coagulation disorder, Hypocoagulable state secondary to medication	<input type="checkbox"/> Admitted from home after having undergone a cardiac surgical operation within the past 30 days
<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Other preoperative factors <i>(If Other Preoperative Factors, Specify ↓)</i> _____
<input type="checkbox"/> Endocarditis	
<input type="checkbox"/> Family History of Coronary Artery Disease	

DIAGNOSIS

Select ALL diagnosis that apply(↓)	CIRCLE the ONE PRIMARY diagnosis for this operation	Select the ONE FUNDAMENTAL diagnosis for this patient (↓)
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Septal Defects	ASD <input type="checkbox"/> 10=PFO <input type="checkbox"/> 20= ASD, Secundum <input type="checkbox"/> 30= ASD, Sinus venosus <input type="checkbox"/> 40= ASD, Coronary sinus <input type="checkbox"/> 50= ASD, Common atrium (single atrium) <input type="checkbox"/> 2150= ASD, Postoperative interatrial communication	<input type="checkbox"/> 10=PFO	<input type="checkbox"/>
		<input type="checkbox"/> 20= ASD, Secundum	<input type="checkbox"/>
		<input type="checkbox"/> 30= ASD, Sinus venosus	<input type="checkbox"/>
		<input type="checkbox"/> 40= ASD, Coronary sinus	<input type="checkbox"/>
		<input type="checkbox"/> 50= ASD, Common atrium (single atrium)	<input type="checkbox"/>
		<input type="checkbox"/> 2150= ASD, Postoperative interatrial communication	NA
	VSD <input type="checkbox"/> 71= VSD, Type 1 (Subarterial) (Supracristal) (Conal septal defect) (Infundibular) <input type="checkbox"/> 73= VSD, Type 2 (Perimembranous) (Paramembranous) (Conoventricular) <input type="checkbox"/> 75= VSD, Type 3 (Inlet) (AV canal type) <input type="checkbox"/> 77= VSD, Type 4 (Muscular) <input type="checkbox"/> 79= VSD, Type: Gerbode type (LV-RA communication) <input type="checkbox"/> 80= VSD, Multiple	<input type="checkbox"/> 71= VSD, Type 1 (Subarterial) (Supracristal) (Conal septal defect) (Infundibular)	<input type="checkbox"/>
		<input type="checkbox"/> 73= VSD, Type 2 (Perimembranous) (Paramembranous) (Conoventricular)	<input type="checkbox"/>
		<input type="checkbox"/> 75= VSD, Type 3 (Inlet) (AV canal type)	<input type="checkbox"/>
		<input type="checkbox"/> 77= VSD, Type 4 (Muscular)	<input type="checkbox"/>
		<input type="checkbox"/> 79= VSD, Type: Gerbode type (LV-RA communication)	<input type="checkbox"/>
		<input type="checkbox"/> 80= VSD, Multiple	<input type="checkbox"/>
	AV Canal <input type="checkbox"/> 100= AVC (AVSD), Complete (CAVSD) <input type="checkbox"/> 110= AVC (AVSD), Intermediate (transitional)	<input type="checkbox"/> 100= AVC (AVSD), Complete (CAVSD)	<input type="checkbox"/>
		<input type="checkbox"/> 110= AVC (AVSD), Intermediate (transitional)	<input type="checkbox"/>
		<input type="checkbox"/> 120= AVC (AVSD), Partial (incomplete) (PAVSD) (ASD, primum)	<input type="checkbox"/>
	AP Window <input type="checkbox"/> 140= AP window (aortopulmonary window) <input type="checkbox"/> 150= Pulmonary artery origin from ascending aorta (hemitruncus)	<input type="checkbox"/> 140= AP window (aortopulmonary window)	<input type="checkbox"/>
		<input type="checkbox"/> 150= Pulmonary artery origin from ascending aorta (hemitruncus)	<input type="checkbox"/>
		<input type="checkbox"/> 160= Truncus arteriosus	<input type="checkbox"/>
	Truncus Arteriosus <input type="checkbox"/> 170= Truncal valve insufficiency <input type="checkbox"/> 2470= Truncal valve stenosis	<input type="checkbox"/> 170= Truncal valve insufficiency	<input type="checkbox"/>
		<input type="checkbox"/> 2470= Truncal valve stenosis	NA
		<input type="checkbox"/> 2010= Truncus arteriosus + Interrupted aortic arch	<input type="checkbox"/>
		<input type="checkbox"/> 180= Partial anomalous pulmonary venous connection (PAPVC)	<input type="checkbox"/>
	Pulmonary Venous Anomalies	<input type="checkbox"/> 190= Partial anomalous pulmonary venous connection (PAPVC), scimitar	<input type="checkbox"/>
	Total Anomalous Pulmonary	<input type="checkbox"/> 200=Total anomalous pulmonary venous connection (TAPVC), Type1 (supracardiac)	<input type="checkbox"/>

	Venous Connection	<input type="checkbox"/> 210=Total anomalous pulmonary venous connection (TAPVC), Type 2 (cardiac) <input type="checkbox"/> 220=Total anomalous pulmonary venous connection (TAPVC), Type 3 (infracardiac) <input type="checkbox"/> 230=Total anomalous pulmonary venous connection (TAPVC), Type 4 (mixed)	<input type="checkbox"/>
Cor Triatriatum		<input type="checkbox"/> 250=Cor triatriatum	<input type="checkbox"/>
Pulmonary Venous Stenosis		<input type="checkbox"/> 260=Pulmonary venous stenosis <input type="checkbox"/> 2480=Pulmonary venous stenosis, Acquired <input type="checkbox"/> 2490=Pulmonary venous stenosis, Spontaneous	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Systemic Venous Anomalies	Anomalous Systemic Venous Connection	<input type="checkbox"/> 270=Systemic venous anomaly	<input type="checkbox"/>
	Systemic venous obstruction	<input type="checkbox"/> 280=Systemic venous obstruction	<input type="checkbox"/>
Right Heart Lesions	Tetralogy of Fallot	<input type="checkbox"/> 290=TOF <input type="checkbox"/> 2140=TOF, Pulmonary stenosis <input type="checkbox"/> 300=TOF, AVC (AVSD) <input type="checkbox"/> 310=TOF, Absent pulmonary valve	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> 320=Pulmonary atresia <input type="checkbox"/> 330=Pulmonary atresia, IVS	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> 340=Pulmonary atresia, VSD (Including TOF, PA) <input type="checkbox"/> 350=Pulmonary atresia, VSD-MAPCA	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> 360=MAPCA(s) (major aortopulmonary collateral[s]) (without PA-VSD)	<input type="checkbox"/>
	Tricuspid Valve Disease and Ebstein's Anomaly	<input type="checkbox"/> 370=Ebstein's anomaly <input type="checkbox"/> 380=Tricuspid regurgitation, non-Ebstein's related <input type="checkbox"/> 390=Tricuspid stenosis <input type="checkbox"/> 400=Tricuspid regurgitation and tricuspid stenosis <input type="checkbox"/> 410=Tricuspid valve, Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> 420=Pulmonary stenosis, Valvar <input type="checkbox"/> 430=Pulmonary artery stenosis (hypoplasia), Main (trunk)	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> 440=Pulmonary artery stenosis, Branch, Central (within the hilar bifurcation) <input type="checkbox"/> 450=Pulmonary artery stenosis, Branch, Peripheral (at or beyond the hilar bifurcation)	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> 470=Pulmonary artery, Discontinuous <input type="checkbox"/> 490=Pulmonary stenosis, Subvalvar <input type="checkbox"/> 500=DCRV	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> 510=Pulmonary valve, Other <input type="checkbox"/> 530=Pulmonary insufficiency <input type="checkbox"/> 540=Pulmonary insufficiency and pulmonary stenosis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Shunt failure	Shunt failure	<input type="checkbox"/> 2130=Shunt Failure	NA
Conduit failure	Conduit failure	<input type="checkbox"/> 520=Conduit failure	NA

Left Heart Lesions	Aortic Valve Disease	<input type="checkbox"/> 550=Aortic stenosis, Subvalvar <input type="checkbox"/> 2500=Aortic stenosis, Subvalvar, Discrete <input type="checkbox"/> 2510=Aortic stenosis, Subvalvar, IHSS <input type="checkbox"/> 2520=Aortic stenosis, Subvalvar, Tunnel-like <input type="checkbox"/> 560=Aortic stenosis, Valvar <input type="checkbox"/> 570=Aortic stenosis, Supravalvar <input type="checkbox"/> 590=Aortic valve atresia <input type="checkbox"/> 600=Aortic insufficiency	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	<input type="checkbox"/> 610=Aortic insufficiency and aortic stenosis <input type="checkbox"/> 620=Aortic valve, Other	<input type="checkbox"/>
Sinus of Valsalva Fistula/Aneurysm	<input type="checkbox"/> 630=Sinus of Valsalva aneurysm	<input type="checkbox"/>
LV to Aorta Tunnel	<input type="checkbox"/> 640=LV to aorta tunnel	<input type="checkbox"/>
Mitral Valve Disease	<input type="checkbox"/> 650=Mitral stenosis, Supravalvar mitral ring <input type="checkbox"/> 660=Mitral stenosis, Valvar <input type="checkbox"/> 670=Mitral stenosis, Subvalvar <input type="checkbox"/> 680=Mitral stenosis, Subvalvar, Parachute <input type="checkbox"/> 695=Mitral stenosis <input type="checkbox"/> 700=Mitral regurgitation and mitral stenosis <input type="checkbox"/> 710=Mitral regurgitation <input type="checkbox"/> 720=Mitral valve, Other	<input type="checkbox"/>
Hypoplastic Left Heart Syndrome	<input type="checkbox"/> 730=Hypoplastic left heart syndrome (HLHS)	<input type="checkbox"/>
Shone's syndrome	<input type="checkbox"/> 2080=Shone's syndrome {CANNOT BE PRIMARY DIAGNOSIS}	<input type="checkbox"/>
Cardiomyopathy	<input type="checkbox"/> 740=Cardiomyopathy (including dilated, restrictive, and hypertrophic) <input type="checkbox"/> 750=Cardiomyopathy, End-stage congenital heart disease	<input type="checkbox"/>
Pericardial Disease	<input type="checkbox"/> 760=Pericardial effusion <input type="checkbox"/> 770=Pericarditis <input type="checkbox"/> 780=Pericardial disease, Other	<input type="checkbox"/>
Single Ventricle	<input type="checkbox"/> 790=Single ventricle, DILV <input type="checkbox"/> 800=Single ventricle, DIRV <input type="checkbox"/> 810=Single ventricle, Mitral atresia <input type="checkbox"/> 820=Single ventricle, Tricuspid atresia <input type="checkbox"/> 830=Single ventricle, Unbalanced AV canal <input type="checkbox"/> 840=Single ventricle, Heterotaxia syndrome <input type="checkbox"/> 850=Single ventricle, Other <input type="checkbox"/> 851=Single ventricle + Total anomalous pulmonary venous connection (TAPVC)	<input type="checkbox"/>
Transposition of the Great Arteries	<input type="checkbox"/> 870=Congenitally corrected TGA <input type="checkbox"/> 872=Congenitally corrected TGA, IVS <input type="checkbox"/> 874=Congenitally corrected TGA, IVS-LVOTO <input type="checkbox"/> 876=Congenitally corrected TGA, VSD <input type="checkbox"/> 878=Congenitally corrected TGA, VSD-LVOTO <input type="checkbox"/> 880=TGA, IVS <input type="checkbox"/> 890=TGA, IVS-LVOTO <input type="checkbox"/> 900=TGA, VSD <input type="checkbox"/> 910=TGA, VSD-LVOTO	<input type="checkbox"/>
DORV	<input type="checkbox"/> 930=DORV, VSD type <input type="checkbox"/> 940=DORV, TOF type <input type="checkbox"/> 950=DORV, TGA type <input type="checkbox"/> 960=DORV, Remote VSD (uncommitted VSD) <input type="checkbox"/> 2030=DORV + AVSD (AV Canal) <input type="checkbox"/> 975=DORV, IVS	<input type="checkbox"/>
DOLV	<input type="checkbox"/> 980=DOLV	<input type="checkbox"/>
Thoracic Arteries and Veins	<input type="checkbox"/> 990=Coarctation of aorta <input type="checkbox"/> 1000=Aortic arch hypoplasia	<input type="checkbox"/>

Thoracic and Mediastinal Disease	Coarctation of Aorta and Aortic arch hypoplasia	<input type="checkbox"/> 92=VSD + Aortic arch hypoplasia <input type="checkbox"/> 94=VSD + Coarctation of aorta	<input type="checkbox"/>
	Coronary Artery Anomalies	<input type="checkbox"/> 1010=Coronary artery anomaly, Anomalous aortic origin of coronary artery (AAOCA) <input type="checkbox"/> 1020=Coronary artery anomaly, Anomalous pulmonary origin (includes ALCAPA) <input type="checkbox"/> 1030=Coronary artery anomaly, Fistula <input type="checkbox"/> 1040=Coronary artery anomaly, Aneurysm <input type="checkbox"/> 2420=Coronary artery anomaly, Ostial atresia <input type="checkbox"/> 1050=Coronary artery anomaly, Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Interrupted Arch	<input type="checkbox"/> 1070=Interrupted aortic arch <input type="checkbox"/> 2020=Interrupted aortic arch + VSD <input type="checkbox"/> 2000=Interrupted aortic arch + AP window (aortopulmonary window)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Patent Ductus Arteriosus	<input type="checkbox"/> 1080=Patent ductus arteriosus	<input type="checkbox"/>
	Vascular rings and Slings	<input type="checkbox"/> 1090=Vascular ring <input type="checkbox"/> 1100=Pulmonary artery sling	<input type="checkbox"/> <input type="checkbox"/>
	Aortic Aneurysm	<input type="checkbox"/> 1110=Aortic aneurysm (including pseudoaneurysm)	<input type="checkbox"/>
	Aortic Dissection	<input type="checkbox"/> 1120=Aortic dissection	<input type="checkbox"/>
	Lung Disease	<input type="checkbox"/> 1130=Lung disease, Benign <input type="checkbox"/> 1140=Lung disease, Malignant	<input type="checkbox"/> <input type="checkbox"/>
	Tracheal	<input type="checkbox"/> 1160=Tracheal stenosis <input type="checkbox"/> 2430=Tracheomalacia <input type="checkbox"/> 1170=Airway disease, Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Pleural Disease	<input type="checkbox"/> 1430=Pleural disease, Benign <input type="checkbox"/> 1440=Pleural disease, Malignant <input type="checkbox"/> 1450=Pneumothorax <input type="checkbox"/> 1460=Pleural effusion <input type="checkbox"/> 1470=Chylothorax <input type="checkbox"/> 1480=Empyema	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Esophageal Disease	<input type="checkbox"/> 1490=Esophageal disease, Benign <input type="checkbox"/> 1500=Esophageal disease, Malignant	<input type="checkbox"/> <input type="checkbox"/>
	Mediastinal Disease	<input type="checkbox"/> 1505=Mediastinal disease <input type="checkbox"/> 1510=Mediastinal disease, Benign <input type="checkbox"/> 1520=Mediastinal disease, Malignant	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Diaphragmatic Disease	<input type="checkbox"/> 1540=Diaphragm paralysis <input type="checkbox"/> 1550=Diaphragm disease, Other	<input type="checkbox"/> <input type="checkbox"/>
Thoracic and Mediastinal Disease	Chest Wall	<input type="checkbox"/> 2160=Rib tumor, Benign <input type="checkbox"/> 2170=Rib tumor, Malignant <input type="checkbox"/> 2180=Rib tumor, Metastatic <input type="checkbox"/> 2190=Sternal tumor, Benign <input type="checkbox"/> 2200=Sternal tumor, Malignant <input type="checkbox"/> 2210=Sternal tumor, Metastatic	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Pectus Excavatum, Carinatum	<input type="checkbox"/> 2220=Pectus carinatum <input type="checkbox"/> 2230=Pectus excavatum	<input type="checkbox"/> <input type="checkbox"/>
	Thoracic Outlet	<input type="checkbox"/> 2240=Thoracic outlet syndrome	<input type="checkbox"/>
	Electrophysiological	<input type="checkbox"/> 1180=Arrhythmia <input type="checkbox"/> 2440=Arrhythmia, Atrial, Atrial fibrillation	<input type="checkbox"/> <input type="checkbox"/>

