



Surgery Transplant Assessments

SR*3*167

Release Notes

Version 3.0
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Introduction

The Surgery package has added the transplant assessment module, allowing qualified personnel to create and manage transplant assessments for the following transplant types.

- Kidney
- Liver
- Lung
- Heart

Menu options provide the ability to enter transplant assessment information for a patient and transmit the assessment to the National Surgery Quality Improvement Program (NSQIP) and the Continuous Improvement in Cardiac Surgery Program (CICSP) national databases. Options are also provided to print and list transplant assessments.

The product employs functionality consistent with the rest of the Surgery package, including data entry prompts and online user help. This provides consistent usability across the entire Surgery package.

Product Features

Intended Users

- Transplant Assessment program users are Transplant Coordinators and NSQIP nurse reviewers at the Department of Veterans Affairs (VA) medical center facilities.

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Transplant Assessments Overview

Getting Started

Prior to using the *Transplant Assessment Menu*, the following actions must be taken.

1. Assign the SR TRANSPLANT security key to all users that need access to the *Transplant Assessment Menu* options.
2. Transplant Coordinators will need access to the Transplant Assessment Menu. This can be accomplished by assigning the main Surgery Menu [SRMENU] to the appropriate users.
3. Add users that need to manage the Transplant Assessment transmissions to the SR TRANSPLANT mail group.
4. Use the *Transplant Assessment Parameters (Enter/Edit)* option to identify the type of organ transplants assessed at your facility.

Transplant Assessment Menu and Options Overview

The *Transplant Assessment Menu* is accessed from the *Surgery Menu*. Only users holding the SR TRANSPLANT security key will have access to these functions.

Surgery Menu Options:

```
W      Maintain Surgery Waiting List ...
R      Request Operations ...
LR     List Operation Requests
S      Schedule Operations ...
LS     List Scheduled Operations
O      Operation Menu ...
A      Anesthesia Menu ...
PO     Perioperative Occurrences Menu ...
NON    Non-O.R. Procedures ...
C      Comments
SR     Surgery Reports ...
L      Laboratory Interim Report
CH     Chief of Surgery Menu ...
M      Surgery Package Management Menu ...
RISK   Surgery Risk Assessment Menu ...
CODE   CPT/ICD9 Coding Menu ...
TP     Transplant Assessment Menu ...
```

Transplant Assessment Menu Options:

```
E      Enter/Edit Transplant Assessments
P      Print Transplant Assessment
L      List of Transplant Assessments
S      Transplant Assessment Parameters (Enter/Edit)
```

The *Transplant Assessment Menu* provides the following main areas of functionality.

Enter/Edit Transplant Assessments

- This option is used to enter information required for a transplant assessment.
- Specific data entry screens are designed for each type of organ transplant assessment.
- Additional information is entered when assessing a transplant that is performed at an affiliated non-VA medical center.

Print Transplant Assessment

- This option is used to print a Surgery Transplant Assessment for an individual transplant assessment.

List of Transplant Assessments

- This option is used to print a list of transplant assessments, using sort options to customize summary information for assessments.

Transplant Assessment Parameters (Enter/Edit)

- This option is used to update local site parameters for the Surgery Transplants Assessment module. Each site can identify which type of organ transplant is assessed by their transplant coordinator. This parameter will streamline data entry, eliminating the need to select from organ transplants not assessed at the facility.

Enter/Edit Transplant Assessments

Transplant assessments can be created for transplants done in-house at a VA medical center or at an affiliated non-VA medical center. The following examples show the data forms used to complete VA and non-VA transplant assessments for the following transplant types.

- Kidney
- Liver
- Lung
- Heart

Kidney Transplant Data Entry Form (VA Transplant)

```
SURPATIENT,NINETYSEX (0288)  VACO ID: 12121  CASE: 482  PAGE: 1 OF 5
JUN 17,2008  KIDNEY TRANSPLANT  RECIPIENT INFORMATION
-----
1.  VACO ID:
2.  Date Placed on Waiting:
3.  Date Started Dialysis:
4.  Recipient ABO Blood Type:
5.  Recipient CMV:

Diagnosis Information
=====
6.  Calcineurin Inhibitor Toxicity:      13. Obstructive Uropathy from BPH:
7.  Glomerular Sclerosis/Nephritis:     14. Polycystic Disease:
8.  Graft Failure:                      15. Renal Cancer:
9.  IgA Nephropathy:                    16. Rejection:
10. Lithium Toxicity:
11. Membranous Nephropathy:

12. Transplant Comments:
-----
Select Transplant Information to Edit:
```

