

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: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes →) Mode of Delivery:			
<input type="checkbox"/> Spontaneous onset labor with vaginal delivery <input type="checkbox"/> Spontaneous onset labor with cesarean section <input type="checkbox"/> Induction of labor with vaginal delivery <input type="checkbox"/> Induction of labor with subsequent cesarean section <input type="checkbox"/> Scheduled cesarean section <input type="checkbox"/> Other cesarean section			
Mother's Gravidity and Parity known: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)			
Mother's Gravidity:		Mother's Parity:	
APGAR Scores Known: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)			
APGAR Score at 1 minute:		APGAR Score at 5 minutes:	
Mother's Name Known: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes →)	Mother's Last :	Mother's First Name:	Mother's Middle Name:
Mother's National ID Number (SSN) Known: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			
(If Yes →)	Mother's National ID Number (SSN):		
DOB: (mm/dd/yyyy) ____ / ____ / ____		Birth Weight Known: <input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes →) Birth Weight (kg):
Sex at Birth: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Ambiguous		Premature Birth: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Gestational Age at Birth Known: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If Yes →)	Gestational age at birth: Weeks: ____ wks	Days: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Unknown	
Multiple Gestation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Antenatal Diagnosis of Congenital Heart Disease: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Pregnancy – related complications: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
(If Yes →)	Pre-eclampsia: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Gestational DM: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Hypertension: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HELLPP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Polyhydramnios: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Oligohydramnios: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Hydrops: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Other: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Race Documented: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/>	11p15.5
<input type="checkbox"/>	1p36 del	<input type="checkbox"/>	11q
<input type="checkbox"/>	1q21.1 del	<input type="checkbox"/>	12p1.21
<input type="checkbox"/>	1q21.1 dup	<input type="checkbox"/>	12p12.1
<input type="checkbox"/>	1q42.1	<input type="checkbox"/>	12q24
<input type="checkbox"/>	2p21	<input type="checkbox"/>	15q11.2 del
<input type="checkbox"/>	3p22	<input type="checkbox"/>	15q21.1
<input type="checkbox"/>	3q dup	<input type="checkbox"/>	16p11.2 del
<input type="checkbox"/>	4p16	<input type="checkbox"/>	17p11.2 del
<input type="checkbox"/>	4q del	<input type="checkbox"/>	17q21.31 del
<input type="checkbox"/>	5p15.2 del	<input type="checkbox"/>	20p12
<input type="checkbox"/>	5p15.33 del	<input type="checkbox"/>	22q11 deletion
<input type="checkbox"/>	6p12	<input type="checkbox"/>	22q11.2 dup
<input type="checkbox"/>	7q11	<input type="checkbox"/>	45X0
<input type="checkbox"/>	7q11.23 del	<input type="checkbox"/>	47,XXY
<input type="checkbox"/>	7q11.23 dup	<input type="checkbox"/>	Monosomy X
<input type="checkbox"/>	7q32	<input type="checkbox"/>	Trisomy 08
<input type="checkbox"/>	7q34	<input type="checkbox"/>	Trisomy 09
<input type="checkbox"/>	8p23.1 del	<input type="checkbox"/>	Trisomy 13
<input type="checkbox"/>	8p23.1 dup	<input type="checkbox"/>	Trisomy 18
<input type="checkbox"/>	8q12	<input type="checkbox"/>	Trisomy 21
<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"/> RPGRI1L	<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 duplicaiton 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"/> Cranioectodermal 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 Polydactyly 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 18
<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: _____