	<input type="checkbox"/> 2450=Arrhythmia, Atrial, Atrial flutter <input type="checkbox"/> 2460=Arrhythmia, Atrial, Other <input type="checkbox"/> 2050=Arrhythmia, Junctional <input type="checkbox"/> 2060=Arrhythmia, Ventricular <input type="checkbox"/> 1185=Arrhythmia, Heart block <input type="checkbox"/> 1190=Arrhythmia, Heart block, Acquired <input type="checkbox"/> 1200=Arrhythmia, Heart block, Congenital <input type="checkbox"/> 1220=Arrhythmia, Pacemaker, Indication for replacement <input type="checkbox"/> 2530= Short QT syndrome <input type="checkbox"/> 2540= Long QT syndrome (Ward Romano syndrome) <input type="checkbox"/> 2550= Wolff-Parkinson-White syndrome (WPW syndrome)	
	<input type="checkbox"/> 1230=Atrial Isomerism, Left {CANNOT BE PRIMARY DIAGNOSIS} <input type="checkbox"/> 1240=Atrial Isomerism, Right {CANNOT BE PRIMARY DIAGNOSIS} <input type="checkbox"/> 2090=Dextrocardia {CANNOT BE PRIMARY DIAGNOSIS} <input type="checkbox"/> 2100=Levocardia {CANNOT BE PRIMARY DIAGNOSIS} <input type="checkbox"/> 2110=Mesocardia {CANNOT BE PRIMARY DIAGNOSIS} <input type="checkbox"/> 2120=Situs inversus {CANNOT BE PRIMARY DIAGNOSIS} <input type="checkbox"/> 1250=Aneurysm, Ventricular, Right (including pseudoaneurysm) <input type="checkbox"/> 1260=Aneurysm, Ventricular, Left (including pseudoaneurysm) <input type="checkbox"/> 1270=Aneurysm, Pulmonary artery <input type="checkbox"/> 1280=Aneurysm, Other <input type="checkbox"/> 1290=Hypoplastic RV <input type="checkbox"/> 1300=Hypoplastic LV <input type="checkbox"/> 2070=Postoperative bleeding <input type="checkbox"/> 1310=Mediastinitis <input type="checkbox"/> 1320=Endocarditis <input type="checkbox"/> 1325=Rheumatic heart disease {CANNOT BE PRIMARY DIAGNOSIS} <input type="checkbox"/> 1330=Prosthetic valve failure <input type="checkbox"/> 1340=Myocardial infarction <input type="checkbox"/> 1350=Cardiac tumor <input type="checkbox"/> 1360=Pulmonary AV fistula <input type="checkbox"/> 1370=Pulmonary embolism <input type="checkbox"/> 1385=Pulmonary vascular obstructive disease <input type="checkbox"/> 1390=Pulmonary vascular obstructive disease (Eisenmenger's) <input type="checkbox"/> 1400=Primary pulmonary hypertension <input type="checkbox"/> 1410=Persistent fetal circulation <input type="checkbox"/> 1420=Meconium aspiration <input type="checkbox"/> 2250=Kawasaki Disease <input type="checkbox"/> 1560=Cardiac, Other <input type="checkbox"/> 1570=Thoracic and/or mediastinal, Other <input type="checkbox"/> 1580=Peripheral vascular, Other <input type="checkbox"/> 2260=Complication of cardiovascular catheterization procedure <input type="checkbox"/> 2270=Complication of cardiovascular catheterization procedure, Device embolization <input type="checkbox"/> 2280=Complication of cardiovascular catheterization procedure, Device malfunction <input type="checkbox"/> 2290=Complication of cardiovascular catheterization procedure, Perforation <input type="checkbox"/> 2300=Complication of interventional radiology procedure	NA
Miscellaneous, Other		

	<input type="checkbox"/> 2310=Complication of interventional radiology procedure, Device embolization	NA
	<input type="checkbox"/> 2320=Complication of interventional radiology procedure, Device malfunction	NA
	<input type="checkbox"/> 2330=Complication of interventional radiology procedure, Perforation	NA
	<input type="checkbox"/> 2340=Foreign body, Intracardiac foreign body	NA
	<input type="checkbox"/> 2350=Foreign body, Intravascular foreign body	NA
	<input type="checkbox"/> 2360=Open sternum with closed skin	NA
	<input type="checkbox"/> 2370=Open sternum with open skin (includes membrane placed to close skin)	NA
	<input type="checkbox"/> 2380=Retained sternal wire causing irritation	NA
	<input type="checkbox"/> 2390=Syncope	NA
	<input type="checkbox"/> 2400=Trauma, Blunt	□
	<input type="checkbox"/> 2410=Trauma, Penetrating	□
	<input type="checkbox"/> 2560=Cardio-respiratory failure not secondary to known structural heart disease	□
	<input type="checkbox"/> 2570=Myocarditis	□
	<input type="checkbox"/> 2580=Common AV valve insufficiency	□
	<input type="checkbox"/> 2590=Protein-losing enteropathy	□
	<input type="checkbox"/> 2600=Plastic bronchitis	□
	<input type="checkbox"/> 7000=Normal heart	□
	<input type="checkbox"/> 7777=Miscellaneous, Other	□

STATUS POST (No “Status post – diagnoses” can be a primary diagnosis or fundamental diagnosis)

Septal Defects	ASD	<input type="checkbox"/> 4010=Status post - PFO, Primary closure
		<input type="checkbox"/> 4020=Status post - ASD repair, Primary closure
		<input type="checkbox"/> 4030=Status post - ASD repair, Patch
		<input type="checkbox"/> 4040=Status post - ASD repair, Device
		<input type="checkbox"/> 6110=Status post - ASD repair, Patch + PAPVC repair
		<input type="checkbox"/> 4050=Status post - ASD, Common atrium (single atrium), Septation
		<input type="checkbox"/> 4060=Status post - ASD creation/enlargement
		<input type="checkbox"/> 4070=Status post - ASD partial closure
		<input type="checkbox"/> 4080=Status post - Atrial septal fenestration
		<input type="checkbox"/> 4085=Status post - Atrial fenestration closure
	VSD	<input type="checkbox"/> 4100=Status post - VSD repair, Primary closure
		<input type="checkbox"/> 4110=Status post - VSD repair, Patch
		<input type="checkbox"/> 4120=Status post - VSD repair, Device
		<input type="checkbox"/> 4130=Status post - VSD, Multiple, Repair
		<input type="checkbox"/> 4140=Status post - VSD creation/enlargement
		<input type="checkbox"/> 4150=Status post - Ventricular septal fenestration
	AV Canal	<input type="checkbox"/> 4170=Status post - AVC (AVSD) repair, Complete (CAVSD)
		<input type="checkbox"/> 4180=Status post - AVC (AVSD) repair, Intermediate (Transitional)
		<input type="checkbox"/> 4190=Status post - AVC (AVSD) repair, Partial (Incomplete) (PAVSD)
		<input type="checkbox"/> 6300=Status post - Valvuloplasty, Common atrioventricular valve
		<input type="checkbox"/> 6250=Status post - Valvuloplasty converted to valve replacement in the same operation, Common atrioventricular valve
		<input type="checkbox"/> 6230=Status post - Valve replacement, Common atrioventricular valve
	AP Window	<input type="checkbox"/> 4210=Status post - AP window repair
		<input type="checkbox"/> 4220=Status post - Pulmonary artery origin from ascending aorta (hemitruncus) repair
	Truncus Arteriosus	<input type="checkbox"/> 4230=Status post - Truncus arteriosus repair
		<input type="checkbox"/> 4240=Status post - Valvuloplasty, Truncal valve

		<input type="checkbox"/> 6290=Status post - Valvuloplasty converted to valve replacement in the same operation, Truncal valve <input type="checkbox"/> 4250=Status post - Valve replacement, Truncal valve <input type="checkbox"/> 6220=Status post - Truncus + Interrupted aortic arch repair (IAA) repair
Pulmonary Venous Anomalies	Partial Anomalous Pulmonary Venous Connection	<input type="checkbox"/> 4260=Status post - PAPVC repair <input type="checkbox"/> 4270=Status post - PAPVC, Scimitar, Repair <input type="checkbox"/> 6120=Status post - PAPVC repair, Baffle redirection to left atrium with systemic vein translocation (Warden) (SVC sewn to right atrial appendage)
	Total Anomalous Pulmonary Venous Connection	<input type="checkbox"/> 4280=Status post - TAPVC repair <input type="checkbox"/> 6200=Status post - TAPVC repair + Shunt - systemic-to-pulmonary
Cor Triatriatum		<input type="checkbox"/> 4290=Status post - Cor triatriatum repair
Pulmonary Venous Stenosis		<input type="checkbox"/> 4300=Status post - Pulmonary venous stenosis repair
Systemic Venous Anomalies	Anomalous Systemic Venous Connection	<input type="checkbox"/> 4310=Status post - Atrial baffle procedure (non-Mustard, non-Senning) <input type="checkbox"/> 4330=Status post - Anomalous systemic venous connection repair
	Systemic venous obstruction	<input type="checkbox"/> 4340=Status post - Systemic venous stenosis repair
Right Heart Lesions	Tetralogy of Fallot	<input type="checkbox"/> 4350=Status post - TOF repair, No ventriculotomy <input type="checkbox"/> 4360=Status post - TOF repair, Ventriculotomy, Nontransanular patch <input type="checkbox"/> 4370=Status post - TOF repair, Ventriculotomy, Transanular patch <input type="checkbox"/> 7330=Status post - TOF repair, Ventriculotomy, Transanular patch, plus native valve reconstruction <input type="checkbox"/> 7340=Status post - TOF repair, Ventriculotomy, Transanular patch, with monocusp or other surgically fashioned RVOT valve <input type="checkbox"/> 4380=Status post - TOF repair, RV-PA conduit <input type="checkbox"/> 4390=Status post - TOF - AVC (AVSD) repair <input type="checkbox"/> 4400=Status post - TOF - Absent pulmonary valve repair
		<input type="checkbox"/> 4420=Status post - Pulmonary atresia - VSD (including TOF, PA) repair <input type="checkbox"/> 6700=Status post - Pulmonary atresia - VSD - MAPCA repair, Complete single stage repair (1-stage that includes bilateral pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
		<input type="checkbox"/> 6710=Status post - Pulmonary atresia - VSD - MAPCA repair, Status post prior complete unifocalization (includes VSD closure + RV to PA connection [with or without conduit])
		<input type="checkbox"/> 6720=Status post - Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalizarion (includes completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
		<input type="checkbox"/> 6730=Status post - Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Complete unifocalization (all usable MAPCA[s] are incorporated)
		<input type="checkbox"/> 6740=Status post - Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Incomplete unifocalization (not all usable MAPCA[s] are incorporated)
		<input type="checkbox"/> 6750=Status post - Unifocalization MAPCA(s), Unilateral pulmonary unifocalization
		<input type="checkbox"/> 4440=Status post – Unifocalization MAPCA(s) <input type="checkbox"/> 4450=Status post - Occlusion of MAPCA(s)
		<input type="checkbox"/> 4460=Status post - Valvuloplasty, Tricuspid

	Tricuspid Valve Disease and Ebstein's Anomaly	<input type="checkbox"/> 6280=Status post - Valvuloplasty converted to valve replacement in the same operation, Tricuspid <input type="checkbox"/> 4465=Status post - Ebstein's repair <input type="checkbox"/> 4470=Status post - Valve replacement, Tricuspid (TVR) <input type="checkbox"/> 4480=Status post - Valve closure, Tricuspid (exclusion, univentricular approach) <input type="checkbox"/> 4490=Status post - Valve excision, Tricuspid (without replacement) <input type="checkbox"/> 4500=Status post - Valve surgery, Other, Tricuspid
	RVOT Obstruction, IVS Pulmonary Stenosis	<input type="checkbox"/> 4510=Status post - RVOT procedure <input type="checkbox"/> 4520=Status post - 1 1/2 ventricular repair <input type="checkbox"/> 4530=Status post - PA, reconstruction (plasty), Main (trunk) <input type="checkbox"/> 4540=Status post - PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation) <input type="checkbox"/> 4550=Status post - PA, reconstruction (plasty), Branch, Peripheral (at or beyond the first lobar branch) <input type="checkbox"/> 7350=Status post - PA, reconstruction (plasty), Branch, Peripheral (at or beyond the first lobar branch, proximal to first segmental branch) <input type="checkbox"/> 7360=Status post - PA, reconstruction (plasty), Branch, Peripheral (at or beyond the first lobar branch, beyond the first segmental branch) <input type="checkbox"/> 4570=Status post - DCRV repair <input type="checkbox"/> 7370=Status post - RV Rehabilitation, Endocardial Resection
	Pulmonary Valve Disease	<input type="checkbox"/> 4590=Status post - Valvuloplasty, Pulmonic <input type="checkbox"/> 6270=Status post - Valvuloplasty converted to valve replacement in the same operation, Pulmonic <input type="checkbox"/> 4600=Status post - Valve replacement, Pulmonic (PVR) <input type="checkbox"/> 4630=Status post - Valve excision, Pulmonary (without replacement) <input type="checkbox"/> 4640=Status post - Valve closure, Semilunar <input type="checkbox"/> 4650=Status post - Valve surgery, Other, Pulmonic
Conduit operations	Conduit operations	<input type="checkbox"/> 4610=Status post - Conduit placement, RV to PA <input type="checkbox"/> 4620=Status post - Conduit placement, LV to PA <input type="checkbox"/> 5774=Status post - Conduit placement, Ventricle to aorta <input type="checkbox"/> 5772=Status post - Conduit placement, Other
	Conduit Stenosis / Insufficiency	<input type="checkbox"/> 4580=Status post - Conduit reoperation
Left Heart Lesions	Aortic Valve Disease	<input type="checkbox"/> 4660=Status post - Valvuloplasty, Aortic <input type="checkbox"/> 6240=Status post - Valvuloplasty converted to valve replacement in the same operation, Aortic <input type="checkbox"/> 6310=Status post - Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross procedure <input type="checkbox"/> 6320=Status post - Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross-Konno procedure <input type="checkbox"/> 4670=Status post - Valve replacement, Aortic (AVR) <input type="checkbox"/> 4680=Status post - Valve replacement, Aortic (AVR), Mechanical <input type="checkbox"/> 4690=Status post - Valve replacement, Aortic (AVR), Bioprosthetic <input type="checkbox"/> 4700=Status post - Valve replacement, Aortic (AVR), Homograft <input type="checkbox"/> 4715=Status post - Aortic root replacement, Bioprosthetic <input type="checkbox"/> 4720=Status post - Aortic root replacement, Mechanical <input type="checkbox"/> 4730=Status post - Aortic root replacement, Homograft <input type="checkbox"/> 4735=Status post - Aortic root replacement, Valve sparing <input type="checkbox"/> 4740=Status post - Ross procedure <input type="checkbox"/> 4750=Status post - Konno procedure <input type="checkbox"/> 4760=Status post - Ross-Konno procedure <input type="checkbox"/> 4770=Status post - Other annular enlargement procedure

	<input type="checkbox"/> 4780=Status post - Aortic stenosis, Subvalvar, Repair <input type="checkbox"/> 6100=Status post - Aortic stenosis, Subvalvar, Repair, With myectomy for IHSS <input type="checkbox"/> 4790=Status post - Aortic stenosis, Supravalvar, Repair <input type="checkbox"/> 4800=Status post - Valve surgery, Other, Aortic <input type="checkbox"/> 7380=Status post - Extended Ventricular Septoplasty (modified Konno, VSD creation and patch enlargement of LVOT, sparing aortic valve) for tunnel type sub aortic stenosis
Sinus of Valsalva Aneurysm	<input type="checkbox"/> 4810=Status post - Sinus of Valsalva, Aneurysm repair
LV to Aorta Tunnel	<input type="checkbox"/> 4820=Status post - LV to aorta tunnel repair
Mitral Valve Disease	<input type="checkbox"/> 4830=Status post - Valvuloplasty, Mitral <input type="checkbox"/> 6260=Status post - Valvuloplasty converted to valve replacement in the same operation, Mitral <input type="checkbox"/> 4840=Status post - Mitral stenosis, Supravalvar mitral ring repair <input type="checkbox"/> 4850=Status post - Valve replacement, Mitral (MVR) <input type="checkbox"/> 4860=Status post - Valve surgery, Other, Mitral
Hypoplastic Left Heart and Related malformations	<input type="checkbox"/> 4870=Status post - Norwood procedure <input type="checkbox"/> 4880=Status post - HLHS biventricular repair <input type="checkbox"/> 7390=Status post - LV Endocardial Fibroelastosis resection <input type="checkbox"/> 6755=Status post - Conduit insertion right ventricle to pulmonary artery + Intraventricular tunnel left ventricle to neoaorta + arch reconstruction (Rastelli and Norwood type arch reconstruction) (Yasui)
Hybrid	<input type="checkbox"/> 6160=Status post - Hybrid Approach "Stage 1", Application of RPA & LPA bands <input type="checkbox"/> 6170=Status post - Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) <input type="checkbox"/> 6180=Status post - Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands <input type="checkbox"/> 6140=Status post - Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Aortic arch repair (Norwood [Stage 1] + Superior Cavopulmonary anastomosis(es) + PA Debanding) <input type="checkbox"/> 6150=Status post - Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Without aortic arch repair <input type="checkbox"/> 6760=Status post – Hybrid Approach, Transcardiac balloon dilatation <input type="checkbox"/> 6770=Status post – Hybrid Approach, Transcardiac transcatheter device placement
Cardiomyopathy	<input type="checkbox"/> 1590=Status post - Transplant, Heart <input type="checkbox"/> 1610=Status post - Transplant, Heart and lung <input type="checkbox"/> 4910=Status post - Partial left ventriculectomy (LV volume reduction surgery) (Batista)
Pericardial Disease	<input type="checkbox"/> 4920=Status post - Pericardial drainage procedure <input type="checkbox"/> 4930=Status post - Pericardectomy <input type="checkbox"/> 4940=Status post - Pericardial procedure, Other
Single Ventricle	<input type="checkbox"/> 4950=Status post - Fontan, Atrio-pulmonary connection <input type="checkbox"/> 4960=Status post - Fontan, Atrio-ventricular connection <input type="checkbox"/> 4970=Status post - Fontan, TCPC, Lateral tunnel, Fenestrated <input type="checkbox"/> 4980=Status post - Fontan, TCPC, Lateral tunnel, Nonfenestrated <input type="checkbox"/> 5000=Status post - Fontan, TCPC, External conduit, Fenestrated <input type="checkbox"/> 5010=Status post - Fontan, TCPC, External conduit, Nonfenestrated <input type="checkbox"/> 6780=Status post - Fontan, TCPC, Intra/extracardiac conduit, Fenestrated