1. Warm Ischemia time:
2. Cold Ischemia time:
3. Total Ischemia time:
4. Crossmatch D/R:
5. PRA at Listing:
6. PRA at Transplant:
7. IVIG Recipient:
8. Plasmapheresis:

HLA Typing (#,#,#)

- =====
9. Recipient HLA-A:
 10. Recipient HLA-B:
 11. Recipient HLA-C:
 12. Recipient HLA-DR:
 13. Recipient HLA-BW:
 14. Recipient HLA-DQ:
-

Select Transplant Information to Edit:

1. Diabetic Retinopathy:
 2. Diabetic Neuropathy:
 3. Cardiac Disease:
 4. Liver Disease:
 5. HIV + (positive):
 6. Lung Disease:
 7. Pre-Transplant Malignancy:
 8. Active Infection Immediately Pre-TX req. Antibiotics:
 9. Non-Compliance (Med and Diet):
 10. Recipient Substance Abuse:
 11. Post-TX Prophylaxis for CMV/Antiviral Treatment:
 12. Post-TX Prophylaxis for PCP/Antibiotic Treatment:
 13. Post-TX Prophylaxis for TB/Antimycobacterial Treatment:
 14. Graft Failure Date:
-

Select Transplant Information to Edit:

-
- | | |
|----------------------------|--------------------|
| 1. Donor Race: | |
| 2. Donor Gender: | |
| 3. Donor Height: | HLA Typing (##,##) |
| 4. Donor Weight: | ===== |
| 5. Donor DOB: | 13. Donor HLA-A: |
| 6. Donor Age: | 14. Donor HLA-B: |
| 7. Donor ABO Blood Type: | 15. Donor HLA-C: |
| 8. Donor CMV: | 16. Donor HLA-DR: |
| 9. Donor Substance Abuse: | 17. Donor HLA-BW: |
| 10. Deceased Donor: | 18. Donor HLA-DQ: |
| 11. Living Donor: | |
| 12. Donor with Malignancy: | |

Select Transplant Information to Edit:

-
1. Pancreas (SPK/PAK):
 2. Glucose at Time of Listing:
 3. C-peptide at Time of Listing:
 4. Pancreatic Duct Anastomosis:
 5. Glucose Post Transplant:
 6. Amylase Post Transplant:
 7. Lipase Post Transplant:
 8. Insulin Req Post transplant:
 9. Oral Hypoglycemics Req Post-TX:

Select Transplant Information to Edit:

Kidney Transplant Data Entry Form (Non-VA Transplant)

SURPATIENT,NINETYSEX (0288) VACO ID: 12121 PAGE: 1 OF 6
SEP 2,2008 KIDNEY TRANSPLANT RECIPIENT INFORMATION

-
- | | |
|------------------------------|----------------------|
| 1. VACO ID: | 6. Recipient CMV: |
| 2. Date of Transplant: | 7. Recipient Height: |
| 3. Date Placed on Waiting: | 8. Recipient Weight: |
| 4. Date Started Dialysis: | |
| 5. Recipient ABO Blood Type: | |

Diagnosis Information

- =====
- | | |
|-------------------------------------|------------------------------------|
| 9. Calcineurin Inhibitor Toxicity: | 16. Obstructive Uropathy from BPH: |
| 10. Glomerular Sclerosis/Nephritis: | 17. Polycystic Disease: |
| 11. Graft Failure: | 18. Renal Cancer: |
| 12. IgA Nephropathy: | 19. Rejection: |
| 13. Lithium Toxicity: | |
| 14. Membranous Nephropathy: | |

15. Transplant Comments:

Select Transplant Information to Edit:

SURPATIENT,NINETYSEX (0288) VACO ID: 12121 PAGE: 2 OF 6
SEP 2,2008 KIDNEY TRANSPLANT KIDNEY TRANSPLANT INFORMATION

-
1. Warm Ischemia time:
 2. Cold Ischemia time:
 3. Total Ischemia time:
 4. Crossmatch D/R:
 5. PRA at Listing:
 6. PRA at Transplant:
 7. IVIG Recipient:
 8. Plasmapheresis:

HLA Typing (#,#,#)