Primary Payor:		Secondary (supplemental) Payor:			
<input type="checkbox"/> None/self		<input type="checkbox"/> None/self			
(If Primary not None or missing →)	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Military Health <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Correctional Facility <input type="checkbox"/> State Specific Plan <input type="checkbox"/> Other Government Insurance <input type="checkbox"/> Commercial Health Insurance <input type="checkbox"/> Health Maintenance Organization <input type="checkbox"/> Non US Plan <input type="checkbox"/> Charitable Care/Foundation Funding (internal) <input type="checkbox"/> Charitable Care/Foundation Funding (external)	(If Secondary not None or missing →)	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Military Health <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Correctional Facility <input type="checkbox"/> State Specific Plan <input type="checkbox"/> Other Government Insurance <input type="checkbox"/> Commercial Health Insurance <input type="checkbox"/> Health Maintenance Organization <input type="checkbox"/> Non US Plan <input type="checkbox"/> Charitable Care/Foundation Funding (internal) <input type="checkbox"/> Charitable Care/Foundation Funding (external)		
(If Medicare →)	Primary Payor Medicare Fee for Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Medicare →)	Secondary Payor Medicare Fee for Service:	<input type="checkbox"/> Yes <input type="checkbox"/> 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 entero-colitis, Treated medically	<input type="checkbox"/>	ICD (AICD) ([automatic] implantable cardioverter defibrillator) present
<input type="checkbox"/>	Necrotizing entero-colitis, 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 (If Other Preoperative Factors, Specify ↓) _____
<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"/>
		<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"/>
		<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"/>
		<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"/>
		<input type="checkbox"/>	150= Pulmonary artery origin from ascending aorta (hemitruncus)	<input type="checkbox"/>
	Truncus Arteriosus	<input type="checkbox"/>	160= Truncus arteriosus	<input type="checkbox"/>
		<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"/>
Pulmonary Venous Anomalies	Partial Anomalous Pulmonary Venous Connection	<input type="checkbox"/>	180= Partial anomalous pulmonary venous connection (PAPVC)	<input type="checkbox"/>
		<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"/>
		<input type="checkbox"/>	220=Total anomalous pulmonary venous connection (TAPVC), Type 3 (infracardiac)	<input type="checkbox"/>
		<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"/>
		<input type="checkbox"/>	2480=Pulmonary venous stenosis, Acquired	<input type="checkbox"/>
		<input type="checkbox"/>	2490=Pulmonary venous stenosis, Spontaneous	<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"/>
		<input type="checkbox"/>	2140=TOF, Pulmonary stenosis	<input type="checkbox"/>
		<input type="checkbox"/>	300=TOF, AVC (AVSD)	<input type="checkbox"/>
		<input type="checkbox"/>	310=TOF, Absent pulmonary valve	<input type="checkbox"/>
	Pulmonary Atresia	<input type="checkbox"/>	320=Pulmonary atresia	<input type="checkbox"/>
		<input type="checkbox"/>	330=Pulmonary atresia, IVS	<input type="checkbox"/>
		<input type="checkbox"/>	340=Pulmonary atresia, VSD (Including TOF, PA)	<input type="checkbox"/>
		<input type="checkbox"/>	350=Pulmonary atresia, VSD-MAPCA	<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"/>
		<input type="checkbox"/>	380=Tricuspid regurgitation, non-Ebstein's related	<input type="checkbox"/>
		<input type="checkbox"/>	390=Tricuspid stenosis	<input type="checkbox"/>
		<input type="checkbox"/>	400=Tricuspid regurgitation and tricuspid stenosis	<input type="checkbox"/>
		<input type="checkbox"/>	410=Tricuspid valve, Other	<input type="checkbox"/>
	RVOT Obstruction and/or Pulmonary Stenosis	<input type="checkbox"/>	420=Pulmonary stenosis, Valvar	<input type="checkbox"/>
		<input type="checkbox"/>	430=Pulmonary artery stenosis (hypoplasia), Main (trunk)	<input type="checkbox"/>
		<input type="checkbox"/>	440=Pulmonary artery stenosis, Branch, Central (within the hilar bifurcation)	<input type="checkbox"/>
		<input type="checkbox"/>	450=Pulmonary artery stenosis, Branch, Peripheral (at or beyond the hilar bifurcation)	<input type="checkbox"/>
		<input type="checkbox"/>	470=Pulmonary artery, Discontinuous	<input type="checkbox"/>
		<input type="checkbox"/>	490=Pulmonary stenosis, Subvalvar	<input type="checkbox"/>
		<input type="checkbox"/>	500=DCRV	<input type="checkbox"/>
	Pulmonary Valve Disease	<input type="checkbox"/>	510=Pulmonary valve, Other	<input type="checkbox"/>
		<input type="checkbox"/>	530=Pulmonary insufficiency	<input type="checkbox"/>
		<input type="checkbox"/>	540=Pulmonary insufficiency and pulmonary stenosis	<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"/>
		<input type="checkbox"/>	2500=Aortic stenosis, Subvalvar, Discrete	<input type="checkbox"/>
		<input type="checkbox"/>	2510=Aortic stenosis, Subvalvar, IHSS	<input type="checkbox"/>
		<input type="checkbox"/>	2520=Aortic stenosis, Subvalvar, Tunnel-like	<input type="checkbox"/>
		<input type="checkbox"/>	560=Aortic stenosis, Valvar	<input type="checkbox"/>
		<input type="checkbox"/>	570=Aortic stenosis, Supravalvar	<input type="checkbox"/>
		<input type="checkbox"/>	590=Aortic valve atresia	<input type="checkbox"/>
		<input type="checkbox"/>	600=Aortic insufficiency	<input type="checkbox"/>