		<input type="checkbox"/> 6790=Status post - Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated <input type="checkbox"/> 7310=Status post - Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated <input type="checkbox"/> 7320=Status post - Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated <input type="checkbox"/> 5025=Status post - Fontan revision or conversion (Re-do Fontan) <input type="checkbox"/> 5030=Status post - Fontan, Other <input type="checkbox"/> 6340=Status post - Fontan + Atrioventricular valvuloplasty <input type="checkbox"/> 5035=Status post - Ventricular septation
	Congenitally Corrected TGA	<input type="checkbox"/> 5050=Status post - Congenitally corrected TGA repair, Atrial switch and ASO (double switch) <input type="checkbox"/> 5060=Status post - Congenitally corrected TGA repair, Atrial switch and Rastelli <input type="checkbox"/> 5070=Status post - Congenitally corrected TGA repair, VSD closure <input type="checkbox"/> 5080=Status post - Congenitally corrected TGA repair, VSD closure and LV to PA conduit <input type="checkbox"/> 5090=Status post - Congenitally corrected TGA repair, Other
Transposition of the Great Arteries	Transposition of the Great Arteries	<input type="checkbox"/> 5110=Status post - Arterial switch operation (ASO) <input type="checkbox"/> 5120=Status post - Arterial switch operation (ASO) and VSD repair <input type="checkbox"/> 5123=Status post - Arterial switch procedure + Aortic arch repair <input type="checkbox"/> 5125=Status post - Arterial switch procedure and VSD repair + Aortic arch repair <input type="checkbox"/> 5130=Status post - Senning <input type="checkbox"/> 5140=Status post - Mustard <input type="checkbox"/> 5145=Status post - Atrial baffle procedure, Mustard or Senning revision <input type="checkbox"/> 5150=Status post - Rastelli <input type="checkbox"/> 5160=Status post - REV <input type="checkbox"/> 6190=Status post - Aortic root translocation over left ventricle (Including Nikaidoh procedure) <input type="checkbox"/> 6210=Status post - TGA, Other procedures (Kawashima, LV-PA conduit, other) <input type="checkbox"/> 7400=Status post - Double root translocation
DORV		<input type="checkbox"/> 5180=Status post - DORV, Intraventricular tunnel repair <input type="checkbox"/> 7410=Status post - DORV repair, No Ventriculotomy <input type="checkbox"/> 7420=Status post - DORV repair, Ventriculotomy, Nontransannular patch <input type="checkbox"/> 7430=Status post - DORV repair, Ventriculotomy, Transannular patch <input type="checkbox"/> 7440=Status post - DORV repair, RV-PA conduit <input type="checkbox"/> 7450=Status post - DORV - AVC (AVSD) repair
DOLV		<input type="checkbox"/> 5200=Status post - DOLV repair
Thoracic Arteries and Veins	Coarctation of Aorta and Aortic arch hypoplasia	<input type="checkbox"/> 5210=Status post - Coarctation repair, End to end <input type="checkbox"/> 5220=Status post - Coarctation repair, End to end, Extended <input type="checkbox"/> 7460=Status post - Coarctation repair, Descending aorta anastomosed to Ascending aorta <input type="checkbox"/> 5230=Status post - Coarctation repair, Subclavian flap <input type="checkbox"/> 5240=Status post - Coarctation repair, Patch aortoplasty <input type="checkbox"/> 5250=Status post - Coarctation repair, Interposition graft <input type="checkbox"/> 7470=Status post - Coarctation repair, Extra-anatomic Bypass graft <input type="checkbox"/> 5260=Status post - Coarctation repair, Other <input type="checkbox"/> 5275=Status post - Coarctation repair + VSD repair <input type="checkbox"/> 5280=Status post - Aortic arch repair <input type="checkbox"/> 5285=Status post - Aortic arch repair + VSD repair <input type="checkbox"/> 5290=Status post - Coronary artery fistula ligation

		<input type="checkbox"/> 5291=Status post - Anomalous origin of coronary artery from pulmonary artery repair
	Coronary Artery Anomalies	<input type="checkbox"/> 5300=Status post - Coronary artery bypass
		<input type="checkbox"/> 5305=Status post - Anomalous aortic origin of coronary artery (AAOCA) repair
		<input type="checkbox"/> 5310=Status post - Coronary artery procedure, Other
	Interrupted Arch	<input type="checkbox"/> 5320=Status post - Interrupted aortic arch repair
	Patent Ductus Arteriosus	<input type="checkbox"/> 5330=Status post - PDA closure, Surgical <input type="checkbox"/> 5340=Status post - PDA closure, Device
	Vascular Rings and Slings	<input type="checkbox"/> 5360=Status post - Vascular ring repair <input type="checkbox"/> 5365=Status post - Aortopexy <input type="checkbox"/> 5370=Status post - Pulmonary artery sling repair
	Aortic Aneurysm	<input type="checkbox"/> 5380=Status post - Aortic aneurysm repair
	Aortic Dissection	<input type="checkbox"/> 5390=Status post - Aortic dissection repair
Thoracic and Mediastinal Disease	Lung Disease	<input type="checkbox"/> 5400=Status post - Lung biopsy <input type="checkbox"/> 1600=Status post - Transplant, lung(s) <input type="checkbox"/> 5420=Status post - Lung procedure, Other
	Tracheal Stenosis	<input type="checkbox"/> 5440=Status post - Tracheal procedure
	Chest Wall	<input type="checkbox"/> 6800=Status post - Muscle flap, Trunk (i.e. intercostal, pectus, or serratus muscle) <input type="checkbox"/> 6810=Status post - Muscle flap, Trunk (i.e. latissimus dorsi) <input type="checkbox"/> 6820=Status post - Removal, Sternal wire <input type="checkbox"/> 6830=Status post - Rib excision, Complete <input type="checkbox"/> 6840=Status post - Rib excision, Partial <input type="checkbox"/> 6850=Status post - Sternal fracture, Open treatment <input type="checkbox"/> 6860=Status post - Sternal resection, Radical resection of the sternum <input type="checkbox"/> 6870=Status post - Sternal resection, Radical resection of the sternum with mediastinal lymphadenectomy <input type="checkbox"/> 6880=Status post - Tumor of chest wall, Excision including ribs <input type="checkbox"/> 6890=Status post - Tumor of chest wall, Excision including ribs, With reconstruction <input type="checkbox"/> 6900=Status post - Tumor of soft tissue of thorax, Excision of deep subfascial or intramuscular tumor <input type="checkbox"/> 6910=Status post - Tumor of soft tissue of thorax, Excision of subcutaneous tumor <input type="checkbox"/> 6920=Status post - Tumor of soft tissue of thorax, Radical resection
	Neck	<input type="checkbox"/> 6930=Status post - Hyoid myotomy and suspension <input type="checkbox"/> 6940=Status post - Muscle flap, Neck <input type="checkbox"/> 6950=Status post - Procedure on neck <input type="checkbox"/> 6960=Status post - Tumor of soft tissue of neck, Excision of deep subfascial or intramuscular tumor <input type="checkbox"/> 6970=Status post - Tumor of soft tissue of neck, Excision of subcutaneous tumor <input type="checkbox"/> 6980=Status post - Tumor of soft tissue of neck, Radical resection
	Pectus Excavatum, Carinatum	<input type="checkbox"/> 6990=Status post - Pectus bar removal <input type="checkbox"/> 7005=Status post - Pectus bar repositioning <input type="checkbox"/> 7010=Status post - Pectus repair, Minimally invasive repair (Nuss), With thoracoscopy <input type="checkbox"/> 7020=Status post - Pectus repair, Minimally invasive repair (Nuss), Without thoracoscopy <input type="checkbox"/> 7030=Status post - Pectus repair, Open repair
	Thoracic Outlet	<input type="checkbox"/> 7040=Status post - Division of scalenus anticus, With resection of a cervical rib <input type="checkbox"/> 7050=Status post - Division of scalenus anticus, Without resection of a cervical rib

	<input type="checkbox"/> 7060=Status post - Rib excision, Excision of a cervical rib <input type="checkbox"/> 7070=Status post - Rib excision, Excision of a cervical rib, With sympathetectomy <input type="checkbox"/> 7080=Status post - Rib excision, Excision of first rib <input type="checkbox"/> 7090=Status post - Rib excision, Excision of first rib, With sympathetectomy
Thorax	<input type="checkbox"/> 7100=Status post - Procedure on thorax
Electrophysiological	<input type="checkbox"/> 5450=Status post - Pacemaker implantation, Permanent <input type="checkbox"/> 5460=Status post - Pacemaker procedure <input type="checkbox"/> 6350=Status post - Explantation of pacing system <input type="checkbox"/> 5470=Status post - ICD (AICD) implantation <input type="checkbox"/> 5480=Status post - ICD (AICD) ([automatic] implantable cardioverter defibrillator) procedure <input type="checkbox"/> 5490=Status post - Arrhythmia surgery - atrial, Surgical Ablation <input type="checkbox"/> 5500=Status post - Arrhythmia surgery - ventricular, Surgical Ablation
Interventional Cardiology Procedures	<input type="checkbox"/> 6500=Status post - Cardiovascular catheterization procedure, Diagnostic <input type="checkbox"/> 6520=Status post - Cardiovascular catheterization procedure, Diagnostic, Angiographic data obtained <input type="checkbox"/> 6550=Status post - Cardiovascular catheterization procedure, Diagnostic, Electrophysiology alteration <input type="checkbox"/> 6540=Status post - Cardiovascular catheterization procedure, Diagnostic, Hemodynamic alteration <input type="checkbox"/> 6510=Status post - Cardiovascular catheterization procedure, Diagnostic, Hemodynamic data obtained <input type="checkbox"/> 6530=Status post - Cardiovascular catheterization procedure, Diagnostic, Transluminal test occlusion <input type="checkbox"/> 6410=Status post - Cardiovascular catheterization procedure, Therapeutic <input type="checkbox"/> 6670=Status post - Cardiovascular catheterization procedure, Therapeutic, Adjunctive therapy <input type="checkbox"/> 6570=Status post - Cardiovascular catheterization procedure, Therapeutic, Balloon dilation <input type="checkbox"/> 6590=Status post - Cardiovascular catheterization procedure, Therapeutic, Balloon valvotomy <input type="checkbox"/> 6600=Status post - Cardiovascular catheterization procedure, Therapeutic, Coil implantation <input type="checkbox"/> 6610=Status post - Cardiovascular catheterization procedure, Therapeutic, Device implantation <input type="checkbox"/> 7110=Status post - Cardiovascular catheterization procedure, Therapeutic, Device implantation attempted <input type="checkbox"/> 6690=Status post - Cardiovascular catheterization procedure, Therapeutic, Electrophysiological ablation <input type="checkbox"/> 7120=Status post - Cardiovascular catheterization procedure, Therapeutic, Intravascular foreign body removal <input type="checkbox"/> 6640=Status post - Cardiovascular catheterization procedure, Therapeutic, Perforation (establishing interchamber and/or intervessel communication) <input type="checkbox"/> 6580=Status post - Cardiovascular catheterization procedure, Therapeutic, Septostomy <input type="checkbox"/> 6620=Status post - Cardiovascular catheterization procedure, Therapeutic, Stent insertion <input type="checkbox"/> 6630=Status post - Cardiovascular catheterization procedure, Therapeutic, Stent re-dilation <input type="checkbox"/> 6650=Status post - Cardiovascular catheterization procedure, Therapeutic, Transcatheter Fontan completion <input type="checkbox"/> 6660=Status post - Cardiovascular catheterization procedure, Therapeutic, Transcatheter implantation of valve
Palliative Procedures	<input type="checkbox"/> 5590=Status post - Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS)

	<input type="checkbox"/> 5600=Status post - Shunt, Systemic to pulmonary, Central (shunt from aorta) <input type="checkbox"/> 7130=Status post - Shunt, Systemic to pulmonary, Central (shunt from aorta) Central shunt with an end-to-side connection between the transected main pulmonary artery and the side of the ascending aorta (i.e. Mee shunt) <input type="checkbox"/> 7230=Status post – Shunt, Systemic to pulmonary, Potts – Smith type (descending aorta to pulmonary artery) <input type="checkbox"/> 5610=Status post - Shunt, Systemic to pulmonary, Other <input type="checkbox"/> 5630=Status post - Shunt, Ligation and takedown <input type="checkbox"/> 6095=Status post - Shunt, Reoperation <input type="checkbox"/> 5640=Status post - PA banding (PAB) <input type="checkbox"/> 5650=Status post - PA debanding <input type="checkbox"/> 7200=Status post - PA band adjustment <input type="checkbox"/> 5660=Status post - Damus-Kaye-Stansel procedure (DKS) (creation of AP anastomosis without arch reconstruction) <input type="checkbox"/> 5670=Status post - Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn) <input type="checkbox"/> 5680=Status post - Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn) <input type="checkbox"/> 5690=Status post - Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn) <input type="checkbox"/> 5700=Status post - HemiFontan <input type="checkbox"/> 6330=Status post - Superior cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty <input type="checkbox"/> 6130=Status post - Superior Cavopulmonary anastomosis(es) + PA reconstruction <input type="checkbox"/> 7300=Status post - Takedown of superior cavopulmonary anastomosis <input type="checkbox"/> 7140=Status post - Hepatic vein to azygous vein connection, Direct <input type="checkbox"/> 7150=Status post - Hepatic vein to azygous vein connection, Interposition graft <input type="checkbox"/> 7160=Status post - Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation) <input type="checkbox"/> 5710=Status post - Palliation, Other
Mechanical Support	<input type="checkbox"/> 6360=Status post - ECMO cannulation <input type="checkbox"/> 6370=Status post - ECMO decannulation <input type="checkbox"/> 5910=Status post - ECMO procedure <input type="checkbox"/> 5900=Status post - Intraaortic balloon pump (IABP) insertion <input type="checkbox"/> 5920=Status post - Right/left heart assist device procedure <input type="checkbox"/> 6390=Status post - VAD explantation <input type="checkbox"/> 6380=Status post - VAD implantation <input type="checkbox"/> 7170=Status post - VAD change out
Anesthetic procedures	<input type="checkbox"/> 6420=Status post - Echocardiography procedure, Sedated transesophageal echocardiogram <input type="checkbox"/> 6430=Status post - Echocardiography procedure, Sedated transthoracic echocardiogram <input type="checkbox"/> 6435=Status post - Non-cardiovascular, Non-thoracic procedure on cardiac patient with cardiac anesthesia <input type="checkbox"/> 6440=Status post - Radiology procedure on cardiac patient, Cardiac Computerized Axial Tomography (CT Scan) <input type="checkbox"/> 6450=Status post - Radiology procedure on cardiac patient, Cardiac Magnetic Resonance Imaging (MRI) <input type="checkbox"/> 6460=Status post - Radiology procedure on cardiac patient, Diagnostic radiology <input type="checkbox"/> 6470=Status post - Radiology procedure on cardiac patient, Non-Cardiac Computerized Tomography (CT) on cardiac patient

	<input type="checkbox"/> 6480=Status post - Radiology procedure on cardiac patient, Non-cardiac Magnetic Resonance Imaging (MRI) on cardiac patient <input type="checkbox"/> 6490=Status post - Radiology procedure on cardiac patient, Therapeutic radiology
Miscellaneous Procedures	<input type="checkbox"/> 5720=Status post - Aneurysm, Ventricular, Right, Repair <input type="checkbox"/> 5730=Status post - Aneurysm, Ventricular, Left, Repair <input type="checkbox"/> 5740=Status post - Aneurysm, Pulmonary artery, Repair <input type="checkbox"/> 5760=Status post - Cardiac tumor resection <input type="checkbox"/> 5780=Status post - Pulmonary AV fistula repair/occlusion <input type="checkbox"/> 5790=Status post - Ligation, Pulmonary artery <input type="checkbox"/> 5802=Status post - Pulmonary embolectomy, Acute pulmonary embolus <input type="checkbox"/> 5804=Status post - Pulmonary embolectomy, Chronic pulmonary embolus <input type="checkbox"/> 5810=Status post - Pleural drainage procedure <input type="checkbox"/> 5820=Status post - Pleural procedure, Other <input type="checkbox"/> 5830=Status post - Ligation, Thoracic duct <input type="checkbox"/> 5840=Status post - Decortication <input type="checkbox"/> 5850=Status post - Esophageal procedure <input type="checkbox"/> 5860=Status post - Mediastinal procedure <input type="checkbox"/> 5870=Status post - Bronchoscopy <input type="checkbox"/> 5880=Status post - Diaphragm plication <input type="checkbox"/> 5890=Status post - Diaphragm procedure, Other <input type="checkbox"/> 5930=Status post - VATS (video-assisted thoracoscopic surgery) <input type="checkbox"/> 5940=Status post - Minimally invasive procedure <input type="checkbox"/> 5950=Status post - Bypass for noncardiac lesion <input type="checkbox"/> 5960=Status post - Delayed sternal closure <input type="checkbox"/> 5970=Status post - Mediastinal exploration <input type="checkbox"/> 5980=Status post - Sternotomy wound drainage <input type="checkbox"/> 7180=Status post - Intravascular stent removal <input type="checkbox"/> 7220= Status post – Removal of transcatheter delivered device from heart <input type="checkbox"/> 7210= Status post – Removal of transcatheter delivered device from blood vessel <input type="checkbox"/> 5990=Status post - Thoracotomy, Other <input type="checkbox"/> 6000=Status post - Cardiotomy, Other <input type="checkbox"/> 6010=Status post - Cardiac procedure, Other <input type="checkbox"/> 6020=Status post - Thoracic and/or mediastinal procedure, Other <input type="checkbox"/> 6030=Status post - Peripheral vascular procedure, Other <input type="checkbox"/> 6040=Status post - Miscellaneous procedure, Other <input type="checkbox"/> 11777=Status post - Other procedure

PROCEDURES

Select **ALL** procedures that apply. (↓) Circle the **ONE PRIMARY** procedure for this operation.