- =====
9. Recipient HLA-A:
 10. Recipient HLA-B:
 11. Recipient HLA-C:
 12. Recipient HLA-DR:
 13. Recipient HLA-BW:
 14. Recipient HLA-DQ:

Select Transplant Information to Edit:

-
- | | |
|---------------------------------------------------------------------|------------------------------------|
| 1. Diabetes Mellitus: | 15. Hypertension Requiring Meds: |
| 2. Diabetic Retinopathy: | 16. Peripheral Vascular Disease: |
| 3. Diabetic Neuropathy: | 17. Transfusion >4 RBC Units: |
| 4. Cardiac Disease: | 18. Non-Compliance (Med and Diet): |
| 5. Liver Disease: | |
| 6. HIV + (positive): | |
| 7. Lung Disease: | |
| 8. Pre-Transplant Malignancy: | |
| 9. Recipient Substance Abuse: | |
| 10. Preop Functional Status: | |
| 11. Active Infection Immediately Pre-Transplant Req. Antibiotics: | |
| 12. Post-Transplant Prophylaxis for CMV/Antiviral Treatment: | |
| 13. Post-Transplant Prophylaxis for PCP/Antibiotic Treatment: | |
| 14. Post-Transplant Prophylaxis for TB/Antimycobacterial Treatment: | |
-

Select Transplant Information to Edit:

-
1. Bleeding/Transfusions:
 2. Pneumonia:
 3. On Ventilator >48 hours:
 4. Cardiac Arrest Requiring CPR:
 5. Myocardial Infarction:
 6. Stroke/CVA:
 7. Coma >= 24 hr:
 8. Superficial Incisional SSI:
 9. Deep Incisional SSI:
 10. Systemic Sepsis:
 11. Return to Surgery w/i 30 Days:
 12. Operative Death:
 13. Graft Failure Date:
-

Select Transplant Information to Edit:

-
- | | |
|----------------------------|--------------------|
| 1. Donor Race: | |
| 2. Donor Gender: | |
| 3. Donor Height: | HLA Typing (#,#,#) |
| 4. Donor Weight: | ===== |
| 5. Donor DOB: | 13. Donor HLA-A: |
| 6. Donor Age: | 14. Donor HLA-B: |
| 7. Donor ABO Blood Type: | 15. Donor HLA-C: |
| 8. Donor CMV: | 16. Donor HLA-DR: |
| 9. Donor Substance Abuse: | 17. Donor HLA-BW: |
| 10. Deceased Donor: | 18. Donor HLA-DQ: |
| 11. Living Donor: | |
| 12. Donor with Malignancy: | |
-

Select Transplant Information to Edit:

-
1. Pancreas (SPK/PAK):
 2. Glucose at Time of Listing:
 3. C-peptide at Time of Listing:
 4. Pancreatic Duct Anastomosis:
 5. Glucose Post Transplant:
 6. Amylase Post Transplant:
 7. Lipase Post Transplant:
 8. Insulin Req Post transplant:
 9. Oral Hypoglycemics Req Post-TX:
-

Select Transplant Information to Edit:

Liver Transplant Data Entry Form (VA Transplant)

SURPATIENT,NINETYSEX (0288) VACO ID: 12121 CASE: 483 PAGE: 1 OF 5
JUN 17,2008 LIVER TRANSPLANT RECIPIENT INFORMATION

1. VACO ID:
 2. Date Placed on Waiting List:
 3. Recipient ABO Blood Type:
 4. Recipient CMV:
 5. MELD Score at Listing:
 6. Biologic MELD Score at Listing:
 7. Meld Score at Transplant:
 8. Biologic MELD Score at TX:

 9. Transplant Comments:
-

Select Transplant Information to Edit:

SURPATIENT,NINETYSEX (0288) VACO ID: 12121 CASE: 483 PAGE: 2 OF 5
JUN 17,2008 LIVER TRANSPLANT DIAGNOSIS INFORMATION

- | | |
|----------------------------------|-------------------------------------|
| 1. Acute Liver Failure: | 14. Primary Biliary Cholangitis: |
| 2. Acetaminophen Toxicity: | 15. Primary Non-Function: |
| 3. Alcoholic Cirrhosis: | 16. Primary Sclerosing Cholangitis: |
| 4. Autoimmune Hepatitis: | 17. Second Sclerosing Cholangitis: |
| 5. Cryptogenic Cirrhosis: | 18. Toxic Exposure: |
| 6. Chronic Rejection: | 19. Biliary Stricture: |
| 7. Graft Failure: | 20. Bile Leak: |
| 8. HBV Cirrhosis (Hepatitis B): | 21. Portal Vein Thrombosis: |
| 9. HCC (Hepatocellular CA): | 22. Psychosis: |
| 10. HCV Cirrhosis (Hepatitis C): | 23. Seizures: |
| 11. Hepatic Artery Thrombosis: | 24. Rejection: |
| 12. Metabolic: | |
| 13. NASH: | |
-