		<input type="checkbox"/> 610=Aortic insufficiency and aortic stenosis	<input type="checkbox"/>
		<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"/>
		<input type="checkbox"/> 660=Mitral stenosis, Valvar	<input type="checkbox"/>
		<input type="checkbox"/> 670=Mitral stenosis, Subvalvar	<input type="checkbox"/>
		<input type="checkbox"/> 680=Mitral stenosis, Subvalvar, Parachute	<input type="checkbox"/>
		<input type="checkbox"/> 695=Mitral stenosis	<input type="checkbox"/>
		<input type="checkbox"/> 700=Mitral regurgitation and mitral stenosis	<input type="checkbox"/>
		<input type="checkbox"/> 710=Mitral regurgitation	<input type="checkbox"/>
		<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 { <i>CANNOT BE PRIMARY DIAGNOSIS</i> }	<input type="checkbox"/>
Cardiomyopathy		<input type="checkbox"/> 740=Cardiomyopathy (including dilated, restrictive, and hypertrophic)	<input type="checkbox"/>
		<input type="checkbox"/> 750=Cardiomyopathy, End-stage congenital heart disease	<input type="checkbox"/>
Pericardial Disease		<input type="checkbox"/> 760=Pericardial effusion	<input type="checkbox"/>
		<input type="checkbox"/> 770=Pericarditis	<input type="checkbox"/>
		<input type="checkbox"/> 780=Pericardial disease, Other	<input type="checkbox"/>
Single Ventricle		<input type="checkbox"/> 790=Single ventricle, DILV	<input type="checkbox"/>
		<input type="checkbox"/> 800=Single ventricle, DIRV	<input type="checkbox"/>
		<input type="checkbox"/> 810=Single ventricle, Mitral atresia	<input type="checkbox"/>
		<input type="checkbox"/> 820=Single ventricle, Tricuspid atresia	<input type="checkbox"/>
		<input type="checkbox"/> 830=Single ventricle, Unbalanced AV canal	<input type="checkbox"/>
		<input type="checkbox"/> 840=Single ventricle, Heterotaxia syndrome	<input type="checkbox"/>
		<input type="checkbox"/> 850=Single ventricle, Other	<input type="checkbox"/>
		<input type="checkbox"/> 851=Single ventricle + Total anomalous pulmonary venous connection (TAPVC)	<input type="checkbox"/>
Transposition of the Great Arteries	Congenitally Corrected TGA	<input type="checkbox"/> 870=Congenitally corrected TGA	<input type="checkbox"/>
		<input type="checkbox"/> 872=Congenitally corrected TGA, IVS	<input type="checkbox"/>
		<input type="checkbox"/> 874=Congenitally corrected TGA, IVS-LVOTO	<input type="checkbox"/>
		<input type="checkbox"/> 876=Congenitally corrected TGA, VSD	<input type="checkbox"/>
		<input type="checkbox"/> 878=Congenitally corrected TGA, VSD-LVOTO	<input type="checkbox"/>
	Transposition of the Great Arteries	<input type="checkbox"/> 880=TGA, IVS	<input type="checkbox"/>
		<input type="checkbox"/> 890=TGA, IVS-LVOTO	<input type="checkbox"/>
		<input type="checkbox"/> 900=TGA, VSD	<input type="checkbox"/>
		<input type="checkbox"/> 910=TGA, VSD-LVOTO	<input type="checkbox"/>
DORV		<input type="checkbox"/> 930=DORV, VSD type	<input type="checkbox"/>
		<input type="checkbox"/> 940=DORV, TOF type	<input type="checkbox"/>
		<input type="checkbox"/> 950=DORV, TGA type	<input type="checkbox"/>
		<input type="checkbox"/> 960=DORV, Remote VSD (uncommitted VSD)	<input type="checkbox"/>
		<input type="checkbox"/> 2030=DORV + AVSD (AV Canal)	<input type="checkbox"/>
		<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"/>
		<input type="checkbox"/> 1000=Aortic arch hypoplasia	<input type="checkbox"/>

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

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

		<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"/>
		<input type="checkbox"/> 2410=Trauma, Penetrating	<input type="checkbox"/>
		<input type="checkbox"/> 2560=Cardio-respiratory failure not secondary to known structural heart disease	<input type="checkbox"/>
		<input type="checkbox"/> 2570=Myocarditis	<input type="checkbox"/>
		<input type="checkbox"/> 2580=Common AV valve insufficiency	<input type="checkbox"/>
		<input type="checkbox"/> 2590=Protein-losing enteropathy	<input type="checkbox"/>
		<input type="checkbox"/> 2600=Plastic bronchitis	<input type="checkbox"/>
		<input type="checkbox"/> 7000=Normal heart	<input type="checkbox"/>
		<input type="checkbox"/> 7777=Miscellaneous, Other	<input type="checkbox"/>
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
	Pulmonary Atresia/VSD	<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 unifocalization (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 neo-aorta + 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, Transcatheter balloon dilatation <input type="checkbox"/> 6770=Status post – Hybrid Approach, Transcatheter 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 - Pericardiectomy <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
Transposition of the Great Arteries	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	<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

	Coronary Artery Anomalies	<input type="checkbox"/>	5291=Status post - Anomalous origin of coronary artery from pulmonary artery repair
		<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
Thoracic and Mediastinal Disease	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
	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
	Neck	<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
		<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
	Pectus Excavatum, Carinatum	<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
		<input type="checkbox"/>	6990=Status post - Pectus bar removal
		<input type="checkbox"/>	7005=Status post - Pectus bar repositioning
	Thoracic Outlet	<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 sympathectomy <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 sympathectomy
	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

- ☐ 6480=Status post - Radiology procedure on cardiac patient, Non-cardiac Magnetic Resonance Imaging (MRI) on cardiac patient
- ☐ 6490=Status post - Radiology procedure on cardiac patient, Therapeutic radiology

Miscellaneous Procedures

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

PROCEDURES

Select **ALL** procedures that apply. (↓)

Circle the **ONE** PRIMARY procedure for this operation.