Septal Defects	ASD	<input type="checkbox"/> 10= PFO, Primary closure
		<input type="checkbox"/> 20= ASD repair, Primary closure
		<input type="checkbox"/> 30= ASD repair, Patch
		<input type="checkbox"/> 40= ASD repair, Device
		<input type="checkbox"/> 2110= ASD repair, Patch + PAPVC repair
		<input type="checkbox"/> 50= ASD, Common atrium (single atrium), Septation
		<input type="checkbox"/> 60= ASD creation/enlargement
		<input type="checkbox"/> 70= ASD partial closure

		<input type="checkbox"/> 80= Atrial septal fenestration <input type="checkbox"/> 85= Atrial fenestration closure
	VSD	<input type="checkbox"/> 100= VSD repair, Primary closure <input type="checkbox"/> 110= VSD repair, Patch <input type="checkbox"/> 120= VSD repair, Device <input type="checkbox"/> 130= VSD, Multiple, Repair <input type="checkbox"/> 140= VSD creation/enlargement <input type="checkbox"/> 150= Ventricular septal fenestration
	AV Canal	<input type="checkbox"/> 170= AVC (AVSD) repair, Complete (CAVSD) <input type="checkbox"/> 180= AVC (AVSD) repair, Intermediate (Transitional) <input type="checkbox"/> 190= AVC (AVSD) repair, Partial (Incomplete) (PAVSD) <input type="checkbox"/> 2300= Valvuloplasty, Common atrioventricular valve <input type="checkbox"/> 2250= Valvuloplasty converted to valve replacement in the same operation, Common atrioventricular valve <input type="checkbox"/> 2230= Valve replacement, Common atrioventricular valve
	AP Window	<input type="checkbox"/> 210= AP window repair <input type="checkbox"/> 220= Pulmonary artery origin from ascending aorta (hemitruncus) repair
	Truncus Arteriosus	<input type="checkbox"/> 230= Truncus arteriosus repair <input type="checkbox"/> 240= Valvuloplasty, Truncal valve <input type="checkbox"/> 2290= Valvuloplasty converted to valve replacement in the same operation, Truncal valve <input type="checkbox"/> 250= Valve replacement, Truncal valve <input type="checkbox"/> 2220= Truncus + Interrupted aortic arch repair (IAA) repair
Pulmonary Venous Anomalies	Partial Anomalous Pulmonary Venous Connection	<input type="checkbox"/> 260= PAPVC repair <input type="checkbox"/> 270= PAPVC, Scimitar, Repair <input type="checkbox"/> 2120= PAPVC repair, Baffle redirection to left atrium with systemic vein translocation (Warden) (SVC sewn to right atrial appendage)
	Total Anomalous Pulmonary Venous Connection	<input type="checkbox"/> 280= TAPVC repair <input type="checkbox"/> 2200= TAPVC repair + Shunt - systemic-to-pulmonary
Cor Triatriatum		<input type="checkbox"/> 290= Cor triatriatum repair
Pulmonary Venous Stenosis		<input type="checkbox"/> 300= Pulmonary venous stenosis repair
Systemic Venous Anomalies	Anomalous Systemic Venous Connection	<input type="checkbox"/> 310= Atrial baffle procedure (non-Mustard, non-Senning) <input type="checkbox"/> 330= Anomalous systemic venous connection repair
	Systemic venous obstruction	<input type="checkbox"/> 340= Systemic venous stenosis repair
	Tetralogy of Fallot	<input type="checkbox"/> 350= TOF repair, No Ventriculotomy <input type="checkbox"/> 360= TOF repair, Ventriculotomy, Nontransanular patch <input type="checkbox"/> 370= TOF repair, Ventriculotomy, Transanular patch <input type="checkbox"/> 3330= TOF repair, Ventriculotomy, Transanular patch, plus native valve reconstruction <input type="checkbox"/> 3340= TOF repair, Ventriculotomy, Transanular patch, with monocusp or other surgically fashioned RVOT valve <input type="checkbox"/> 380= TOF repair, RV-PA conduit <input type="checkbox"/> 390= TOF - AVC (AVSD) repair <input type="checkbox"/> 400= TOF - Absent pulmonary valve repair
	Pulmonary Atresia/VSD	<input type="checkbox"/> 420= Pulmonary atresia - VSD (including TOF, PA) repair <input type="checkbox"/> 2700= Pulmonary atresia - VSD – MAPCA repair, Complete single stage repair (1 stage that includes bilateral pulmonary

		<p>unifocalization + VSD closure + RV to PA connection [with or without conduit])</p> <p><input type="checkbox"/> 2710= Pulmonary atresia - VSD – MAPCA repair, Status post prior complete unifocalization (includes VSD closure + RV to PA connection [with or without conduit])</p> <p><input type="checkbox"/> 2720= Pulmonary atresia - VSD – MAPCA repair, Status post prior incomplete unifocalization (includes completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])</p> <p><input type="checkbox"/> 2730= Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Complete unifocalization (all usable MAPCA[s] are incorporated)</p> <p><input type="checkbox"/> 2740= Unifocalization MAPCA(s), Bilateral pulmonary unifocalization - Incomplete unifocalization (not all usable MAPCA[s] are incorporated)</p> <p><input type="checkbox"/> 2750= Unifocalization MAPCA(s), Unilateral pulmonary unifocalization</p> <p><input type="checkbox"/> 440= Unifocalization MAPCA(s)</p> <p><input type="checkbox"/> 450= Occlusion of MAPCA(s)</p>
	Tricuspid Valve Disease and Ebstein's Anomaly	<p><input type="checkbox"/> 460= Valvuloplasty, Tricuspid (do not use this code if tricuspid valve malfunction is secondary to Ebstein's anomaly. Use 465= Ebstein's repair)</p> <p><input type="checkbox"/> 2280= Valvuloplasty converted to valve replacement in the same operation, Tricuspid</p> <p><input type="checkbox"/> 465= Ebstein's repair</p> <p><input type="checkbox"/> 470= Valve replacement, Tricuspid (TVR)</p> <p><input type="checkbox"/> 480= Valve closure, Tricuspid (exclusion, univentricular approach)</p> <p><input type="checkbox"/> 490= Valve excision, Tricuspid (without replacement)</p> <p><input type="checkbox"/> 500= Valve surgery, Other, Tricuspid</p>
	RVOT Obstruction, IVS Pulmonary Stenosis	<p><input type="checkbox"/> 510= RVOT procedure</p> <p><input type="checkbox"/> 520= 1 1/2 ventricular repair</p> <p><input type="checkbox"/> 530= PA, reconstruction (plasty), Main (trunk)</p> <p><input type="checkbox"/> 540= PA, reconstruction (plasty), Branch, Central (within the hilar bifurcation)</p> <p><input type="checkbox"/> 550= PA, reconstruction (plasty), Branch, Peripheral (at or beyond the first lobar branch)</p> <p><input type="checkbox"/> 3350= PA, reconstruction (plasty), Branch, Peripheral (at or beyond the first lobar branch, proximal to first segmental branch)</p> <p><input type="checkbox"/> 3360= PA, reconstruction (plasty), Branch, Peripheral (at or beyond the first lobar branch, beyond the first segmental branch)</p> <p><input type="checkbox"/> 570= DCRV repair</p> <p><input type="checkbox"/> 3370= RV Rehabilitation, Endocardial Resection</p>
	Pulmonary Valve Disease	<p><input type="checkbox"/> 590= Valvuloplasty, Pulmonic</p> <p><input type="checkbox"/> 2270= Valvuloplasty converted to valve replacement in the same operation, Pulmonic</p> <p><input type="checkbox"/> 600= Valve replacement, Pulmonic (PVR)</p> <p><input type="checkbox"/> 630= Valve excision, Pulmonary (without replacement)</p> <p><input type="checkbox"/> 640= Valve closure, Semilunar</p> <p><input type="checkbox"/> 650= Valve surgery, Other, Pulmonic</p>
Conduit operations	Conduit operations	<p><input type="checkbox"/> 610= Conduit placement, RV to PA</p> <p><input type="checkbox"/> 620= Conduit placement, LV to PA</p> <p><input type="checkbox"/> 1774= Conduit placement, Ventricle to aorta</p> <p><input type="checkbox"/> 1772= Conduit placement, Other</p>
	Conduit Stenosis / Insufficiency	<p><input type="checkbox"/> 580= Conduit reoperation</p>
Left Heart Lesions	Aortic Valve Disease	<p><input type="checkbox"/> 660= Valvuloplasty, Aortic</p>

- 2240= Valvuloplasty converted to valve replacement in the same operation, Aortic
- 2310= Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross procedure
- 2320= Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross-Konno procedure
- 670= Valve replacement, Aortic (AVR)
- 680= Valve replacement, Aortic (AVR), Mechanical
- 690= Valve replacement, Aortic (AVR), Bioprosthetic
- 700= Valve replacement, Aortic (AVR), Homograft
- 715= Aortic root replacement, Bioprosthetic
- 720= Aortic root replacement, Mechanical
- 730= Aortic root replacement, Homograft
- 735= Aortic root replacement, Valve sparing
- 740= Ross procedure
- 750= Konno procedure
- 760= Ross-Konno procedure
- 770= Other annular enlargement procedure
- 780= Aortic stenosis, Subvalvar, Repair
- 2100= Aortic stenosis, Subvalvar, Repair, With myectomy for IHSS
- 790= Aortic stenosis, Supravalvar, Repair
- 800=Valve surgery, Other, Aortic
- 3380= Extended Ventricular Septoplasty (modified Konno, VSD creation and patch enlargement of LVOT, sparing aortic valve) for tunnel type sub aortic stenosis

Sinus of Valsalva Aneurysm	<input type="checkbox"/> 810= Sinus of Valsalva, Aneurysm repair
LV to Aorta Tunnel	<input type="checkbox"/> 820= LV to aorta tunnel repair
Mitral Valve Disease	<input type="checkbox"/> 830= Valvuloplasty, Mitral <input type="checkbox"/> 2260= Valvuloplasty converted to valve replacement in the same operation, Mitral <input type="checkbox"/> 840= Mitral stenosis, Supravalvar mitral ring repair <input type="checkbox"/> 850= Valve replacement, Mitral (MVR) <input type="checkbox"/> 860= Valve surgery, Other, Mitral
Hypoplastic Left Heart and Related malformations	<input type="checkbox"/> 870= Norwood procedure <input type="checkbox"/> 880= HLHS biventricular repair <input type="checkbox"/> 3390= LV Endocardial Fibroelastosis resection <input type="checkbox"/> 2755= Conduit insertion right ventricle to pulmonary artery + Intraventricular tunnel left ventricle to neoaorta + arch reconstruction (Rastelli and Norwood type arch reconstruction) (Yasui)

- | | |
|--------|---|
| Hybrid | <input type="checkbox"/> 2160= Hybrid Approach "Stage 1", Application of RPA & LPA bands
<input type="checkbox"/> 2170= Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA)
<input type="checkbox"/> 2180= Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands
<input type="checkbox"/> 2140= Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Aortic arch repair (Norwood [Stage 1] + Superior Cavopulmonary anastomosis(es) + PA Debanding)
<input type="checkbox"/> 2150= Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Without aortic arch repair |
|--------|---|

	<input type="checkbox"/> 2760= Hybrid Approach, Transcardiac balloon dilatation <input type="checkbox"/> 2770= Hybrid Approach, Transcardiac transcatheter device placement
Cardiomyopathy	<input type="checkbox"/> 890= Transplant, Heart <input type="checkbox"/> 900= Transplant, Heart and lung <input type="checkbox"/> 910= Partial left ventriculectomy (LV volume reduction surgery) (Batista)
Pericardial Disease	<input type="checkbox"/> 920= Pericardial drainage procedure <input type="checkbox"/> 930= Pericardiectomy <input type="checkbox"/> 940= Pericardial procedure, Other
Single Ventricle	<input type="checkbox"/> 950= Fontan, Atrio-pulmonary connection <input type="checkbox"/> 960= Fontan, Atrio-ventricular connection <input type="checkbox"/> 970= Fontan, TCPC, Lateral tunnel, Fenestrated <input type="checkbox"/> 980= Fontan, TCPC, Lateral tunnel, Nonfenestrated <input type="checkbox"/> 1000= Fontan, TCPC, External conduit, Fenestrated <input type="checkbox"/> 1010= Fontan, TCPC, External conduit, Nonfenestrated <input type="checkbox"/> 2780= Fontan, TCPC, Intra/extracardiac conduit, Fenestrated <input type="checkbox"/> 2790= Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated <input type="checkbox"/> 3310 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated <input type="checkbox"/> 3320 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated <input type="checkbox"/> 1025= Fontan revision or conversion (Re-do Fontan) <input type="checkbox"/> 1030= Fontan, Other <input type="checkbox"/> 2340= Fontan + Atrioventricular valvuloplasty <input type="checkbox"/> 1035= Ventricular septation
	<input type="checkbox"/> 1050=Congenitally corrected TGA repair, Atrial switch and ASO (double switch) <input type="checkbox"/> 1060=Congenitally corrected TGA repair, Atrial switch and Rastelli <input type="checkbox"/> 1070=Congenitally corrected TGA repair, VSD closure <input type="checkbox"/> 1080=Congenitally corrected TGA repair, VSD closure and LV to PA conduit <input type="checkbox"/> 1090=Congenitally corrected TGA repair, Other
Transposition of the Great Arteries	<input type="checkbox"/> 1110= Arterial switch operation (ASO) <input type="checkbox"/> 1120= Arterial switch operation (ASO) and VSD repair <input type="checkbox"/> 1123= Arterial switch procedure + Aortic arch repair <input type="checkbox"/> 1125= Arterial switch procedure and VSD repair + Aortic arch repair <input type="checkbox"/> 1130= Senning <input type="checkbox"/> 1140= Mustard <input type="checkbox"/> 1145= Atrial baffle procedure, Mustard or Senning revision <input type="checkbox"/> 1150= Rastelli <input type="checkbox"/> 1160= REV <input type="checkbox"/> 2190= Aortic root translocation over left ventricle (Including Nikaidoh procedure) <input type="checkbox"/> 2210= TGA, Other procedures (Kawashima, LV-PA conduit, other) <input type="checkbox"/> 3400= Double root translocation
DORV	<input type="checkbox"/> 1180= DORV, Intraventricular tunnel repair <input type="checkbox"/> 3410= DORV repair, No Ventriculotomy <input type="checkbox"/> 3420= DORV repair, Ventriculotomy, Nontransannular patch <input type="checkbox"/> 3430= DORV repair, Ventriculotomy, Transannular patch <input type="checkbox"/> 3440= DORV repair, RV-PA conduit

	<input type="checkbox"/> 3450= DORV - AVC (AVSD) repair <input type="checkbox"/> 1200= DOLV repair
DOLV	<input type="checkbox"/> 1210= Coarctation repair, End to end <input type="checkbox"/> 1220= Coarctation repair, End to end, Extended <input type="checkbox"/> 3460= Coarctation repair, Descending aorta anastomosed to Ascending aorta <input type="checkbox"/> 1230= Coarctation repair, Subclavian flap <input type="checkbox"/> 1240= Coarctation repair, Patch aortoplasty <input type="checkbox"/> 1250= Coarctation repair, Interposition graft <input type="checkbox"/> 3470= Coarctation repair, Extra-anatomic Bypass graft <input type="checkbox"/> 1260= Coarctation repair, Other <input type="checkbox"/> 1275= Coarctation repair + VSD repair <input type="checkbox"/> 1280= Aortic arch repair <input type="checkbox"/> 1285= Aortic arch repair + VSD repair
	<input type="checkbox"/> 1290= Coronary artery fistula ligation <input type="checkbox"/> 1291= Anomalous origin of coronary artery from pulmonary artery repair <input type="checkbox"/> 1300= Coronary artery bypass <input type="checkbox"/> 1305= Anomalous aortic origin of coronary artery (AAOCA) repair <input type="checkbox"/> 1310= Coronary artery procedure, Other
Thoracic Arteries and Veins	<input type="checkbox"/> 1320= Interrupted aortic arch repair <input type="checkbox"/> 1330= PDA closure, Surgical <input type="checkbox"/> 1340= PDA closure, Device
	<input type="checkbox"/> 1360= Vascular ring repair <input type="checkbox"/> 1365= Aortopexy <input type="checkbox"/> 1370= Pulmonary artery sling repair
	<input type="checkbox"/> 1380= Aortic aneurysm repair
	<input type="checkbox"/> 1390= Aortic dissection repair
	<input type="checkbox"/> 1400= Lung biopsy <input type="checkbox"/> 1410= Transplant, lung(s) <input type="checkbox"/> 1420= Lung procedure, Other
	<input type="checkbox"/> 1440= Tracheal procedure
	<input type="checkbox"/> 2800= Muscle flap, Trunk (i.e. intercostal, pectus, or serratus muscle) <input type="checkbox"/> 2810= Muscle flap, Trunk (i.e. latissimus dorsi) <input type="checkbox"/> 2820= Removal, Sternal wire <input type="checkbox"/> 2830= Rib excision, Complete <input type="checkbox"/> 2840= Rib excision, Partial <input type="checkbox"/> 2850= Sternal fracture, Open treatment <input type="checkbox"/> 2860= Sternal resection, Radical resection of the sternum <input type="checkbox"/> 2870= Sternal resection, Radical resection of the sternum with mediastinal lymphadenectomy <input type="checkbox"/> 2880= Tumor of chest wall, Excision including ribs <input type="checkbox"/> 2890= Tumor of chest wall, Excision including ribs, With reconstruction <input type="checkbox"/> 2900= Tumor of soft tissue of thorax, Excision of deep subfascial or intramuscular tumor <input type="checkbox"/> 2910= Tumor of soft tissue of thorax, Excision of subcutaneous tumor <input type="checkbox"/> 2920= Tumor of soft tissue of thorax, Radical resection
Thoracic and Mediastinal Disease	<input type="checkbox"/> 2930= Hyoid myotomy and suspension

