

Records

Pediatric Thoracic - Heart Transplant Recipient Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 07/31/2020

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI® application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

Recipient Information	
Name:	DOB:
SSN:	Gender:
HIC:	Tx Date:
State of Permanent Residence:*	<input type="text"/>
Permanent Zip:*	<input type="text"/> - <input type="text"/>

Provider Information	
Recipient Center:	
Physician Name:*	<input type="text"/>
Physician NPI#:*	<input type="text"/>
Surgeon Name:*	<input type="text"/>
Surgeon NPI#:*	<input type="text"/>

Donor Information	
UNOS Donor ID #:	
Recovering OPO:	
Donor Type:	

Patient Status	
Primary Diagnosis:*	<input type="text"/>
Specify:	<input type="text"/>
Date: Last Seen, Retransplanted or Death*	<input type="text"/>
Patient Status:*	<input type="radio"/> LIVING <input type="radio"/> DEAD <input type="radio"/> RETRANSPLANTED
Primary Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Contributory Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Contributory Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Transplant Hospitalization:	
Date of Admission to Tx Center:*	<input type="text"/>
Date of Discharge from Tx Center:	<input type="text"/>

Clinical Information : PRETRANSPLANT	
Medical Condition at time of transplant:*	<input type="radio"/> IN INTENSIVE CARE UNIT <input type="radio"/> HOSPITALIZED NOT IN ICU <input type="radio"/> NOT HOSPITALIZED
Patient on Life Support:*	<input type="radio"/> YES <input type="radio"/> NO <input type="checkbox"/> Extra Corporeal Membrane Oxygenation <input type="checkbox"/> Intra Aortic Balloon Pump <input type="checkbox"/> Prostaglandins <input type="checkbox"/> Intravenous Inotropes <input type="checkbox"/> Inhaled NO <input type="checkbox"/> Ventilator <input type="checkbox"/> Other Mechanism Specify: <input type="text"/>
Patient on Ventricular Assist Device*	<input type="radio"/> NONE <input type="radio"/> LVAD

- RVAD
- TAH
- LVAD+RVAD

Life Support: VAD Brand1

Specify:

Life Support: VAD Brand2

Specify:

Functional Status: *

- Cognitive Development:** *
- Definite Cognitive delay/impairment
 - Probable Cognitive delay/impairment
 - Questionable Cognitive delay/impairment
 - No Cognitive delay/impairment
 - Not Assessed

- Motor Development:** *
- Definite Motor delay/impairment
 - Probable Motor delay/impairment
 - Questionable Motor delay/impairment
 - No Motor delay/impairment
 - Not Assessed

- Academic Progress:** *
- Within One Grade Level of Peers
 - Delayed Grade Level
 - Special Education
 - Not Applicable < 5 years old/ High School graduate or GED
 - Status Unknown

- Academic Activity Level:** *
- Full academic load
 - Reduced academic load
 - Unable to participate in academics due to disease or condition
 - Not Applicable < 5 years old/ High School graduate or GED
 - Status Unknown

Source of Payment:

Primary: *

Specify:

Date of Measurement:

Height: * ft. in. cm **ST=**

Weight: * lbs kg **ST=**

BMI: kg/m²

Previous Transplants:		
Previous Transplant Organ	Previous Transplant Date	Previous Transplant Graft Fail Date

The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.

- Viral Detection:**
- HIV Serostatus: * Positive Negative Not Done UNK/Cannot Disclose
- CMV Status: * Positive Negative Not Done UNK/Cannot Disclose
- HBV Surface Antibody Total: * Positive Negative Not Done

- UNK/Cannot Disclose
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HBV Core Antibody: *

HBV Surface Antigen: *

HCV Serostatus: *

EBV Serostatus: *

NAT Results:

HIV NAT: *

HBV NAT: *

HCV NAT: *

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

Most Recent Hemodynamics:

Inotropes/Vasodilators:

- | | | | |
|--------------------|----------------------|--------------------------|--|
| PA (sys)mm/Hg: * | <input type="text"/> | ST= <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| PA(dia) mm/Hg: * | <input type="text"/> | ST= <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| PA(mean) mm/Hg: * | <input type="text"/> | ST= <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| PCW(mean) mm/Hg: * | <input type="text"/> | ST= <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| CO L/min: * | <input type="text"/> | ST= <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |

Cardiac Index

- Most Recent Serum Creatinine: * mg/dl ST=
- Most Recent Total Bilirubin: * mg/dl ST=
- Chronic Steroid Use: * YES NO UNK

Events occurring between listing and transplant:

- Transfusions: * YES NO UNK
- Infection Requiring IV Therapy within 2 wks prior to Tx: * YES NO UNK
- Dialysis: * YES NO UNK
- Episode of Ventilatory Support: * YES NO UNK

If yes, indicate most recent timeframe:

- At time of transplant
- Within 3 months of transplant
- >3 months prior to transplant

Prior Thoracic Surgery other than prior transplant: *

- YES NO UNK

Unknown if there were prior sternotomies

0

1

2

3

4

5+

Unknown number of prior sternotomies

Unknown if there were prior thoracotomies

0

1

2

3

4

5+

Unknown number of prior thoracotomies

If yes, number of prior sternotomies:

If yes, number of prior thoracotomies:

Prior congenital cardiac surgery:

- YES NO UNK

If yes, palliative surgery:

- YES NO UNK

If yes, corrective surgery:

- YES NO UNK

If yes, single ventricular physiology:

- YES NO UNK

Pretransplant Titer Information:

Most Recent Anti-A Titer:

Sample Date:

Most Recent Anti-B Titer:

Sample Date:

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Were extra vessels used in the transplant procedure:

Procedure Type:

Heart

Heart Lung

Orthotopic Bicaval

Orthotopic Traditional

Heart Procedure: *

Orthotopic Total (Bicaval, PV)

Heterotopic

Total Organ Preservation Time From Cross Clamp to In Situ Reperfusion (include warm and cold time):

Heart, Heart-Lung: min

ST=

Clinical Information : POST TRANSPLANT

Graft Status: *

- Functioning Failed

If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.

Date of Graft Failure:

Primary Cause of Graft Failure:

- Primary Non-Function
- Acute Rejection
- Chronic Rejection/Atherosclerosis
- Other, Specify

Specify:

PostTransplant Titer Information:

Most Recent Anti-A Titer:

Sample Date:

Most Recent Anti-B Titer:

Sample Date:

Events Prior to Discharge:

Stroke:* YES NO UNK

Dialysis:* YES NO UNK

Permanent Pacemaker:* YES NO UNK

Airway Dehiscence:* YES NO UNK

Did patient have any acute rejection episodes between transplant and discharge:*

- Yes, at least one episode treated with anti-rejection agent
- Yes, none treated with additional anti-rejection agent
- No

Immunosuppressive Information

Are any medications given currently for maintenance or anti-rejection:*

- YES NO

Immunosuppressive Medications

View Immunosuppressive Medications