Septal Defects

ASD

- ☐ 10= PFO, Primary closure
- ☐ 20= ASD repair, Primary closure
- ☐ 30= ASD repair, Patch
- ☐ 40= ASD repair, Device
- ☐ 2110= ASD repair, Patch + PAPVC repair
- ☐ 50= ASD, Common atrium (single atrium), Septation
- ☐ 60= ASD creation/enlargement
- ☐ 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

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

		<input type="checkbox"/> 2240= Valvuloplasty converted to valve replacement in the same operation, Aortic <input type="checkbox"/> 2310= Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross procedure <input type="checkbox"/> 2320= Valvuloplasty converted to valve replacement in the same operation, Aortic – with Ross-Konno procedure <input type="checkbox"/> 670= Valve replacement, Aortic (AVR) <input type="checkbox"/> 680= Valve replacement, Aortic (AVR), Mechanical <input type="checkbox"/> 690= Valve replacement, Aortic (AVR), Bioprosthetic <input type="checkbox"/> 700= Valve replacement, Aortic (AVR), Homograft <input type="checkbox"/> 715= Aortic root replacement, Bioprosthetic <input type="checkbox"/> 720= Aortic root replacement, Mechanical <input type="checkbox"/> 730= Aortic root replacement, Homograft <input type="checkbox"/> 735= Aortic root replacement, Valve sparing <input type="checkbox"/> 740= Ross procedure <input type="checkbox"/> 750= Konno procedure <input type="checkbox"/> 760= Ross-Konno procedure <input type="checkbox"/> 770= Other annular enlargement procedure <input type="checkbox"/> 780= Aortic stenosis, Subvalvar, Repair <input type="checkbox"/> 2100= Aortic stenosis, Subvalvar, Repair, With myectomy for IHSS <input type="checkbox"/> 790= Aortic stenosis, Supravalvar, Repair <input type="checkbox"/> 800= Valve surgery, Other, Aortic <input type="checkbox"/> 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 neo-aorta + arch reconstruction (Rastelli and Norwood type arch reconstruction) (Yasui)
		<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
Hybrid		

		<input type="checkbox"/> 2760= Hybrid Approach, Transcatheter balloon dilatation <input type="checkbox"/> 2770= Hybrid Approach, 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
Transposition of the Great Arteries	Congenitally Corrected TGA	<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
DOLV		<input type="checkbox"/> 1200= DOLV repair
Thoracic Arteries and Veins	Coarctation of Aorta and Aortic arch hypoplasia	<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
	Coronary Artery Anomalies	<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
	Interrupted Arch	<input type="checkbox"/> 1320= Interrupted aortic arch repair
	Patent Ductus Arteriosus	<input type="checkbox"/> 1330= PDA closure, Surgical <input type="checkbox"/> 1340= PDA closure, Device
	Vascular Rings and Slings	<input type="checkbox"/> 1360= Vascular ring repair <input type="checkbox"/> 1365= Aortopexy <input type="checkbox"/> 1370= Pulmonary artery sling repair
	Aortic Aneurysm	<input type="checkbox"/> 1380= Aortic aneurysm repair
	Aortic Dissection	<input type="checkbox"/> 1390= Aortic dissection repair
	Lung Disease	<input type="checkbox"/> 1400= Lung biopsy <input type="checkbox"/> 1410= Transplant, lung(s) <input type="checkbox"/> 1420= Lung procedure, Other
	Tracheal Stenosis	<input type="checkbox"/> 1440= Tracheal procedure
	Chest Wall	<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
		<input type="checkbox"/> 2930= Hyoid myotomy and suspension
Thoracic and Mediastinal Disease		

	Neck	<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
	Pectus Excavatum, Carinatum	<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
	Thoracic Outlet	<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
	Thorax	<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

	<input type="checkbox"/> 2690= Cardiovascular catheterization procedure, Therapeutic, Electrophysiological ablation <input type="checkbox"/> 3120= Cardiovascular catheterization procedure, Therapeutic, Intravascular foreign body removal <input type="checkbox"/> 2640= Cardiovascular catheterization procedure, Therapeutic, Perforation (establishing interchamber and/or intervessel communication) <input type="checkbox"/> 2580= Cardiovascular catheterization procedure, Therapeutic, Septostomy <input type="checkbox"/> 1550= Cardiovascular catheterization procedure, Therapeutic, Stent insertion <input type="checkbox"/> 2630= Cardiovascular catheterization procedure, Therapeutic, Stent re-dilation <input type="checkbox"/> 2650= Cardiovascular catheterization procedure, Therapeutic, Transcatheter Fontan completion <input type="checkbox"/> 2660= Cardiovascular catheterization procedure, Therapeutic, Transcatheter implantation of valve
Palliative Procedures	<input type="checkbox"/> 1590= Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS) <input type="checkbox"/> 1600= Shunt, Systemic to pulmonary, Central (shunt from aorta) <input type="checkbox"/> 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) <input type="checkbox"/> 3230= Shunt, Systemic to pulmonary, Potts – Smith type (descending aorta to pulmonary artery) <input type="checkbox"/> 1610= Shunt, Systemic to pulmonary, Other <input type="checkbox"/> 1630= Shunt, Ligation and takedown <input type="checkbox"/> 2095= Shunt, Reoperation <input type="checkbox"/> 1640= PA banding (PAB) <input type="checkbox"/> 1650= PA debanding <input type="checkbox"/> 3200= PA band adjustment <input type="checkbox"/> 1660= Damus-Kaye-Stansel procedure (DKS) (creation of AP anastomosis without arch reconstruction) <input type="checkbox"/> 1670= Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn) <input type="checkbox"/> 1680= Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn) <input type="checkbox"/> 1690= Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn) <input type="checkbox"/> 1700= HemiFontan <input type="checkbox"/> 2330= Superior cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty <input type="checkbox"/> 2130= Superior Cavopulmonary anastomosis(es) + PA reconstruction <input type="checkbox"/> 3300 = Takedown of superior cavopulmonary anastomosis <input type="checkbox"/> 3140= Hepatic vein to azygous vein connection, Direct <input type="checkbox"/> 3150= Hepatic vein to azygous vein connection, Interposition graft <input type="checkbox"/> 3160= Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation) <input type="checkbox"/> 1710= Palliation, Other
Mechanical Support	<input type="checkbox"/> 2360= ECMO cannulation <input type="checkbox"/> 2370= ECMO decannulation <input type="checkbox"/> 1910= ECMO procedure <input type="checkbox"/> 1900= Intraaortic balloon pump (IABP) insertion <input type="checkbox"/> 1920= Right/left heart assist device procedure