	<input type="checkbox"/> 2940= Muscle flap, Neck <input type="checkbox"/> 2950= Procedure on neck <input type="checkbox"/> 2960= Tumor of soft tissue of neck, Excision of deep subfascial or intramuscular tumor <input type="checkbox"/> 2970= Tumor of soft tissue of neck, Excision of subcutaneous tumor <input type="checkbox"/> 2980= Tumor of soft tissue of neck, Radical resection
	<input type="checkbox"/> 2990= Pectus bar removal <input type="checkbox"/> 3000= Pectus bar repositioning <input type="checkbox"/> 3010= Pectus repair, Minimally invasive repair (Nuss), With thoracoscopy <input type="checkbox"/> 3020= Pectus repair, Minimally invasive repair (Nuss), Without thoracoscopy <input type="checkbox"/> 3030= Pectus repair, Open repair
	<input type="checkbox"/> 3040= Division of scalenus anticus, With resection of a cervical rib <input type="checkbox"/> 3050= Division of scalenus anticus, Without resection of a cervical rib <input type="checkbox"/> 3060= Rib excision, Excision of a cervical rib <input type="checkbox"/> 3070= Rib excision, Excision of a cervical rib, With sympathectomy <input type="checkbox"/> 3080= Rib excision, Excision of first rib <input type="checkbox"/> 3090= Rib excision, Excision of first rib, With sympathectomy
	<input type="checkbox"/> 3100= Procedure on thorax
Electrophysiological	<input type="checkbox"/> 1450= Pacemaker implantation, Permanent <input type="checkbox"/> 1460= Pacemaker procedure <input type="checkbox"/> 2350= Explantation of pacing system <input type="checkbox"/> 1470= ICD (AICD) implantation <input type="checkbox"/> 1480= ICD (AICD) ([automatic] implantable cardioverter defibrillator) procedure <input type="checkbox"/> 1490= Arrhythmia surgery - atrial, Surgical Ablation <input type="checkbox"/> 1500= Arrhythmia surgery - ventricular, Surgical Ablation
Interventional Cardiology Procedures	<input type="checkbox"/> 2500= Cardiovascular catheterization procedure, Diagnostic <input type="checkbox"/> 2520= Cardiovascular catheterization procedure, Diagnostic, Angiographic data obtained <input type="checkbox"/> 2550= Cardiovascular catheterization procedure, Diagnostic, Electrophysiology alteration <input type="checkbox"/> 2540= Cardiovascular catheterization procedure, Diagnostic, Hemodynamic alteration <input type="checkbox"/> 2510= Cardiovascular catheterization procedure, Diagnostic, Hemodynamic data obtained <input type="checkbox"/> 2530= Cardiovascular catheterization procedure, Diagnostic, Transluminal test occlusion <input type="checkbox"/> 2410= Cardiovascular catheterization procedure, Therapeutic <input type="checkbox"/> 2670= Cardiovascular catheterization procedure, Therapeutic, Adjunctive therapy <input type="checkbox"/> 1540= Cardiovascular catheterization procedure, Therapeutic, Balloon dilation <input type="checkbox"/> 2590= Cardiovascular catheterization procedure, Therapeutic, Balloon valvotomy <input type="checkbox"/> 1580= Cardiovascular catheterization procedure, Therapeutic, Coil implantation <input type="checkbox"/> 1560= Cardiovascular catheterization procedure, Therapeutic, Device implantation <input type="checkbox"/> 3110= Cardiovascular catheterization procedure, Therapeutic, Device implantation attempted

- 2690= Cardiovascular catheterization procedure, Therapeutic, Electrophysiological ablation
- 3120= Cardiovascular catheterization procedure, Therapeutic, Intravascular foreign body removal
- 2640= Cardiovascular catheterization procedure, Therapeutic, Perforation (establishing interchamber and/or intervessel communication)
- 2580= Cardiovascular catheterization procedure, Therapeutic, Septostomy
- 1550= Cardiovascular catheterization procedure, Therapeutic, Stent insertion
- 2630= Cardiovascular catheterization procedure, Therapeutic, Stent re-dilation
- 2650= Cardiovascular catheterization procedure, Therapeutic, Transcatheter Fontan completion
- 2660= Cardiovascular catheterization procedure, Therapeutic, Transcatheter implantation of valve

- 1590= Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS)
- 1600= Shunt, Systemic to pulmonary, Central (shunt from aorta)
- 3130= Shunt, Systemic to pulmonary, Central (shunt from aorta) Central shunt with an end-to-side connection between the transected main pulmonary artery and the side of the ascending aorta (i.e. Mee shunt)
- 3230= Shunt, Systemic to pulmonary, Potts – Smith type (descending aorta to pulmonary artery)
- 1610= Shunt, Systemic to pulmonary, Other
- 1630= Shunt, Ligation and takedown
- 2095= Shunt, Reoperation
- 1640= PA banding (PAB)
- 1650= PA debanding
- 3200= PA band adjustment
- 1660= Damus-Kaye-Stansel procedure (DKS) (creation of AP anastomosis without arch reconstruction)
- 1670= Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn)
- 1680= Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn)
- 1690= Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn)
- 1700= HemiFontan
- 2330= Superior cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty
- 2130= Superior Cavopulmonary anastomosis(es) + PA reconstruction
- 3300 = Takedown of superior cavopulmonary anastomosis
- 3140= Hepatic vein to azygous vein connection, Direct
- 3150= Hepatic vein to azygous vein connection, Interposition graft
- 3160= Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation)
- 1710= Palliation, Other

- 2360= ECMO cannulation
- 2370= ECMO decannulation
- 1910= ECMO procedure
- 1900= Intraaortic balloon pump (IABP) insertion
- 1920= Right/left heart assist device procedure

Palliative Procedures

Mechanical Support

- | | |
|--|---|
| | <ul style="list-style-type: none"> <input type="checkbox"/> 2390= VAD explantation <input type="checkbox"/> 2380= VAD implantation <input type="checkbox"/> 3170= VAD change out |
|--|---|

- | | |
| --- | --- |
| | - 2420= Echocardiography procedure, Sedated transesophageal echocardiogram - 2430= Echocardiography procedure, Sedated transthoracic echocardiogram - 2435= Non-cardiovascular, Non-thoracic procedure on cardiac patient with cardiac anesthesia - 2440= Radiology procedure on cardiac patient, Cardiac Computerized Axial Tomography (CT Scan) - 2450= Radiology procedure on cardiac patient, Cardiac Magnetic Resonance Imaging (MRI) - 2460= Radiology procedure on cardiac patient, Diagnostic radiology - 2470= Radiology procedure on cardiac patient, Non-Cardiac Computerized Tomography (CT) on cardiac patient - 2480= Radiology procedure on cardiac patient, Non-cardiac Magnetic Resonance Imaging (MRI) on cardiac patient - 2490= Radiology procedure on cardiac patient, Therapeutic radiology |

- | | |
|--|--|
| | <ul style="list-style-type: none"> <input type="checkbox"/> 1720= Aneurysm, Ventricular, Right, Repair <input type="checkbox"/> 1730= Aneurysm, Ventricular, Left, Repair <input type="checkbox"/> 1740= Aneurysm, Pulmonary artery, Repair <input type="checkbox"/> 1760= Cardiac tumor resection <input type="checkbox"/> 1780= Pulmonary AV fistula repair/occlusion <input type="checkbox"/> 1790= Ligation, Pulmonary artery <input type="checkbox"/> 1802= Pulmonary embolectomy, Acute pulmonary embolus <input type="checkbox"/> 1804= Pulmonary embolectomy, Chronic pulmonary embolus <input type="checkbox"/> 1810= Pleural drainage procedure <input type="checkbox"/> 1820= Pleural procedure, Other <input type="checkbox"/> 1830= Ligation, Thoracic duct <input type="checkbox"/> 1840= Decortication <input type="checkbox"/> 1850= Esophageal procedure <input type="checkbox"/> 1860= Mediastinal procedure <input type="checkbox"/> 1870= Bronchoscopy <input type="checkbox"/> 1880= Diaphragm plication <input type="checkbox"/> 1890= Diaphragm procedure, Other <input type="checkbox"/> 1930= VATS (video-assisted thoracoscopic surgery) <input type="checkbox"/> 1940= Minimally invasive procedure <input type="checkbox"/> 1950= Bypass for noncardiac lesion <input type="checkbox"/> 1960= Delayed sternal closure <input type="checkbox"/> 1970= Mediastinal exploration <input type="checkbox"/> 1980= Sternotomy wound drainage <input type="checkbox"/> 3180= Intravascular stent removal <input type="checkbox"/> 3220= Removal of transcatheter delivered device from heart <input type="checkbox"/> 3210= Removal of transcatheter delivered device from blood vessel <input type="checkbox"/> 1990= Thoracotomy, Other <input type="checkbox"/> 2000= Cardiotomy, Other <input type="checkbox"/> 2010= Cardiac procedure, Other <input type="checkbox"/> 2020= Thoracic and/or mediastinal procedure, Other |
|--|--|

- 2030= Peripheral vascular procedure, Other
- 2040= Miscellaneous procedure, Other
- 2050= Organ procurement
- 7777= Other procedure

Operation Canceled or Aborted	Canceled operation	<input type="checkbox"/> 7800= Operation canceled before skin incision
	Aborted operation	<input type="checkbox"/> 7810= Operation aborted after skin incision

PROCEDURE SPECIFIC FACTORS

Indicate if any of the following is the Primary procedure

None of the listed procedures below (*if none, skip to Operative section*)

If one of the following is the Primary procedure, specify whether the procedure specific factors apply

- VSD repair, Primary closure
- VSD repair, Patch
- VSD repair, Device
- VSD, Multiple, Repair
 - Apical VSD Yes No
 - Straddling AV valve Yes No

If the following is the Primary procedure, specify whether the procedure specific factors apply

- TOF - AVC (AVSD) repair
 - Major coronary crossing RVOT - Coronary anomaly restricting RVOT enlargement Yes No
 - VSD, Multiple, Repair Yes No
 - Restrictive VSD Yes No
 - Hypoplastic branch pulmonary arteries (diminished pulmonary vascular bed) Yes No
 - AV Valve regurgitation grade 3 and 4 (Severe AV Valve regurgitation) Yes No
 - Double orifice left atrioventricular valve Yes No
 - Single papillary muscle in the left ventricle and/or parachute left atrioventricular valve Yes No
 - Hypoplastic posterior mural leaflet Yes No
 - Atrioventricular septal defect with ventricular imbalance: dominant left ventricle, hypoplastic right ventricle Yes No
 - Atrioventricular septal defect with ventricular imbalance: dominant right ventricle, hypoplastic left ventricle Yes No
 - Common atrioventricular valve with unbalanced commitment of valve to left ventricle Yes No
 - Common atrioventricular valve with unbalanced commitment of valve to right ventricle Yes No

If one of the following is the Primary procedure, specify whether the procedure specific factors apply

- TOF repair, No ventriculotomy
- TOF repair, Ventriculotomy, Nontransanular patch
- TOF repair, Ventriculotomy, Transanular patch
- TOF repair, RV-PA conduit
- TOF - Absent pulmonary valve repair
- Pulmonary atresia - VSD - MAPCA repair, Complete single stage repair (1-stage that includes bilateral pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
- Pulmonary atresia - VSD - MAPCA repair, Status post prior complete unifocalization (includes VSD closure + RV to PA connection [with or without conduit])
- Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization (includes completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
- Pulmonary atresia - VSD (including TOF, PA) repair

- Major coronary crossing RVOT - Coronary anomaly restricting RVOT enlargement Yes No
- VSD, Multiple, Repair Yes No
- Restrictive VSD Yes No
- Hypoplastic branch pulmonary arteries (diminished pulmonary vascular bed) Yes No

If one of the following is the Primary procedure, specify whether the procedure specific factors apply

- AVC (AVSD) repair, Complete (CAVSD)
 - AV Valve regurgitation grade 3 and 4 (Severe AV Valve regurgitation) Yes No
 - Double orifice left atrioventricular valve Yes No

Single papillary muscle in the left ventricle and/or parachute left atrioventricular valve	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypoplastic posterior mural leaflet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Atrioventricular septal defect with ventricular imbalance: dominant left ventricle and hypoplastic right ventricle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Atrioventricular septal defect with ventricular imbalance: dominant right ventricle and hypoplastic left ventricle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Common atrioventricular valve with unbalanced commitment of valve to left ventricle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Common atrioventricular valve with unbalanced commitment of valve to right ventricle	<input type="checkbox"/> Yes <input type="checkbox"/> No

If one of the following is the Primary procedure, specify whether the procedure specific factors apply

<input type="checkbox"/> Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HemiFontan	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Superior Cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Superior Cavopulmonary anastomosis(es) + PA reconstruction	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
AV Valve regurgitation grade 3 and 4 (Severe AV Valve regurgitation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moderate to severe systemic ventricular dysfunction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypoplastic branch pulmonary arteries (diminished pulmonary vascular bed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Systemic ventricular outflow tract obstruction (subaortic obstruction)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ventricular dominance	<input type="checkbox"/> Left Ventricular dominance <input type="checkbox"/> Right Ventricular dominance <input type="checkbox"/> Balanced <input type="checkbox"/> Indeterminate Ventricular dominance

If one of the following is the Primary procedure, specify whether the procedure specific factors apply

<input type="checkbox"/> Fontan, Atrio-pulmonary connection	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fontan, Atrio-ventricular connection	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fontan, TCPC, Lateral tunnel, Fenestrated	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fontan, TCPC, Lateral tunnel, Nonfenestrated	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fontan, TCPC, External conduit, Fenestrated	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fontan, TCPC, External conduit, Nonfenestrated	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fontan, TCPC, Intra/extracardiac conduit, Fenestrated	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fontan, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fontan + Atrioventricular valvuloplasty	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fontan revision or conversion (Re-do Fontan)	<input type="checkbox"/> Yes <input type="checkbox"/> No
AV Valve regurgitation grade 3 and 4 (Severe AV Valve regurgitation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moderate to severe systemic ventricular dysfunction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypoplastic branch pulmonary arteries (diminished pulmonary vascular bed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Systemic ventricular outflow tract obstruction (subaortic obstruction)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ventricular dominance	<input type="checkbox"/> Left Ventricular dominance <input type="checkbox"/> Right Ventricular dominance <input type="checkbox"/> Balanced <input type="checkbox"/> Indeterminate Ventricular dominance

If one of the following is the Primary procedure, specify whether the procedure specific factors apply

<input type="checkbox"/> Arterial switch operation (ASO)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Arterial switch procedure + Aortic arch repair	<input type="checkbox"/> Yes <input type="checkbox"/> No
Posterior coronary loop: circumflex coming off the RCA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Posterior coronary loop: left trunk coming off the RCA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Double coronary loops: inverted origin of right & left coronary arteries	<input type="checkbox"/> Yes <input type="checkbox"/> No

Single coronary ostium	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intramural coronary	<input type="checkbox"/> Yes <input type="checkbox"/> No
Large infundibular coronary artery from LAD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Malaligned commissures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Take down of a commissure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aorto-pulmonary diameter mismatch	<input type="checkbox"/> Yes <input type="checkbox"/> No
Side by side vessels	<input type="checkbox"/> Yes <input type="checkbox"/> No
Posterior native aorta	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subaortic obstruction/ conal septum malalignment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bicuspid native aortic valve (Bicuspid neopulmonary valve)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bicuspid native pulmonary valve (Bicuspid neoaortic valve)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If one of the following is the Primary procedure, specify whether the procedure specific factors apply

- Arterial switch operation (ASO) and VSD repair
 Arterial switch procedure and VSD repair + Aortic arch repair

Posterior coronary loop: circumflex coming off the RCA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Posterior coronary loop: left trunk coming off the RCA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Double coronary loops: inverted origin of right & left coronary arteries	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single coronary ostium	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intramural coronary	<input type="checkbox"/> Yes <input type="checkbox"/> No
Large infundibular coronary artery from LAD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Malaligned commissures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Take down of a commissure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aorto-pulmonary diameter mismatch	<input type="checkbox"/> Yes <input type="checkbox"/> No
Side by side vessels	<input type="checkbox"/> Yes <input type="checkbox"/> No
Posterior native aorta	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subaortic obstruction/ conal septum malalignment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bicuspid native aortic valve (Bicuspid neopulmonary valve)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bicuspid native pulmonary valve (Bicuspid neoaortic valve)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apical VSD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Straddling AV valve	<input type="checkbox"/> Yes <input type="checkbox"/> No

If one of the following is the Primary procedure, specify whether the procedure specific factors apply

- Truncus arteriosus repair
 Truncus + Interrupted aortic arch repair (IAA) repair

Truncus type 3 (PA Branches from PDA or descending aorta)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormal coronary	<input type="checkbox"/> Yes <input type="checkbox"/> No
Truncal valve regurgitation (moderate to severe)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Truncal valve stenosis (moderate to severe)	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the following is the Primary procedure, specify whether the procedure specific factors apply

- Norwood procedure
 Hybrid Approach "Stage 1", Application of RPA & LPA bands
 Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA)
 Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands

Source of pulmonary blood flow: Shunt - systemic artery-to-pulmonary artery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source of pulmonary blood flow: Shunt - ventricle-to-pulmonary artery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source of pulmonary blood flow: Superior caval vein-to-pulmonary artery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source of Pulmonary Blood Flow: Banded central PAs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ascending aorta < 2 mm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aortic atresia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aortic stenosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mitral atresia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mitral stenosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinusoids	<input type="checkbox"/> Yes <input type="checkbox"/> No

Intact atrial septum	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obstructed pulmonary venous return with severely restrictive ASD	<input type="checkbox"/> Yes <input type="checkbox"/> No
AV Valve regurgitation grade 3 and 4 (Severe AV Valve regurgitation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aberrant right subclavian artery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ventricular dominance	<input type="checkbox"/> Left Ventricular dominance <input type="checkbox"/> Right Ventricular dominance <input type="checkbox"/> Balanced <input type="checkbox"/> Indeterminate Ventricular dominance
<i>If the following is the Primary procedure, specify whether the procedure specific factors apply</i>	
<input type="checkbox"/> Ebstein's repair	
Tricuspid Valve Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes→</i> Monocusp	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bileaflet repair	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cone repair (360° leaflet approximation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sebening stitch (anterior RV papillary muscle to ventricular septum)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annular reduction	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes→</i> Plication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Partial ring (c-shaped anterior & inferior annulus)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eccentric ring (inferior annulus)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Atrialized RV plication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Atrialized RV resection	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASD/PFO closure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Subtotal
Reduction atrioplasty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arrhythmia surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes→</i> Cavotricuspid isthmus ablation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modified right atrial maze	<input type="checkbox"/> Yes <input type="checkbox"/> No
Left atrial Cox maze	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pulmonary vein isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bidirectional cavopulmonary anastomosis	<input type="checkbox"/> Yes <input type="checkbox"/> No

