

1 Year Follow-Up Form

1. Do you have any follow up information since the most recent form (discharge/90 days or follow-up) was completed?

- Yes
 No

NewFollowUpInfoExists

1a. How was the follow up information obtained?

- Phone
 Clinic
 Hospital
 Relative
 Other, specify

NewFollowUpObtainedBy

1b. Is the patient alive at one year post Tier 1 Surgery?

- Yes
 No
 Unknown

All questions on this form are pertaining to events that occurred post discharge from the Tier 1 surgery listed above and prior to the date of follow-up. Any events that occurred prior to discharge should be reported on the post-operative events form.

ALIVE1YR

1c. Has the ongoing care of the patient been transferred to another facility?

- Yes
 No
 Unknown

HasPatientBeenTransferred

1d. Date of Transfer MM/YYYY

Missing Reason:
Clear

PatientTransferDate

2. Was the patient readmitted for a non-cardiac operation since completion of the last Post Operative Events Form?

- Yes
 No
 Unknown

If more than one operation within this admission, enter each operation with its associated date.

FUNOCOP

2a. Date of Reoperation MM/YYYY

Missing Reason:
Clear
 Unknown

FUNOCOPD

2b. Specify non-cardiac reoperation

- Mediastinal Exploration (Bleeding)
 Pacemaker Placement
 Ligation of Thoracic Duct

- Diaphragm Plication
- Tracheostomy
- Mediastinal Drainage
- Wound Debridement/exploration
- Post-operative mechanical circulatory support: (IABP, ECMO, VAD, CPS Cardiopulmonary Support)
- Unplanned Non-cardiac Reoperation, other, specify

- Gastrostomy Tube Placement
- Pericardial Drainage Tube/Catheter
- Pleural Drainage Tube/Catheter
- Mediastinal Drainage/Exploration for Blood or Fluid
- Mediastinal Drainage/Exploration for Infection

PONOMEDE

2b.i Specify post-operative mechanical circulatory support

- ECMO (Extracorporeal Membrane Oxygenation)
- IABP (Intra-Aortic Balloon Pump)
- Durable VAD (Durable Ventricular Assist Device)
- Temporary VAD (Cardiopulmonary Support)

POCPS

3. Did the patient have a catheter-based intervention since the completion of last Post-Operative Events Form?

If more than one intervention within this admission, enter each intervention with its associated date.

- Yes
- No
- Unknown

POCATH

3a.

Date of Intervention

 MM/YYYY

Missing Reason:

- Clear
- Unknown

FUCATHDT

3b. Catheter-Based Intervention

- Aortic Arch: Balloon /Stent Placement
- Aortic Valve: Balloon Valvuloplasty
- Arrhythmia ablation
- Arterial-Pulmonary (AP) collaterals: Occluding Device, placement
- Atrial Septal Defect: Occluding Device, placement
- Descending Aorta / Isthmus: Balloon /Stent Placement
- Drainage of Seroma
- Mitral Valve: Balloon Valvuloplasty
- Patent Ductus Arteriosus: Balloon/Stent placement
- Patent Ductus Arteriosus: Occluding Device, placement
- Pulmonary Veins: Balloon/Stent placement
- Pulmonary Valve: Balloon Valvuloplasty
- RVOT: Balloon/Stent placement
- Shunt closure

- Shunt Thrombolysis
- Systemic Veins: Balloon/Stent placement
- Systemic to Pulmonary Stunt: Balloon/Stent placement
- Venovenous collaterals: Occluding Device, placement
- Other, specify

POC_ARCH

4. Readmission for any pediatric or congenital heart surgery since completion of last Post-Operative Events Form?

- Yes
- No
- Unknown

If yes, New Surgery Form, and Post-Operative Events Form should be completed.

FUREADM