	<input type="checkbox"/> 2390= VAD explantation <input type="checkbox"/> 2380= VAD implantation <input type="checkbox"/> 3170= VAD change out
Anesthetic procedures	<input type="checkbox"/> 2420= Echocardiography procedure, Sedated transesophageal echocardiogram <input type="checkbox"/> 2430= Echocardiography procedure, Sedated transthoracic echocardiogram <input type="checkbox"/> 2435= Non-cardiovascular, Non-thoracic procedure on cardiac patient with cardiac anesthesia <input type="checkbox"/> 2440= Radiology procedure on cardiac patient, Cardiac Computerized Axial Tomography (CT Scan) <input type="checkbox"/> 2450= Radiology procedure on cardiac patient, Cardiac Magnetic Resonance Imaging (MRI) <input type="checkbox"/> 2460= Radiology procedure on cardiac patient, Diagnostic radiology <input type="checkbox"/> 2470= Radiology procedure on cardiac patient, Non-Cardiac Computerized Tomography (CT) on cardiac patient <input type="checkbox"/> 2480= Radiology procedure on cardiac patient, Non-cardiac Magnetic Resonance Imaging (MRI) on cardiac patient <input type="checkbox"/> 2490= Radiology procedure on cardiac patient, Therapeutic radiology
Miscellaneous Procedures	<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

		<input type="checkbox"/> 2030= Peripheral vascular procedure, Other
		<input type="checkbox"/> 2040= Miscellaneous procedure, Other
		<input type="checkbox"/> 2050= Organ procurement
		<input type="checkbox"/> 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

☐ Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn)

☐ Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn)

☐ Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn)

☐ HemiFontan

☐ Superior Cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty

☐ Superior Cavopulmonary anastomosis(es) + PA reconstruction

☐ Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation)

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

☐ Fontan, Atrio-pulmonary connection

☐ Fontan, Atrio-ventricular connection

☐ Fontan, TCPC, Lateral tunnel, Fenestrated

☐ Fontan, TCPC, Lateral tunnel, Nonfenestrated

☐ Fontan, TCPC, External conduit, Fenestrated

☐ Fontan, TCPC, External conduit, Nonfenestrated

☐ Fontan, TCPC, Intra/extracardiac conduit, Fenestrated

☐ Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated

☐ Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated

☐ Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated

☐ Fontan, Other

☐ Fontan + Atrioventricular valvuloplasty

☐ Fontan revision or conversion (Re-do Fontan)

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

☐ Arterial switch operation (ASO)

☐ Arterial switch procedure + 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

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

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

☐ 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 atriotomy	<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 NIRSCerUsed is Yes→</i> NIRS Cerebral Metrics Used Preoperatively NIRS Cerebral Metrics Used Intraoperatively NIRS Cerebral Metrics Used Postoperatively			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Near Infrared Spectroscopy (NIRS) Somatic Metrics Used:	<i>If NIRSSomUsed is Yes→</i> NIRS Somatic Metrics Used Preoperatively NIRS Somatic Metrics Used Intraoperatively NIRS Somatic Metrics Used Postoperatively			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
OR Entry Time: (00:00 – 23:59) ____: ____ Endotracheal Intubation Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)				
Skin Incision Start Time: (00:00 – 23:59) ____: ____				

Intubation Date/Time: (mm/dd/yyyy 00:00 – 23:59) __/__/____ __:__		Initial Extubation Date/Time: (mm/dd/yyyy 00:00 – 23:59) __/__/____ __:__	
Extubated in OR: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Re-Intubated After Initial Postoperative Extubation: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)			
Final Extubation Date/Time: (mm/dd/yyyy 00:00 – 23:59) __/__/____ __:__			
Incision Type:	Sternotomy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Partial Sternotomy	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes →)	Location: <input type="checkbox"/> upper <input type="checkbox"/> lower
	Clamshell Thoracotomy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Thoracotomy	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes →)	Location: <input type="checkbox"/> left <input type="checkbox"/> right
	Video-Assisted Thoracoscopy (VATS)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes →)	Location: <input type="checkbox"/> left <input type="checkbox"/> right
Time of Skin Closure: (00:00 – 23:59) __:__		OR Exit Time: (00:00 – 23:59) __:__	
Extended Through Midnight: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes – Planned reoperation <input type="checkbox"/> Yes – Unplanned reoperation <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes ↓)			
Cerebral Perfusion Time: _____ (minutes)			
Cerebral Perfusion Cannulation Site:		Innominate Artery	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Right Axillary Artery	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Left Carotid Artery	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Right Subclavian Artery	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Right Carotid Artery	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Superior Vena Cava	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cerebral Perfusion Periods: _____			
Cerebral Perfusion Flow Rate: _____ (mL/kg) per minute			
Cerebral Perfusion Temperature: _____ °C			
Arterial Blood Gas Management During Cooling: <input type="checkbox"/> Alpha STAT <input type="checkbox"/> pH STAT <input type="checkbox"/> pHSTAT cooling/Alpha STAT rewarming <input type="checkbox"/> Other Combination			
Hematocrit Prior to Circulatory Arrest or Cerebral Perfusion: _____			