OPERATIVE			
Procedure Location:	<input type="checkbox"/> Cardiac OR <input type="checkbox"/> General OR <input type="checkbox"/> Hybrid Suite <input type="checkbox"/> Cath lab	<input type="checkbox"/> ICU <input type="checkbox"/> CVICU <input type="checkbox"/> NICU <input type="checkbox"/> PICU	<input type="checkbox"/> SICU <input type="checkbox"/> Radiology Suite <input type="checkbox"/> Procedure Room <input type="checkbox"/> Other
Status:	<input type="checkbox"/> Elective	<input type="checkbox"/> Urgent	<input type="checkbox"/> Emergent <input type="checkbox"/> Salvage
Operation Type:	<input type="checkbox"/> CPB Cardiovascular <input type="checkbox"/> ECMO <input type="checkbox"/> VAD with CPB <input type="checkbox"/> Other	<input type="checkbox"/> No CPB Cardiovascular <input type="checkbox"/> Thoracic <input type="checkbox"/> VAD without CPB	<input type="checkbox"/> CPB Non-Cardiovascular <input type="checkbox"/> Interventional Cardiology <input type="checkbox"/> NonCardiac/NonThoracic Procedure w/ Anesthesia
Near Infrared Spectroscopy (NIRS) Cerebral Metrics Used:	<i>If NIRS_CerUsed is Yes→</i>		
	<input type="checkbox"/> NIRS Cerebral Metrics Used Preoperatively <input type="checkbox"/> NIRS Cerebral Metrics Used Intraoperatively <input type="checkbox"/> NIRS Cerebral Metrics Used Postoperatively		
Near Infrared Spectroscopy (NIRS) Somatic Metrics Used:	<i>If NIRS_SomUsed is Yes→</i>		
	<input type="checkbox"/> NIRS Somatic Metrics Used Preoperatively <input type="checkbox"/> NIRS Somatic Metrics Used Intraoperatively <input type="checkbox"/> NIRS Somatic Metrics Used Postoperatively		

OR Entry Time: (00:00 – 23:59) ____ : ____

Skin Incision Start Time: (00:00 – 23:59) ____ : ____

Endotracheal Intubation Performed: Yes No (*If Yes ↓*)

Intubation Date/Time:

(mm/dd/yyyy 00:00 – 23:59) ____ / ____ / ____ : ____

Extubated in OR: Yes NoRe-Intubated After Initial Postoperative Extubation: Yes No (If Yes ↓)

Final Extubation Date/Time: (mm/dd/yyyy 00:00 – 23:59) ____ / ____ / ____ : ____

Incision Type:	Sternotomy Partial Sternotomy Clamshell Thoracotomy Thoracotomy Video-Assisted Thoracoscopy (VATS)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes →) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes →) <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes →)	Location: <input type="checkbox"/> upper <input type="checkbox"/> lower <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> right
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Time of Skin Closure: (00:00 – 23:59) ____ : ____ OR Exit Time: (00:00 – 23:59) ____ : ____

Extended Through Midnight: Yes No**If Op type is: “NonCardiac/NonThoracic Procedure w/Anesthesia” or “Interventional Cardiology” → Skip to Complications section.**

Surgeon: _____ Surgeon NPI: _____ Taxpayer Identification Number: _____

Reoperation Within This Admission: Yes – Planned reoperation Yes – Unplanned reoperation No

Number of Prior Cardiothoracic Operations: _____ Number of Prior CPB Cardiothoracic Operations: _____

(If operation type is No CPB Cardiovascular →) Cross Clamp Time – No CPB: (minutes): _____

(If operation type is CPB Cardiovascular or VAD w/ CPB or CPB NonCardiovascular ↓)

CPB Blood Prime: Yes No (If Yes →) PRBC _____ ml (0 – 5000)

FFP _____ ml (0 – 5000)

Whole Blood _____ ml (0 – 5000)

CPB Time (min): _____ Cross Clamp Time - CPB:(min): _____ Circulatory Arrest Time (min): _____

Induced Fibrillation: Yes No (If Yes →) Time: _____ (minutes) _____ (seconds)

Patient Temperature Monitoring Site : (If Yes, Lowest Core Temperature recorded at site):

Bladder:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →) _____ °C
Esophageal:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →) _____ °C
Nasopharyngeal:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →) _____ °C
Rectal:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →) _____ °C
Tympanic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →) _____ °C
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →) _____ °C

Cooling time (prior to initiation of hypothermic circulatory arrest or selective cerebral perfusion) _____ (minutes)

Rewarming Time: _____ (minutes)

Cerebral Perfusion Utilized: Yes No (If Yes ↓)

Cerebral Perfusion Time: _____ (minutes)

Cerebral Perfusion Cannulation Site:	Innominate Artery Right Axillary Artery Left Carotid Artery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Right Subclavian Right Carotid Artery Superior Vena Cava	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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Cerebral Perfusion Periods: _____

Cerebral Perfusion Flow Rate: _____ (mL/kg) per minute

Cerebral Perfusion Temperature: _____ °C

Arterial Blood Gas Management During Cooling: Alpha STAT pH STAT
 pHSTAT cooling/Alpha STAT rewarming Other Combination

Hematocrit Prior to Circulatory Arrest or Cerebral Perfusion: _____

Cardioplegia Delivery:	<input type="checkbox"/> None	<input type="checkbox"/> Antegrade	<input type="checkbox"/> Retrograde	<input type="checkbox"/> Both
If CPlegiaDeliv is Antegrade, Retrograde or Both ↓				
Cardioplegia Type:	<input type="checkbox"/> Blood	<input type="checkbox"/> Crystalloid	<input type="checkbox"/> Both	<input type="checkbox"/> Other
Cardioplegia Solution:	<input type="checkbox"/> del Nido <input type="checkbox"/> Custodiol / Bretschneider (HTK) <input type="checkbox"/> Buckberg <input type="checkbox"/> Plegisol / St. Thomas <input type="checkbox"/> University of Wisconsin			
	<input type="checkbox"/> Celsior <input type="checkbox"/> Roe's Solution <input type="checkbox"/> Microplegia with Potassium <input type="checkbox"/> Microplegia with Adenocaine <input type="checkbox"/> Other			

Cardioplegia Number of Doses: _____

Hematocrit - First after initiating CPB: _____
 Hematocrit - Last Measured During CPB: _____
 Hematocrit – Post CPB, Post Protamine: _____

Ultrafiltration Performed? Yes No

(If Yes →) During CPB, CUF/ZBUF/DUF After CPB, MUF During and after CPB
 When

Pulmonary Vascular Resistance Measured (within 6 months): Yes No
 (If Yes and WeightKg ≥40 →) PVR: _____ (Wood units)
 (If Yes and WeightKg <40 →) PVR Index: _____ (Wood units/m²)

Anticoagulant Used? Yes No Unknown
 (If Yes →) Unfractionated Heparin Yes No Argatroban Yes No
 Bivalirudin Yes No Other Yes No

Blood and Blood Related Products (Including CPB Blood Prime Units)

Blood Type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> Unknown	Rh: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
Autologous Transfusion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Saver/Cell Salvage _____ mL

Transfusion of Non-Autologous Blood Products During or After Procedure: Yes No Patient/family refused

(If Yes →)	Transfusion of Non-Autologous Blood Products Initiated Before Leaving OR: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Packed Red Blood Cells	_____ mL (0-10000)	Fresh Frozen Plasma	_____ mL (0-10000)
	Fresh Plasma	_____ mL (0-10000)	Cryoprecipitate	_____ mL (0-10000)
	Platelets	_____ mL (0-10000)	Whole Blood	_____ mL (0-10000)
	Fresh Whole Blood	_____ mL (0-10000)		

Transfusion of Blood Products within 24 hours post procedure: Yes No

(If Yes →)	Packed Red Blood Cells	_____ mL (0-10000)	Fresh Frozen Plasma	_____ mL (0-10000)
	Fresh Plasma	_____ mL (0-10000)	Cryoprecipitate	_____ mL (0-10000)
	Platelets	_____ mL (0-10000)	Whole Blood	_____ mL (0-10000)
	Fresh Whole Blood	_____ mL (0-10000)		

Transfusion of Blood Products after 24 hours post procedure: Yes No

(If Yes →)	Packed Red Blood Cells	_____ mL (0-10000)	Fresh Frozen Plasma	_____ mL (0-10000)
	Fresh Plasma	_____ mL (0-10000)	Cryoprecipitate	_____ mL (0-10000)
	Platelets	_____ mL (0-10000)	Whole Blood	_____ mL (0-10000)
	Fresh Whole Blood	_____ mL (0-10000)		

Directed Donor Units: Yes NoAntifibrinolytics Used Intraoperatively: Yes No

(If Yes →)

Epsilon Amino-Caproic Acid (Amicar, EACA) Used: Yes No

(If Yes →)

Epsilon Amino-Caproic Acid (Amicar, EACA) Load

(0 - 30,000 mg)

Epsilon Amino-Caproic Acid (Amicar, EACA) Pump Prime

(0 - 30,000 mg)

(If AntifinEpPrime >0) Was Epsilon Amino-Caproic Acid (Amicar, EACA) dosed as mg/ml of Pump Prime: Yes No Unknown

Epsilon Amino-Caproic Acid (Amicar, EACA) Infusion rate mg/kg/hr:

(0-200)

Tranexamic Acid Used: Yes No

(If Yes →)

Tranexamic Acid Load

(0 - 15,000 mg)

Tranexamic Acid Pump Prime

(0 - 15,000 mg)

(If AntifibTranexPrime >0) Was Tranexamic Acid dosed as mg/ml of Pump Prime:

 Yes No Unknown

Tranexamic Acid Infusion rate mg/kg/hr:

(0.0 - 25.0)

Trasylol (Aprotinin) Used: Yes No

(If Yes →)

Trasylol (Aprotinin) Load

(0 - 400 cc)

Trasylol (Aprotinin) Pump Prime

(0 - 400 cc)

Trasylol (Aprotinin) Infusion rate cc/kg/hr:

(0.0 - 10.0)

Procoagulant Used Intraoperatively: Yes No

(If Yes →)

Factor VIIa (Novoseven) Usage: Yes No

(If Yes →)

Factor VIIa (Novoseven) Dose 1:

(1 - 20,000 mcg)

Factor VIIa (Novoseven) Dose 2:

(0 - 20,000 mcg)

(If Dose 2 > 0 →) Factor VIIa (Novoseven) Dose 3:

(0 - 20,000 mcg)

Prothrombin Complex Concentrate-4 (PCC-4, KCentra) Usage: Yes No

(If Yes →)

Prothrombin Complex Concentrate-4 (PCC-4, KCentra) Dose 1:

(1 - 10,000 units)

Prothrombin Complex Concentrate-4 (PCC-4, KCentra) Dose 2:

(0 - 10,000 units)

(If Dose 2 > 0 →) Prothrombin Complex Concentrate-4 (PCC-4, KCentra) Dose 3:

(0 - 10,000 units)

Prothrombin Complex Concentrate-4 with Factor VIIa (FEIBA) Usage: Yes No

(If Yes →)

Prothrombin Complex Concentrate-4 with Factor VIIa (FEIBA)

Dose 1:

(1 - 20,000 units)

Prothrombin Complex Concentrate-4 with Factor VIIa (FEIBA)

Dose 2:

(0 - 20,000 units)

(If Dose 2 > 0 →) Prothrombin Complex Concentrate-4 with Factor VIIa (FEIBA) Dose 3:

(0 - 20,000 units)

Prothrombin Complex Concentrate-3 (PCC-3, ProfilNine-SD) Usage: Yes No

(If Yes →)

Prothrombin Complex Concentrate-3 (PCC-3, ProfilNine-SD) Dose 1:

		Prothrombin Complex Concentrate-3 (PCC-3, ProfilNine-SD) Dose 2: (If Dose 2 > 0 →) Prothrombin Complex Concentrate-3 (PCC-3, ProfilNine-SD) Dose 3:	(1 - 2000 units) (0 - 2000 units) (0 - 2000 units)
Octaplex Prothrombin Concentrate Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes →)		Octaplex Prothrombin Concentrate – units Dose 1: Octaplex Prothrombin Concentrate – units Dose 2: (If Dose 2 > 0 →) Octaplex Prothrombin Concentrate – units Dose 3:	(1 – 6000 units) (0 – 6000 units) (0 – 6000 units)
Fibrinogen Concentrate Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes →)		Fibrinogen Concentrate mg – Dose 1 Fibrinogen Concentrate mg – Dose 2 (If Dose 2 > 0 →) Fibrinogen Concentrate mg – Dose 3	(1 - 10,000 mg) (0 - 10,000 mg) (0 - 10,000 mg)
Antithrombin 3 Concentrate (AT3) Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes →)		Antithrombin 3 Concentrate (AT3) units Dose 1: Antithrombin 3 Concentrate (AT3) units Dose 2: (If Dose 2 > 0 →) Antithrombin 3 Concentrate (AT3) units Dose 3	(1 – 5000 units) (0 – 5000 units) (0 – 5000 units)
Desmopressin (DDAVP) Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes →)		Desmopressin (DDAVP) - Dose 1: Desmopressin (DDAVP) - Dose 2: (If Dose 2 > 0 →) Desmopressin (DDAVP) - Dose 3:	(1 - 1,000 mcg) (0 - 1,000 mcg) (0 - 1,000 mcg)
Humate P usage: <input type="checkbox"/> Yes <input type="checkbox"/> No ProcoagHumateP (2907)			
(If Yes →)		Humate P Dose 1: Humate P Dose 2: (If Dose 2 > 0 →) Humate P Dose3:	(1 – 10,000 units) (0 – 10,000 units) (0 – 10,000 units)
Point of Care Coagulation Testing Used Intraoperatively: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes →)		Thromboelastography (TEG): <input type="checkbox"/> Yes <input type="checkbox"/> No ROTEM: <input type="checkbox"/> Yes <input type="checkbox"/> No Sonoclot: <input type="checkbox"/> Yes <input type="checkbox"/> No Heparin Concentration (Hepcon, HMS): <input type="checkbox"/> Yes <input type="checkbox"/> No INR/PT/aPPP (iStat or equivalent): <input type="checkbox"/> Yes <input type="checkbox"/> No ACT: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CABG PROCEDURES			
If Op Type is CBP or No CBP Cardiovascular ↓			
Coronary Artery Bypass (CAB): <input type="checkbox"/> Yes <input type="checkbox"/> No		(If Yes ↓)	
Number of Distal Arterial Anast: _____		Number of Distal Vein Anast: _____	
Internal Mammary Artery (IMA) Used:		<input type="checkbox"/> Left IMA <input type="checkbox"/> Right IMA	

Both IMAs No IMA**VALVE PROCEDURES**

If Op Type is CBP or No CBP Cardiovascular ↓

Valve Operation: Yes No (If Yes ↓)Valve Device Explanted and/or No Yes, Explanted Yes, Implanted Yes, Explanted and Implanted

If Yes, Explanted or Yes, explanted and Implanted, complete one column per explant ↓

EXPLANT(S)

Valve Explant #1	2nd Explant: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes ↓ (if no skip to implant)</i> Valve Explant Type #2 <input type="checkbox"/> Mechanical <input type="checkbox"/> Bioprosthetic <input type="checkbox"/> Homograft/Allograft <input type="checkbox"/> Autograft <input type="checkbox"/> Annuloplasty Band/Ring <input type="checkbox"/> Mitral Clip <input type="checkbox"/> Surgeon Fashioned <input type="checkbox"/> Transcatheter device <input type="checkbox"/> Other	3rd Explant: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes ↓ (if no skip to implant)</i> Valve Explant Type #3 <input type="checkbox"/> Mechanical <input type="checkbox"/> Bioprosthetic <input type="checkbox"/> Homograft/Allograft <input type="checkbox"/> Autograft <input type="checkbox"/> Annuloplasty Band/Ring <input type="checkbox"/> Mitral Clip <input type="checkbox"/> Surgeon Fashioned <input type="checkbox"/> Transcatheter device <input type="checkbox"/> Other	4th Explant: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes ↓ (if no skip to implant)</i> Valve Explant Type #4 <input type="checkbox"/> Mechanical <input type="checkbox"/> Bioprosthetic <input type="checkbox"/> Homograft/Allograft <input type="checkbox"/> Autograft <input type="checkbox"/> Annuloplasty Band/Ring <input type="checkbox"/> Mitral Clip <input type="checkbox"/> Surgeon Fashioned <input type="checkbox"/> Transcatheter device <input type="checkbox"/> Other
<i>If Commercially Supplied↓</i> Valve Explant #1 UDI:	<i>If Commercially Supplied↓</i> Valve Explant #2 UDI:	<i>If Commercially Supplied↓</i> Valve Explant #3 UDI:	<i>If Commercially Supplied↓</i> Valve Explant #4 UDI:
Model #1: _____	Model #2: _____	Model #3: _____	Model #4: _____
<i>If not transcatheter device↓</i> Device Size #1: _____	<i>If not transcatheter device↓</i> Device Size #2: _____	<i>If not transcatheter device↓</i> Device Size #3: _____	<i>If not transcatheter device↓</i> Device Size #4: _____

If Yes, Implanted or Yes, Explanted and Implanted, complete one column per implant ↓

IMPLANT(S)