	(0-10000)	(0-10000)
Directed Donor Units: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Antifibrinolytics Used Intraoperatively: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If Yes →)	Epsilon Amino-Caproic Acid (Amicar, EACA) Used: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(If Yes →)	Epsilon Amino-Caproic Acid (Amicar, EACA) Load <div style="text-align: right;">(0 – 30,000 mg)</div>
		Epsilon Amino-Caproic Acid (Amicar, EACA) Pump Prime <div style="text-align: right;">(0 – 30,000 mg)</div>
		(If AntifinEpPrime >0) Was Epsilon Amino-Caproic Acid (Amicar, EACA) dosed as mg/ml of Pump Prime: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		Epsilon Amino-Caproic Acid (Amicar, EACA) Infusion rate mg/kg/hr:: <div style="text-align: right;">(0-200)</div>
	Tranexamic Acid Used: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(If Yes →)	Tranexamic Acid Load <div style="text-align: right;">(0 – 15,000 mg)</div>
		Tranexamic Acid Pump Prime <div style="text-align: right;">(0 – 15,000 mg)</div>
(If AntifibTranexPrime >0) Was Tranexamic Acid dosed as mg/ml of Pump Prime: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Tranexamic Acid Infusion rate mg/kg/hr: <div style="text-align: right;">(0.0 - 25.0)</div>		
Trasylol (Aprotinin) Used: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If Yes →)	Trasylol (Aprotinin) Load <div style="text-align: right;">(0 - 400 cc)</div>	
	Trasylol (Aprotinin) Pump Prime <div style="text-align: right;">(0 - 400 cc)</div>	
	Trasylol (Aprotinin) Infusion rate cc/kg/hr: <div style="text-align: right;">(0.0 – 10.0)</div>	
Procoagulent Used Intraoperatively: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If Yes →)	Factor VIIa (Novoseven) Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(If Yes →)	Factor VIIa (Novoseven) Dose 1: <div style="text-align: right;">(1 - 20,000 mcg)</div>
		Factor VIIa (Novoseven) Dose 2: <div style="text-align: right;">(0 - 20,000 mcg)</div>
		(If Dose 2 > 0 →) Factor VIIa (Novoseven) Dose 3: <div style="text-align: right;">(0 - 20,000 mcg)</div>
	Prothrombin Complex Concentrate-4 (PCC-4, KCentra) Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(If Yes →)	Prothrombin Complex Concentrate-4 (PCC-4, KCentra) Dose 1: <div style="text-align: right;">(1 - 10,000 units)</div>
		Prothrombin Complex Concentrate-4 (PCC-4, KCentra) Dose 2: <div style="text-align: right;">(0 - 10,000 units)</div>
		(If Dose 2 > 0 →) Prothrombin Complex Concentrate-4 (PCC-4, KCentra) Dose 3: <div style="text-align: right;">(0 - 10,000 units)</div>
	Prothrombin Complex Concentrate-4 with Factor VIIa (FEIBA) Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(If Yes →)	Prothrombin Complex Concentrate-4 with Factor VIIa (FEIBA) Dose 1: <div style="text-align: right;">(1 - 20,000 units)</div>
		Prothrombin Complex Concentrate-4 with Factor VIIa (FEIBA) Dose 2: <div style="text-align: right;">(0 - 20, 000 units)</div>
		(If Dose 2 > 0 →) Prothrombin Complex Concentrate-4 with Factor VIIa (FEIBA) Dose 3: <div style="text-align: right;">(0 - 20,000 units)</div>
	Prothrombin Complex Concentrate-3 (PCC-3, ProfilNine-SD) Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If Yes →)	Prothrombin Complex Concentrate-3 (PCC-3, ProfilNine-SD) Dose 1:	

	Prothrombin Complex Concentrate-3 (PCC-3, ProfilNine-SD) Dose 2: _____ (1 - 2000 units) (If Dose 2 > 0 →) Prothrombin Complex Concentrate-3 (PCC-3, ProfilNine-SD) Dose 3: _____ (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: _____	(1 – 6000 units)												
	Octaplex Prothrombin Concentrate – units Dose 2: _____	(0 – 6000 units)												
	(If Dose 2 > 0 →) Octaplex Prothrombin Concentrate – units Dose 3: _____	(0 – 6000 units)												
Fibrinogen Concentrate Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No														
(If Yes →)	Fibrinogen Concentrate mg – Dose 1 _____	(1 - 10,000 mg)												
	Fibrinogen Concentrate mg – Dose 2 _____	(0 - 10,000 mg)												
	(If Dose 2 > 0 →) Fibrinogen Concentrate mg – Dose 3 _____	(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: _____	(1 – 5000 units)												
	Antithrombin 3 Concentrate (AT3) units Dose 2: _____	(0 – 5000 units)												
	(If Dose 2 > 0 →) Antithrombin 3 Concentrate (AT3) units Dose 3 _____	(0 – 5000 units)												
Desmopressin (DDAVP) Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No														
(If Yes →)	Desmopressin (DDAVP) - Dose 1: _____	(1 - 1,000 mcg)												
	Desmopressin (DDAVP) - Dose 2: _____	(0 - 1,000 mcg)												
	(If Dose 2 > 0 →) Desmopressin (DDAVP) - Dose 3: _____	(0 - 1,000 mcg)												
Humate P usage: <input type="checkbox"/> Yes <input type="checkbox"/> No ProcoagHumateP (2907)														
(If Yes →)	Humate P Dose 1: _____	(1 – 10,000 units)												
	Humate P Dose 2: _____	(0 – 10,000 units)												
	(If Dose 2 > 0 →) Humate P Dose3: _____	(0 – 10,000 units)												
Point of Care Coagulation Testing Used Intraoperatively: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes →) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Thromboelastography (TEG):</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>ROTEM:</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Sonoclot:</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Heparin Concentration (Hepcon, HMS):</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>INR/PT/aPPP (iStat or equivalent):</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>ACT</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>			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
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														