Valve Implant Location #1	2nd Implant: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes ↓ (if no skip to VAD proc)</i> Valve Implant Location #2 <input type="checkbox"/> Aortic <input type="checkbox"/> Mitral <input type="checkbox"/> Tricuspid <input type="checkbox"/> Pulmonic <input type="checkbox"/> Common AV <input type="checkbox"/> Truncal	3rd Implant: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes ↓ (if no skip to VAD proc)</i> Valve Implant Location #3 <input type="checkbox"/> Aortic <input type="checkbox"/> Mitral <input type="checkbox"/> Tricuspid <input type="checkbox"/> Pulmonic <input type="checkbox"/> Common AV <input type="checkbox"/> Truncal	4th Implant: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes ↓ (if no skip to VAD proc)</i> Valve Implant Location #4 <input type="checkbox"/> Aortic <input type="checkbox"/> Mitral <input type="checkbox"/> Tricuspid <input type="checkbox"/> Pulmonic <input type="checkbox"/> Common AV <input type="checkbox"/> Truncal
Valve Implant Type #1 <input type="checkbox"/> Surgeon Fashioned <input type="checkbox"/> Autograft <input type="checkbox"/> Commercially supplied <input type="checkbox"/> Transcatheter device	Valve Implant Type #2 <input type="checkbox"/> Surgeon Fashioned <input type="checkbox"/> Autograft <input type="checkbox"/> Commercially supplied <input type="checkbox"/> Transcatheter device	Valve Implant Type #3 <input type="checkbox"/> Surgeon Fashioned <input type="checkbox"/> Autograft <input type="checkbox"/> Commercially supplied <input type="checkbox"/> Transcatheter device	Valve Implant Type #4 <input type="checkbox"/> Surgeon Fashioned <input type="checkbox"/> Autograft <input type="checkbox"/> Commercially supplied <input type="checkbox"/> Transcatheter device
<i>If Surgeon fashioned ↓</i> Material #1: <input type="checkbox"/> PTFE (Gore-Tex) <input type="checkbox"/> Pericardium <input type="checkbox"/> Other	<i>If Surgeon fashioned ↓</i> Material #2: <input type="checkbox"/> PTFE (Gore-Tex) <input type="checkbox"/> Pericardium <input type="checkbox"/> Other	<i>If Surgeon fashioned ↓</i> Material #3: <input type="checkbox"/> PTFE (Gore-Tex) <input type="checkbox"/> Pericardium <input type="checkbox"/> Other	<i>If Surgeon fashioned ↓</i> Material #4: <input type="checkbox"/> PTFE (Gore-Tex) <input type="checkbox"/> Pericardium <input type="checkbox"/> Other

If Commercially Supplied or Transcatheter ↓ Model #1: UDI#1 _____	If Commercially Supplied or Transcatheter ↓ Model #2: _____ UDI#2 _____	If Commercially Supplied or Transcatheter ↓ Model #3: _____ UDI#3 _____	If Commercially Supplied or Transcatheter ↓ Model #4: _____ UDI#4 _____
If Commercially Supplied ↓ Device Size #1: _____	If Commercially Supplied ↓ Device Size #2: _____	If Commercially Supplied ↓ Device Size #3: _____	If Commercially Supplied ↓ Device Size #4: _____

VAD PROCEDURES

VAD Explanted and/or Implanted: No Yes, Explanted Yes, Implanted Yes, Explanted and Implanted

If Implanted or Explanted and Implanted ↓

Indication: Bridge to Transplantation Bridge to Recovery Destination
 Postcardiotomy Ventricular failure Device malfunction End of Life

First Implant Type: RVAD LVAD TAH (total artificial heart)

First Implant UDI: _____

First Product (choose from VAD List): _____

If Implant Type = RVAD or LVAD complete ↓

Did the first occurrence involve the implantation of two VAD devices? Yes No

(If Yes →) Second Implant UDI: _____

Second Product (choose from VAD List) _____

If Explanted or Explanted and Implanted ↓

Explant Reason: Cardiac Transplant Recovery Device Transfer

Device Related Infection Device Malfunction End of Life

Explant UDI: _____

If Explanted, Implanted or Explanted and Implanted indicate whether VAD related complications occurred ↓

Intracranial Bleed: Yes No Embolic Stroke: Yes No Driveline/Cannula: Yes No

Infection:

Pump Pocket Infection: Yes No Endocarditis: Yes No Device Malfunction: Yes No

Bowel Obstruction: Yes No Hemolysis: Yes No

COMPLICATIONS

Assign complication(s) to the operation that is most closely associated with the complication

- 15= No complications OR select ALL that apply: (↓)
- 16= No complications during the intraop or postop time periods (No complications prior to discharge & no complications within ≤ 30 days of surgery)
- 350= Intraoperative death or intraprocedural death
- 360= Unplanned readmission to the hospital within 30 days of surgery or intervention
- 370= Multi-System Organ Failure (MSOF) = Multi-Organ Dysfunction Syndrome (MODS)
- 30= Unexpected Cardiac arrest during or following procedure (Periop/Periprocedural = Intraop/Intraprocedural and/or Postop/Postprocedural)
- 80= Cardiac dysfunction resulting in low cardiac output
- 384= Cardiac failure (severe cardiac dysfunction)
- 280= Endocarditis-postprocedural infective endocarditis
- 110= Pericardial effusion, Requiring drainage
- 390= Pulmonary hypertension
- 140= Pulmonary hypertensive crisis (PA pressure > systemic pressure)
- 130= Pulmonary vein obstruction
- 120= Systemic vein obstruction
- 240= Bleeding, Requiring reoperation

- 102= Sternum left open, Planned
- 104= Sternum left open, Unplanned
- 22= Unplanned cardiac reoperation during the postoperative or postprocedural time period, exclusive of reoperation for bleeding
- 24= Unplanned interventional cardiovascular catheterization procedure during the postoperative or postprocedural time period
- 26= Unplanned non-cardiac reoperation during the postoperative or postprocedural time period
- 40= Postoperative/Postprocedural mechanical circulatory support (IABP, VAD, ECMO, or CPS)
- 72= Arrhythmia requiring drug therapy
- 73= Arrhythmia requiring electrical cardioversion or defibrillation
- 74= Arrhythmia necessitating pacemaker, Permanent pacemaker
- 75= Arrhythmia necessitating pacemaker, Temporary pacemaker
- 210= Chylothorax
- 200= Pleural effusion, Requiring drainage
- 180= Pneumonia
- 190= Pneumothorax, Requiring drainage or evacuation
- 150= Postoperative/Postprocedural respiratory insufficiency requiring mechanical ventilatory support > 7 days
- 160= Postoperative/Postprocedural respiratory insufficiency requiring reintubation
- 170= Respiratory failure, Requiring tracheostomy
- 230= Renal failure - acute renal failure, Acute renal failure requiring dialysis at the time of hospital discharge
- 223= Renal failure - acute renal failure, Acute renal failure requiring temporary dialysis with the need for dialysis not present at hospital discharge
- 224= Renal failure - acute renal failure, Acute renal failure requiring temporary hemofiltration with the need for dialysis not present at hospital discharge
- 290= Sepsis
- 320= Neurological deficit, Neurological deficit persisting at discharge
- 325= Neurological deficit, Transient neurological deficit not present at discharge
- 300= Paralyzed diaphragm (possible phrenic nerve injury)
- 400= Peripheral nerve injury, Neurological deficit persisting at discharge
- 331= Seizure
- 410= Spinal cord injury, Neurological deficit persisting at discharge
- 420= Stroke
- 440= Subdural Bleed
- 450= Intraventricular hemorrhage (IVH) > grade 2
- 470= Thrombus, Intracardiac
- 480= Thrombus, Central vein
- 510= Thrombosis/thromboembolism, Pulmonary artery
- 490= Thrombus, Peripheral deep vein
- 500= Thrombosis, Systemic to pulmonary shunt
- 530= Thrombosis, Systemic artery, in situ (central)
- 540= Thrombosis, Systemic artery, in situ (peripheral)
- 550= Thrombosis, Systemic artery, embolic
- 310= Vocal cord dysfunction (possible recurrent laryngeal nerve injury)
- 250= Wound dehiscence (sterile)
- 255= Wound dehiscence (sterile), Median sternotomy
- 520= Sternal instability (sterile)
- 261= Wound infection
- 262= Wound infection-Deep wound infection
- 270= Wound infection-Mediastinitis
- 263= Wound infection-Superficial wound infection
- 430= Anesthesia – related complication
- 460= Complication of cardiovascular catheterization procedure
- 902= Compartment syndrome
- 900= Other complication; Specify _____

901= Other operative/procedural complication; Specify _____

DISCHARGE/READMISSION

Patient remains hospitalized during this episode of care Yes No

(If No → Date of Hospital Discharge: (mm/dd/yyyy) ____ / ____ / ____ →)

Mortality Status at Hospital Discharge: Alive Dead

(If Alive Discharge Location:

→) Home Other Acute Care Center Other Chronic Care Center

VAD Discharge Status:

No VAD this admission Discharged w/ VAD VAD removed prior to discharge Expired in Hospital

Discharged with Nasoenteric Tube? Yes No

Discharged with Transabdominal Gastrostomy or Jejunostomy Tube? Yes No

Date of Database Discharge: (mm/dd/yyyy) ____ / ____ / ____

Mortality Status at Database Discharge: Alive Dead Unknown

(If Alive →) Readmission within 30 days: Yes No

(If Yes →) Readmission Date: (mm/dd/yyyy) ____ / ____ / ____

Primary Readmission Reason (select one):

- | | |
|--|--|
| <input type="checkbox"/> Thrombotic Complication | <input type="checkbox"/> Neurologic Complication |
| <input type="checkbox"/> Hemorrhagic Complication | <input type="checkbox"/> Respiratory Complication/Airway Complication |
| <input type="checkbox"/> Stenotic Complication | <input type="checkbox"/> Septic/Infectious Complication |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Cardiovascular Device Complications |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Residual/Recurrent Cardiovascular Defects |
| <input type="checkbox"/> Embolic Complication | <input type="checkbox"/> Failure to Thrive |
| <input type="checkbox"/> Cardiac Transplant Rejection | <input type="checkbox"/> VAD Complications |
| <input type="checkbox"/> Myocardial Ischemia | <input type="checkbox"/> Gastrointestinal Complication |
| <input type="checkbox"/> Renal Failure | <input type="checkbox"/> Other Cardiovascular Complication |
| <input type="checkbox"/> Pericardial Effusion and/or Tamponade | <input type="checkbox"/> Other - Readmission related to this index operation |
| <input type="checkbox"/> Pleural Effusion | <input type="checkbox"/> Other - Readmission not related to this index operation |

Status at 30 days after surgery: Alive Dead Unknown

30 Day Status Method of Verification:

- Evidence of life or death in Medical Record Contact w/ patient or family
 Contact w/ medical provider Office visit to provider ≥ 30 days post op SSDMF Other

If Mt30Stat=Alive →

Status at 365 days after surgery: Alive Dead Unknown

365 Day Status Method of Verification:

- Evidence of life or death in Medical Record Contact w/ patient or family
 Contact w/ medical provider Office visit to provider ≥ 365 days post op SSDMF Other

Operative Mortality: Yes No

CHSS Eligibility:

- Eligible & Enrolled Eligible, but declined enrollment Eligible, but not invited to participate
 Eligible, but institution not CHSS participant Eligible, but not enrolled, other reason Not Eligible

PATIENT PROCESS MEASURES

(if Op Type CPB, No CPB Cardiovascular, or CPB Noncardiovascular ↓)

Patient care discussed at preop multidisciplinary planning conference: Yes No

If No → Reason care was not discussed: Urgent/Emergent/Salvage Case Patient admitted between conferences

<input type="checkbox"/> Program does not routinely discuss all cases	<input type="checkbox"/> Program does not have regular conferences
<input type="checkbox"/> Other	
Transesophageal Echo (TEE) available for case: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes → Intraop TEE performed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-op Antibiotic Prophylaxis given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient on ongoing antibiotic therapy, prophylaxis not indicated	
If Yes → Cephalosporin <input type="checkbox"/> Yes <input type="checkbox"/> No	Penicillin or related med <input type="checkbox"/> Yes <input type="checkbox"/> No
Aminoglycoside <input type="checkbox"/> Yes <input type="checkbox"/> No	Vancomycin <input type="checkbox"/> Yes <input type="checkbox"/> No
Other <input type="checkbox"/> Yes <input type="checkbox"/> No	
Antibiotic Start time: (00:00 – 23:59) ____ : __	
Conventional Pre-procedure Time Out: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon shares essential elements of operative plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Postprocedure debriefing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hand-off protocol at the time of transfer to ICU: <input type="checkbox"/> Yes- all required team members present	
<input type="checkbox"/> Yes- not all required team members present	
<input type="checkbox"/> No	
If yes-not all required team members present →	Anesthesiologist: <input type="checkbox"/> Attended hand-off <input type="checkbox"/> Did not attend hand-off
	Surgeon: <input type="checkbox"/> Attended hand-off <input type="checkbox"/> Did not attend hand-off
	ICU MD: <input type="checkbox"/> Attended hand-off <input type="checkbox"/> Did not attend hand-off
	Nurse: <input type="checkbox"/> Attended hand-off <input type="checkbox"/> Did not attend hand-off
Patient died or had major postoperative complication(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes → Management and outcomes reviewed: <input type="checkbox"/> Reviewed at conference	
<input type="checkbox"/> Scheduled for review at conference	
<input type="checkbox"/> Not reviewed or scheduled for review	
<input type="checkbox"/> Program does not have scheduled conferences	
If Reviewed → Review Date: (mm/dd/yyyy) ____ / ____ / ____ - ____	

	STS National Database <i>Using data to drive quality</i>	ANESTHESIA (for sites participating in CHSD anesthesiology component)	
ANESTHESIA Administrative			
Anesthesiology data being collected: <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If No, skip all Anesthesia sections</i>)			
Anesthesiologist Present: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(<i>If Yes→</i>)	Primary Anesthesiologist Attending: _____		
	Primary Anesthesiologist National Provider Identifier: _____		
	Secondary Anesthesiologist Attending: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fellow or Resident Present: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mid-Level provider CRNA/AA Present: <input type="checkbox"/> Yes <input type="checkbox"/> No			

ANESTHESIA Preoperative

Preoperative Medication Category: (within 24 hours unless listed otherwise)

- 5= None (*If not None, select all pre-operative medications that apply:* ↓)
- | | |
|--|---|
| <input type="checkbox"/> 10= Amiodarone | <input type="checkbox"/> 190= Heparin |
| 20= Angiotension Converting Enzyme (ACE) Inhibitors | <input type="checkbox"/> 220= Heparin, Low molecular weight |
| <input type="checkbox"/> 760= Angiotension Receptor Blockers (ARB) | <input type="checkbox"/> 710= Inotropes Not Otherwise Listed |
| <input type="checkbox"/> 700= Anti-arrhythmics Not Otherwise Listed | <input type="checkbox"/> 210= Insulin |
| <input type="checkbox"/> 770= Anticoagulents Not Otherwise Listed | <input type="checkbox"/> 230= Milrinone |
| 30= Anti-reflux Meds (H2 antagonists,PPI, propulsives) | <input type="checkbox"/> 240= Narcotics |
| <input type="checkbox"/> 40= Anti-seizure medications | <input type="checkbox"/> 250= Nitric Oxide |
| <input type="checkbox"/> 50= Aspirin (within 5 days) | <input type="checkbox"/> 260= Nitroglycerin |
| <input type="checkbox"/> 60= Benzodiazepines | <input type="checkbox"/> 270= Nitroprusside |
| <input type="checkbox"/> 70= Beta Blockers | <input type="checkbox"/> 280= Norepinephrine (Levophed) |
| <input type="checkbox"/> 80= Birth Control (Oral, IM) | <input type="checkbox"/> 290= PDE-5 Inhibitors (e.g., Sildenafil) |
| <input type="checkbox"/> 200= Bronchodilators, Inhaled | 300= Platelet inhibitors other than Aspirin (e.g.,Plavix) (within 5 days) |
| <input type="checkbox"/> 90= Calcium Channel Blockers | <input type="checkbox"/> 310= Prostacyclin (e.g., Flolan, Remodulin) |
| <input type="checkbox"/> 100= Calcium Chloride Infusion | <input type="checkbox"/> 320= Prostaglandin |
| <input type="checkbox"/> 750= Clonidine | 330= Psychiatric Medications (including ADHD and antidepressants) |
| <input type="checkbox"/> 110= Coumadin | <input type="checkbox"/> 340= Statins |
| <input type="checkbox"/> 740= Dexmedetomidine | <input type="checkbox"/> 350= Steroids (oral / IV) |
| <input type="checkbox"/> 120= Digoxin | <input type="checkbox"/> 360= Thyroid Hormone |
| 130= Direct Thrombin Inhibitors (e.g., argatroban) | 370= Transplant Rejection Inhibition Meds (other than steroids) |
| <input type="checkbox"/> 140= Diuretics | <input type="checkbox"/> 720= Vasoconstrictors Not Otherwise Listed |
| <input type="checkbox"/> 150= Dobutamine | <input type="checkbox"/> 730= Vasodilators Not Otherwise Listed |
| <input type="checkbox"/> 160= Dopamine | <input type="checkbox"/> 380= Vasopressin |
| <input type="checkbox"/> 170= Endothelin Antagonist (e.g., Bosentan) | <input type="checkbox"/> 900= Other |
| <input type="checkbox"/> 180= Epinephrine | |

Preoperative Sedation Yes No

(If Yes→) Preoperative Sedation IM IV Nasal PO/GT Rectal
Route:

(If Yes, select all pre-operative sedation drugs that apply: ↓)

- | | | | |
|-----------------|--|---------------|--|
| Atropine | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ketamine | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demerol | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lorazepam | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dexmedetomidine | <input type="checkbox"/> Yes <input type="checkbox"/> No | Midazolam | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diazepam | <input type="checkbox"/> Yes <input type="checkbox"/> No | Morphine | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fentanyl | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pentobarbital | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Glycopyrrolate | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Preoperative Oxygen Saturation: _____ %

Preoperative Oxygen Supplementation Yes No

Date and Time of Transport to Procedure Location Or Anesthesia Start Time:

mm/ dd/ yyyy hh : mm _ _ / _ _ / _ _ _ _ : _ _

ANESTHESIA Monitoring

Arterial Line: Yes No

(If Yes →) Type: (Select all that apply)