VALVE PROCEDURES

If Op Type is CBP or No CBP Cardiovascular ↓

Valve Operation: ☐ Yes ☐ No (If Yes ↓)

Valve Device Explanted and/or Implanted: ☐ 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

Valve Explant Type #1

- ☐ Mechanical
☐ Bioprosthetic
☐ Homograft/Allograft
☐ Autograft
☐ Annuloplasty Band/Ring
☐ Mitral Clip
☐ Surgeon Fashioned
☐ Transcatheter device
☐ Other

If Commercially Supplied ↓

Valve Explant #1 UDI:

Model #1: _____

If not transcatheter device ↓

Device Size #1: _____

2nd Explant: ☐ Yes ☐ No

If Yes ↓ (if no skip to implant)

Valve Explant Type #2

- ☐ Mechanical
☐ Bioprosthetic
☐ Homograft/Allograft
☐ Autograft
☐ Annuloplasty Band/Ring
☐ Mitral Clip
☐ Surgeon Fashioned
☐ Transcatheter device
☐ Other

If Commercially Supplied ↓

Valve Explant #2 UDI:

Model #2: _____

If not transcatheter device ↓

Device Size #2: _____

3rd Explant: ☐ Yes ☐ No

If Yes ↓ (if no skip to implant)

Valve Explant Type #3

- ☐ Mechanical
☐ Bioprosthetic
☐ Homograft/Allograft
☐ Autograft
☐ Annuloplasty Band/Ring
☐ Mitral Clip
☐ Surgeon Fashioned
☐ Transcatheter device
☐ Other

If Commercially Supplied ↓

Valve Explant #3 UDI:

Model #3: _____

If not transcatheter device ↓

Device Size #3: _____

4th Explant: ☐ Yes ☐ No

If Yes ↓ (if no skip to implant)

Valve Explant Type #4

- ☐ Mechanical
☐ Bioprosthetic
☐ Homograft/Allograft
☐ Autograft
☐ Annuloplasty Band/Ring
☐ Mitral Clip
☐ Surgeon Fashioned
☐ Transcatheter device
☐ Other

If Commercially Supplied ↓

Valve Explant #4 UDI:

Model #4: _____

If not transcatheter device ↓

Device Size #4: _____

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

IMPLANT(S)

Valve Implant Location #1

- ☐ Aortic
☐ Mitral
☐ Tricuspid
☐ Pulmonic
☐ Common AV
☐ Truncal

Valve Implant Type #1

- ☐ Surgeon Fashioned
☐ Autograft
☐ Commercially supplied
☐ Transcatheter device

If Surgeon fashioned ↓

Material #1:

- ☐ PTFE (Gore-Tex)
☐ Pericardium
☐ Other

2nd Implant: ☐ Yes ☐ No

If Yes ↓ (if no skip to VAD proc)

Valve Implant Location #2

- ☐ Aortic
☐ Mitral
☐ Tricuspid
☐ Pulmonic
☐ Common AV
☐ Truncal

Valve Implant Type #2

- ☐ Surgeon Fashioned
☐ Autograft
☐ Commercially supplied
☐ Transcatheter device

If Surgeon fashioned ↓

Material #2:

- ☐ PTFE (Gore-Tex)
☐ Pericardium
☐ Other

3rd Implant: ☐ Yes ☐ No

If Yes ↓ (if no skip to VAD proc)

Valve Implant Location #3

- ☐ Aortic
☐ Mitral
☐ Tricuspid
☐ Pulmonic
☐ Common AV
☐ Truncal

Valve Implant Type #3

- ☐ Surgeon Fashioned
☐ Autograft
☐ Commercially supplied
☐ Transcatheter device

If Surgeon fashioned ↓

Material #3:

- ☐ PTFE (Gore-Tex)
☐ Pericardium
☐ Other

4th Implant: ☐ Yes ☐ No

If Yes ↓ (if no skip to VAD proc)

Valve Implant Location #4

- ☐ Aortic
☐ Mitral
☐ Tricuspid
☐ Pulmonic
☐ Common AV
☐ Truncal

Valve Implant Type #4

- ☐ Surgeon Fashioned
☐ Autograft
☐ Commercially supplied
☐ Transcatheter device

If Surgeon fashioned ↓

Material #4:

- ☐ PTFE (Gore-Tex)
☐ Pericardium
☐ Other

<i>If Commercially Supplied or Transcatheter ↓</i> Model #1: _____ UDI#1 _____	<i>If Commercially Supplied or Transcatheter ↓</i> Model #2: _____ UDI#2 _____	<i>If Commercially Supplied or Transcatheter ↓</i> Model #3: _____ UDI#3 _____	<i>If Commercially Supplied or Transcatheter ↓</i> Model #4: _____ UDI#4 _____
<i>If Commercially Supplied ↓</i> Device Size #1: _____	<i>If Commercially Supplied ↓</i> Device Size #2: _____	<i>If Commercially Supplied ↓</i> Device Size #3: _____	<i>If Commercially Supplied ↓</i> 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 Infection: ☐ Yes ☐ No
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 intraoperative 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/Intraoperative and/or Postop/Postoperative)
- ☐ 80= Cardiac dysfunction resulting in low cardiac output
- ☐ 384= Cardiac failure (severe cardiac dysfunction)
- ☐ 280= Endocarditis-postoperative 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

 <p>STS National Database <i>Using data to drive quality</i></p>	<p>ANESTHESIA (for sites participating in CHSD anesthesiology component)</p>	
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		
(If Yes→)	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 |
| <input type="checkbox"/> 20= Angiotension Converting Enzyme (ACE) | |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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"/> 300= Platelet inhibitors other than Aspirin (e.g.,Plavix) (within 5 days) |
| <input type="checkbox"/> 200= Bronchodilators, Inhaled | <input type="checkbox"/> 310= Prostacyclin (e.g., Flolan, Remodulin) |
| <input type="checkbox"/> 90= Calcium Channel Blockers | <input type="checkbox"/> 320= Prostaglandin |
| <input type="checkbox"/> 100= Calcium Chloride Infusion | <input type="checkbox"/> 330= Psychiatric Medications (including ADHD and antidepressants) |
| <input type="checkbox"/> 750= Clonidine | <input type="checkbox"/> 340= Statins |
| <input type="checkbox"/> 110= Coumadin | <input type="checkbox"/> 350= Steroids (oral / IV) |
| <input type="checkbox"/> 740= Dexmedetomidine | <input type="checkbox"/> 360= Thyroid Hormone |
| <input type="checkbox"/> 120= Digoxin | <input type="checkbox"/> 370= Transplant Rejection Inhibition Meds (other than steroids) |
| <input type="checkbox"/> 130= Direct Thrombin Inhibitors (e.g., argatroban) | <input type="checkbox"/> 720= Vasoconstrictors Not Otherwise Listed |
| <input type="checkbox"/> 140= Diuretics | <input type="checkbox"/> 730= Vasodilators Not Otherwise Listed |
| <input type="checkbox"/> 150= Dobutamine | <input type="checkbox"/> 380= Vasopressin |
| <input type="checkbox"/> 160= Dopamine | <input type="checkbox"/> 900= Other |
| <input type="checkbox"/> 170= Endothelin Antagonist (e.g., Bosentan) | |
| <input type="checkbox"/> 180= Epinephrine | |

Preoperative Sedation ☐ Yes ☐ No*(If Yes→)*

Preoperative Sedation

Route:

☐ IM☐ IV☐ Nasal☐ PO/GT☐ Rectal*(If Yes, select all pre-operative sedation drugs that apply: ↓)*

Atropine

☐ Yes ☐ No

Ketamine

☐ Yes ☐ No

Demerol

☐ Yes ☐ No

Lorazepam

☐ Yes ☐ No

Dexmedetomidine

☐ Yes ☐ No

Midazolam

☐ Yes ☐ No

Diazepam

☐ Yes ☐ No

Morphine

☐ Yes ☐ No

Fentanyl

☐ Yes ☐ No

Pentobarbital

☐ Yes ☐ No

Glycopyrrolate

☐ Yes ☐ 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 MonitoringArterial 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"/> Rectal			
<input type="checkbox"/> Axillary <input type="checkbox"/> Skin <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	
			Etomidate	<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	
			Remifentanyl	<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: ☐ Yes ☐ No

Regional Field Block by Surgeon or Anesthesia: ☐ Yes ☐ No

ANESTHESIA Airway

Airway In-situ (ETT or Tracheostomy): ☐ Yes ☐ No

(If Yes →) ETT or Tracheostomy Replaced for Procedure: ☐ Yes ☐ 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"/> 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)						
(If Endotracheal intubation or Trach→)	Cuffed:	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Airway Site:	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Tracheostomy						

Endobronchial Isolation (DLETT, Bronchial Blocker) ☐ Yes ☐ 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"/> Univent ETT	<input type="checkbox"/> Other

ICU Type Ventilator Used Intraop: ☐ Yes ☐ No

Anesthesia Ready / End of Induction: mm/ dd/ yyyy hh : mm __ / __ / ____ __: __

ANESTHESIA Intraoperative Pharmacology (including CPB)

Intraoperative Medications: ☐ 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= Phentolamine (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= Vasopressin 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	

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) : ☐ Yes ☐ No

ICU/PACU Arrival labs ☐ Yes ☐ 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:

☐ Discharged as planned after
PACU/Recovery

☐ Admit to hospital floor as planned

☐ Admit to ICU as planned

☐ Unplanned admit to hospital or ICU

☐ Other location not listed above

☐ 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.

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

<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