Radial	<input type="checkbox"/> Yes <input type="checkbox"/> No	Brachial	<input type="checkbox"/> Yes <input type="checkbox"/> No
Axillary	<input type="checkbox"/> Yes <input type="checkbox"/> No	Femoral	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ulnar	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dorsalis Pedis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Posterior Tibial	<input type="checkbox"/> Yes <input type="checkbox"/> No	Umbilical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arterial line in-situ pre procedure:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cutdown: <input type="checkbox"/> Yes <input type="checkbox"/> No		(If Yes →) Type: (Select all that apply)	
Radial	<input type="checkbox"/> Yes <input type="checkbox"/> No	Femoral	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ulnar	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percutaneous Central Pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		(If Yes →) Location: (Select all that apply)	
Right Internal Jugular	<input type="checkbox"/> Yes <input type="checkbox"/> No	Left Internal Jugular	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right Subclavian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Left Subclavian	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right Femoral Vein	<input type="checkbox"/> Yes <input type="checkbox"/> No	Left Femoral Vein	<input type="checkbox"/> Yes <input type="checkbox"/> No
PICC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
CVP or PICC in situ pre procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CVP Placed by Anesthesia	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Surgeon Placed lines INSTEAD of Anesthesia Placed Central Lines: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Swan-Ganz	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Catheter			
Oximetric Central Line (ScVO2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ultrasound Guidance Used for Line Placement: <input type="checkbox"/> None		<input type="checkbox"/> Central venous line only	
		<input type="checkbox"/> Arterial line only	<input type="checkbox"/> Both arterial & venous lines
Neurologic Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes →) Bispectral Index	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transcranial Doppler	<input type="checkbox"/> Yes <input type="checkbox"/> No		
NIRS (Cerebral)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lowest Recorded Intraoperative Temperature:	_____ °C		
Lowest Intraoperative Temperature Site:	<input type="checkbox"/> Nasal	<input type="checkbox"/> Esophageal	<input type="checkbox"/> Bladder
	<input type="checkbox"/> Axillary	<input type="checkbox"/> Skin	<input type="checkbox"/> Rectal
	<input type="checkbox"/> Tympanic	<input type="checkbox"/> Other	
Transesophageal Echocardiography	<input type="checkbox"/> Yes <input type="checkbox"/> No		

ANESTHESIA Anesthetic Technique

Date and Time of Induction: mm/ dd/ yyyy hh : mm _ / _ / _ _ _ _ : _ _

Induction Type:

Inhalation	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →)	Sevoflurane	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Isoflurane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intravenous	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →)	Sodium Thiopental	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Ketamine	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Etomide	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Propofol	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Fentanyl	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Midazolam	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Dexmedetomidine	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Sufentanil	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Remifentanil	<input type="checkbox"/> Yes <input type="checkbox"/> No

Intramuscular (IM)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →) Ketamine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Midazolam	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Regional Anesthetic	<input type="checkbox"/> Yes <input type="checkbox"/> No				
(If Yes →) Regional Anesthetic Site:					
	<input type="checkbox"/> Thoracic Epidural Catheter	<input type="checkbox"/> Lumbar Epidural Catheter	<input type="checkbox"/> Caudal Epidural Catheter		
	<input type="checkbox"/> Lumbar Epidural -Single shot	<input type="checkbox"/> Caudal Epidural – Single shot	<input type="checkbox"/> Lumbar Intrathecal -Single Shot		
	<input type="checkbox"/> Paravertebral Block-Single shot	<input type="checkbox"/> Paravertebral Block – Catheter	<input type="checkbox"/> Other		
(If Yes →) Regional Anesthetic Drug: (Select all that apply)	Bupivacaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bupivacaine/Fentanyl	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Clonidine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fentanyl	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hydromorphone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lidocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ropivacaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ropivacaine/Fentanyl	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tetracaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Intercostal Nerve Infiltration by Surgeon or Anesthesia: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Regional Field Block by Surgeon or Anesthesia: <input type="checkbox"/> Yes <input type="checkbox"/> No					
ANESTHESIA Airway					
Airway In-situ (ETT or Tracheostomy): <input type="checkbox"/> Yes <input type="checkbox"/> No					
(If Yes →) ETT or Tracheostomy Replaced for Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Airway Type:	<input type="checkbox"/> No airway support	<input type="checkbox"/> Simple face mask	<input type="checkbox"/> Bag-mask	<input type="checkbox"/> Nasal cannulae	
	<input type="checkbox"/> Airway (LMA)			<input type="checkbox"/> Laryngeal Mask	
	<input type="checkbox"/> Endotracheal intubation	<input type="checkbox"/> Tracheostomy			
(If LMA →)	Airway Size (mm): <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2.0 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.0 <input type="checkbox"/> 4.0 <input type="checkbox"/> 5.0				
(If Endotracheal intubation →)		Airway Size (mm): <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4.0 <input type="checkbox"/> 4.5 <input type="checkbox"/> 5.0			
		<input type="checkbox"/> 5.5 <input type="checkbox"/> 6.0 <input type="checkbox"/> 6.5 <input type="checkbox"/> 7.0 <input type="checkbox"/> 7.5 <input type="checkbox"/> 8.0			
		<input type="checkbox"/> Other <input type="checkbox"/> Size not listed (DLETT, Tracheotomy)			
		<input type="checkbox"/> Cuffed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Endotracheal intubation or Trach→)		Airway Site: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Tracheostomy			
Endobronchial Isolation (DLETT, Bronchial Blocker) <input type="checkbox"/> Yes <input type="checkbox"/> No					
(If Yes →)	Endobronchial Isolation Method:	<input type="checkbox"/> Double lumen ETT	<input type="checkbox"/> Arndt Bronchial Blocker	<input type="checkbox"/> Fogarty Catheter	
		<input type="checkbox"/> Intentional Mainstem ETT	<input type="checkbox"/> Uninvent ETT	<input type="checkbox"/> Other	
ICU Type Ventilator Used Intraop: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Anesthesia Ready / End of Induction: mm/ dd/ yyyy hh : mm _ _ / _ _ / _ _ _ _ : _ _					
ANESTHESIA Intraoperative Pharmacology (including CPB)					
Intraoperative Medications: <input type="checkbox"/> None (If not None, select all intra-operative medications that apply: ↓)					

- | | |
|--|--|
| <input type="checkbox"/> 450= 5-HT3 Agents (e.g., Ondansetron) | <input type="checkbox"/> 190= Magnesium Sulfate |
| <input type="checkbox"/> 520= Acetaminophen | <input type="checkbox"/> 210= Milrinone |
| <input type="checkbox"/> 20= Adenosine bolus | <input type="checkbox"/> 430= Narcotic |
| <input type="checkbox"/> 50= Amiodarone | <input type="checkbox"/> 230= Nesiritide Infusion |
| <input type="checkbox"/> 440= Benzodiazepine | <input type="checkbox"/> 240= Nicardipine Infusion |
| <input type="checkbox"/> 420= Bronchodilator - Inhaled | <input type="checkbox"/> 250= Nitric Oxide inhalation |
| <input type="checkbox"/> 70= Calcium Chloride infusion | <input type="checkbox"/> 260= Nitroglycerin (Tridil) infusion |
| <input type="checkbox"/> 75= Calcium Gluconate infusion | <input type="checkbox"/> 270= Nitroprusside (Nipride) |
| <input type="checkbox"/> 480= Desflurane | <input type="checkbox"/> 180= Norepinephrine (Levophed) infusion |
| <input type="checkbox"/> 80= Dexmetetomidine (Precedex) | <input type="checkbox"/> 280= Phenoxybenzamine bolus |
| <input type="checkbox"/> 90= Dobutamine infusion | <input type="checkbox"/> 290= Phenotolamine (Regitine) |
| <input type="checkbox"/> 100= Dopamine infusion | <input type="checkbox"/> 300= Phenylephrine infusion |
| <input type="checkbox"/> 110= Epinephrine (Adrenalin) infusion | <input type="checkbox"/> 500= Procainamide |
| <input type="checkbox"/> 120= Esmolol | <input type="checkbox"/> 310= Propofol (Diprivan) infusion |
| <input type="checkbox"/> 510= Fenoldopam infusion | <input type="checkbox"/> 320= Prostaglandin infusion |
| <input type="checkbox"/> 140= Furosemide | <input type="checkbox"/> 470= Sevoflurane |
| <input type="checkbox"/> 370= Inotrope, Other | <input type="checkbox"/> 400= Sodium Bicarbonate bolus |
| <input type="checkbox"/> 150= Insulin | <input type="checkbox"/> 160= Steroids IV/CPB
(Hydrocortisone/Methylprednisolone/Dexamethasone) |
| <input type="checkbox"/> 460= Isoflurane | <input type="checkbox"/> 340= Thyroid Hormone |
| <input type="checkbox"/> 170= Isoproterenol infusion | <input type="checkbox"/> 410= Tromethamine (THAM) bolus |
| <input type="checkbox"/> 490= Ketamine | <input type="checkbox"/> 390= Vasoconstrictor, Other |
| <input type="checkbox"/> 530= Ketorolac | <input type="checkbox"/> 380= Vasodilator, Other |
| <input type="checkbox"/> 540= Levosimendan | <input type="checkbox"/> 360= Vasoressin infusion |

Was AT III measured preoperatively? Yes No

Were any of the following labs checked during CPB?

- | | | | |
|-----------------|------------------------------|-----------------------------|--|
| Fibrinogen | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes → value: _____ mg/dL |
| Platelet Count | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes → value: _____ 10 ³ / µL |
| TEG on CPB | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| TEG – FF on CPB | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| ROTEM on CPB | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| FIBTEM on CPB | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| SONOCLOT on CPB | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Were any of the following labs checked in the Operating Room after CPB completed?

- | | | | |
|--------------------|------------------------------|-----------------------------|--|
| Fibrinogen | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes → FINAL value: _____ mg/dL |
| Platelet Count | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes → FINAL value: _____ 10 ³ / µL |
| TEG after CPB | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| TEG – FF after CPB | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| ROTEM after CPB | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| FIBTEM after CPB | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| SONOCLOT after CPB | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

ANESTHESIA Pharmacology On Arrival To ICU/PACU

Medications Given At Time Of Transfer: None (*If not None, select all medications that apply: ↓*)

<input type="checkbox"/>	20= Aminocaproic Acid (Amicar) infusion	<input type="checkbox"/>	170= Muscle Relaxant infusion	
<input type="checkbox"/>	30= Amiodarone infusion	<input type="checkbox"/>	360= Narcotic infusion	

<input type="checkbox"/> 40= Aprotinin (Trasylol) infusion	<input type="checkbox"/>	180= Nesiritide Infusion	
<input type="checkbox"/> 370= Benzodiazepine infusion	<input type="checkbox"/>	190= Nicardipine infusion	
<input type="checkbox"/> 50= Calcium Chloride infusion	<input type="checkbox"/>	200= Nitric Oxide inhalation	
<input type="checkbox"/> 60= Calcium Gluconate infusion	<input type="checkbox"/>	210= Nitroglycerin (Tridil) infusion	
<input type="checkbox"/> 70= Dexmetetomidine (Precedex) infusion	<input type="checkbox"/>	220= Nitroprusside (Nipride) infusion	
<input type="checkbox"/> 80= Dobutamine infusion	<input type="checkbox"/>	230= Norepinephrine (Levophed) infusion	
<input type="checkbox"/> 90= Dopamine infusion	<input type="checkbox"/>	240= Phentolamine (Regitine) infusion	
<input type="checkbox"/> 100= Epinephrine (Adrenalin) infusion	<input type="checkbox"/>	250= Phenylephrine infusion	
<input type="checkbox"/> 340= Esmolol infusion	<input type="checkbox"/>	380= Procainamide bolus/infusion	
<input type="checkbox"/> 390= Fenoldopam infusion	<input type="checkbox"/>	260= Propofol (Diprivan) infusion	
<input type="checkbox"/> 310= Inotrope, Other	<input type="checkbox"/>	270= Prostaglandin infusion	
<input type="checkbox"/> 120=Insulin infusion	<input type="checkbox"/>	280= Thyroid Hormone infusion	
<input type="checkbox"/> 130= Isoproterenol infusion	<input type="checkbox"/>	290= Tranexamic Acid infusion	
<input type="checkbox"/> 410= Ketamine Infusion	<input type="checkbox"/>	330= Vasoconstrictor, Other	
<input type="checkbox"/> 400= Levosimendan	<input type="checkbox"/>	320= Vasodilator, Other	
<input type="checkbox"/> 350= Local Anesthetic infusion via catheter (On-Q, Pleural catheter)	<input type="checkbox"/>	300= Vasopressin infusion	
<input type="checkbox"/> 150= Milrinone infusion	<input type="checkbox"/>		

ANESTHESIA ICU/PACU Care

Date and Time of ICU/PACU Arrival: (mm/dd/yyyy 00:00 – 23:59) __ / __ / __ : __

Initial FiO2: _____	Mechanical circulatory support(ECMO/VAD) : <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------	---

ICU/PACU Arrival labs	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →)	pH: _____	pCO2: _____	pO2: _____
			Base Excess: _____	Lactate: _____	Hematocrit: _____

Initial pulse oximeter _____ %

Temperature on ICU/PACU Arrival: _____ °C

Temperature Measurement Site: Forehead scan Tympanic membrane Skin Rectal Bladder
 Oral Axillary Other

Need for Temporary Pacemaker on Arrival In ICU/PACU: Yes No

(If Yes →) Site of Temporary Pace Maker: Epicardial Transvenous

(If Yes →) Type of Temporary Pacing: Atrial Atrio-ventricular Ventricular Other

Disposition Under Anesthesia:	<input type="checkbox"/> Discharged as planned after PACU/Recovery	<input type="checkbox"/> Admit to hospital floor as planned
	<input type="checkbox"/> Admit to ICU as planned	<input type="checkbox"/> Unplanned admit to hospital or ICU
	<input type="checkbox"/> Other location not listed above	<input type="checkbox"/> Patient expired under anesthetic management

Peri-Anesthetic Demise: (within 24 hr of last anesthetic end time) Yes No

ANESTHESIA Adverse Events	Additional Intervention Required: Circle EACH event that required additional intervention.
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Anesthesia adverse events: None (If not None, select all adverse events that apply: ↓)

- 20= Oral/Nasal Injury-Bleeding
- 210= Anaphylaxis/Anaphylactoid Reaction
- 30= Respiratory Arrest
- 220= Non-allergic Drug Reaction
- 40= Difficult Intubation/Reintubation
- 230= Medication Administration

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|---|---|
| <input type="checkbox"/> 50= Stridor / Sub-glottic Stenosis | <input type="checkbox"/> 240= Medication Dosage |
| <input type="checkbox"/> 60= Extubation | <input type="checkbox"/> 250= Intraoperative Recall |
| <input type="checkbox"/> 70= Endotracheal Tube Migration | <input type="checkbox"/> 260= Malignant Hyperthermia |
| <input type="checkbox"/> 80= Airway Injury | <input type="checkbox"/> 270= Protamine Reaction |
| <input type="checkbox"/> 410= Hemoptysis | <input type="checkbox"/> 280= Cardiac Arrest - related to anesthesia care |
| <input type="checkbox"/> 450= Laryngospasm requiring medication | <input type="checkbox"/> 490= Cardiac Arrest - unrelated to anesthesia care |
| <input type="checkbox"/> 400= Bronchospasm | <input type="checkbox"/> 510= Hypercyanotic Episode (Tet Spell) unrelated to manipulation |
| <input type="checkbox"/> 470= Unplanned need to remain intubated post-procedure due to anesthesia factors | <input type="checkbox"/> 500= Pulmonary Hypertensive Crisis unrelated to manipulation |
| <input type="checkbox"/> 90= Arrhythmia - Central Venous Line Placement | <input type="checkbox"/> 290= TEE related esophageal bleeding / rupture |
| <input type="checkbox"/> 100= Myocardial Injury - Central Venous Line Placement | <input type="checkbox"/> 300= TEE related esophageal chemical burn |
| <input type="checkbox"/> 110= Vascular Compromise - Central Venous Line Placement | <input type="checkbox"/> 310= TEE related airway compromise |
| <input type="checkbox"/> 120= Pneumothorax - Central Venous Line Placement | <input type="checkbox"/> 315= TEE related hemodynamic compromise |
| <input type="checkbox"/> 130= Vascular Access | <input type="checkbox"/> 320= TEE related extubation |
| <input type="checkbox"/> 140= Hematoma requiring relocation of catheter placement | <input type="checkbox"/> 330= Complications during patient transfer |
| <input type="checkbox"/> 150= Arterial Puncture | <input type="checkbox"/> 340= Peripheral Nerve Injury due to positioning |
| <input type="checkbox"/> 160= Intravenous/Intra-arterial Air Embolism | <input type="checkbox"/> 370= Anesthesia Equipment Malfunction/ Failure |
| <input type="checkbox"/> 350= Arterial Line Placement- Extremity ischemia | <input type="checkbox"/> 390= Integument Injury (skin breakdown or dehiscence) |
| <input type="checkbox"/> 380= Intravenous Infiltration | <input type="checkbox"/> 480= Ocular Injury (corneal abrasion or injury) |
| <input type="checkbox"/> 170= Bleeding - Regional Anesthetic Site | <input type="checkbox"/> 420= Postop Nausea/Vomiting requiring admission |
| <input type="checkbox"/> 180= Intrathecal Puncture - Regional | <input type="checkbox"/> 430= Vomiting or Aspiration on Induction/Emergence |
| <input type="checkbox"/> 190= Local Anesthetic Toxicity - Regional | <input type="checkbox"/> 440= Emergence Delirium requiring Medication |
| <input type="checkbox"/> 200= Neurologic Injury - Regional | <input type="checkbox"/> 900= Other |