Select Transplant Information to Edit:

1. Warm Ischemia time:
2. Cold Ischemia time:
3. Total Ischemia time:
4. Crossmatch D/R:

HLA Typing (#,#,#)

=====

5. Recipient HLA-A:
 6. Recipient HLA-B:
 7. Recipient HLA-C:
 8. Recipient HLA-DR:
 9. Recipient HLA-BW:
 10. Recipient HLA-DQ:
-

Select Transplant Information to Edit:

1. Acute or Chronic Encephalopathy:
 2. Active Infection (for PSC):
 3. Diabetic Retinopathy:
 4. Diabetic Neuropathy:
 5. HIV + (positive):
 6. Lung Disease:
 7. Renal impairment:
 8. Non-Compliance (Med and Diet):
 9. On Methadone:
 10. Porto Pulmonary Hypertension:
 11. Esophageal and/or Gastric Varices:
 12. Preop Transplant Skin Malignancy:
 13. Other Pre-Transplant Malignancy:
 14. Recipient Substance Abuse:
 15. Post TX Prophylaxis - CMV/Antiviral Treatment:
 16. Post TX Prophylaxis - PCP/Antibiotic Treatment:
-

Select Transplant Information to Edit:

- | | |
|----------------------|--------------------|
| 1. Donor Race: | |
| 2. Donor Gender: | |
| 3. Donor Height: | HLA Typing (##,##) |
| 4. Donor Weight: | ===== |
| 5. Donor DOB: | 13. Donor HLA-A: |
| 6. Donor Age: | 14. Donor HLA-B: |
| 7. ABO Blood Type: | 15. Donor HLA-C: |
| 8. Donor CMV: | 16. Donor HLA-DR: |
| 9. Substance Abuse: | 17. Donor HLA-BW: |
| 10. Deceased Donor: | 18. Donor HLA-DQ: |
| 11. Living Donor: | |
| 12. With Malignancy: | |
-

Select Transplant Information to Edit:

Liver Transplant Data Entry Form (Non-VA Transplant)

SURPATIENT,NINETYSEX (0288) VACO ID: 12121
SEP 4,2008 LIVER TRANSPLANT

PAGE: 1 OF 7
RECIPIENT INFORMATION

-
1. VACO ID:
 2. Date of Transplant:
 3. Date Placed on Waiting List:
 4. Recipient Height:
 5. Recipient Weight:
 6. Recipient ABO Blood Type:
 7. Recipient CMV:
 8. MELD Score at Listing:
 9. Biologic MELD Score at Listing:
 10. Meld Score at Transplant:
 11. Biologic MELD Score at TX:

 12. Transplant Comments:
-

Select Transplant Information to Edit:

SURPATIENT,NINETYSEX (0288) VACO ID: 12121
SEP 4,2008 LIVER TRANSPLANT

PAGE: 2 OF 7
DIAGNOSIS INFORMATION

-
- | | |
|----------------------------------|-------------------------------------|
| 1. Acute Liver Failure: | 14. Primary Biliary Cholangitis: |
| 2. Acetaminophen Toxicity: | 15. Primary Non-Function: |
| 3. Alcoholic Cirrhosis: | 16. Primary Sclerosing Cholangitis: |
| 4. Autoimmune Hepatitis: | 17. Second Sclerosing Cholangitis: |
| 5. Cryptogenic Cirrhosis: | 18. Toxic Exposure: |
| 6. Chronic Rejection: | 19. Biliary Stricture: |
| 7. Graft Failure: | 20. Bile Leak: |
| 8. HBV Cirrhosis (Hepatitis B): | 21. Portal Vein Thrombosis: |
| 9. HCC (Hepatocellular CA): | 22. Psychosis: |
| 10. HCV Cirrhosis (Hepatitis C): | 23. Seizures: |
| 11. Hepatic Artery Thrombosis: | 24. Rejection: |
| 12. Metabolic: | |
| 13. NASH: | |
-

Select Transplant Information to Edit:

-
1. Warm Ischemia time:
 2. Cold Ischemia time:
 3. Total Ischemia time:
 4. Crossmatch D/R:

HLA Typing (#,#,#)

=====

5. Recipient HLA-A:
6. Recipient HLA-B:
7. Recipient HLA-C:
8. Recipient HLA-DR:
9. Recipient HLA-BW:
10. Recipient HLA-DQ:

Select Transplant Information to Edit:

-
1. Acute or Chronic Encephalopathy:
 2. Active Infection (for PSC):
 3. Diabetes Mellitus:
 4. Diabetic Retinopathy:
 5. Diabetic Neuropathy:
 6. Lung Disease:
 7. HIV + (positive):
 8. Renal impairment:
 9. Non-Compliance (Med and Diet):
 10. On Methadone:
 11. Porto Pulmonary Hypertension:
 12. Esophageal and/or Gastric Varices:

Select Transplant Information to Edit:

-
1. Preop Transplant Skin Malignancy:
 2. Other Pre-Transplant Malignancy:
 3. Ascites:
 4. Recipient Substance Abuse:
 5. Post TX Prophylaxis - CMV/Anti-Viral Treatment:
 6. Post TX Prophylaxis - PCP/Antibiotic Treatment:
 7. Hypertension Requiring Meds:
 8. Peripheral Vascular Disease:
 9. Transfusion >4 RBC Units:
 10. Preop Functional Health Status:

Select Transplant Information to Edit:

-
1. Bleeding/Transfusions:
 2. Pneumonia:
 3. On Ventilator >48 hours:
 4. Cardiac Arrest Req. CPR:
 5. Myocardial Infarction:
 6. Stroke/CVA:
 7. Coma >= 24 hr:
 8. Superficial Incisional SSI:
 9. Deep Incisional SSI:
 10. Systemic Sepsis:
 11. Return to Surgery < 30 Days:
 12. Death within 30 Days:
-

Select Transplant Information to Edit:

-
- | | |
|----------------------|--------------------|
| 1. Donor Race: | |
| 2. Donor Gender: | |
| 3. Donor Height: | HLA Typing (#,#,#) |
| 4. Donor Weight: | ===== |
| 5. Donor DOB: | 13. Donor HLA-A: |
| 6. Donor Age: | 14. Donor HLA-B: |
| 7. ABO Blood Type: | 15. Donor HLA-C: |
| 8. Donor CMV: | 16. Donor HLA-DR: |
| 9. Substance Abuse: | 17. Donor HLA-BW: |
| 10. Deceased Donor: | 18. Donor HLA-DQ: |
| 11. Living Donor: | |
| 12. With Malignancy: | |
-

Select Transplant Information to Edit:

Lung Transplant Data Entry Form (VA Transplant)

SURPATIENT,NINETYSEX (0288) VACO ID: 12121 CASE: 482 PAGE: 1 OF 4
JUN 17,2008 LUNG TRANSPLANT RECIPIENT INFORMATION

1. VACO ID:
2. Date Placed on Waiting List:
3. Recipient ABO Blood Type:
4. Recipient CMV:
5. Pulmonary Fibrosis:
6. Pulmonary Hypertension:
7. Alpha 1 Anti-Trypsin Deficiency:
8. Bronchiectasis:
9. Interstitial Lung Disease:
10. Sarcoidosis:
11. Lung Cancer:
12. Emphysema:
13. Rejection:
14. Other Diagnosis:

15. Transplant Comments:

Select Transplant Information to Edit:

SURPATIENT,NINETYSEX (0288) VACO ID: 12121 CASE: 482 PAGE: 2 OF 4
JUN 17,2008 LUNG TRANSPLANT LUNG TRANSPLANT INFORMATION

1. LAS Score at Listing:
2. LAS Score at Transplant:
3. Warm Ischemia time:
4. Cold Ischemia time:
5. Total Ischemia time:
6. Crossmatch D/R:

HLA Typing (#,#,#)

=====

7. Recipient HLA-A:
 8. Recipient HLA-B:
 9. Recipient HLA-C:
 10. Recipient HLA-DR:
 11. Recipient HLA-BW:
 12. Recipient HLA-DQ:
-

Select Transplant Information to Edit:

1. Diabetic Retinopathy:
 2. Diabetic Neuropathy:
 3. Elevated PAP:
 4. HIV + (positive):
 5. Cardiac Disease:
 6. Liver Disease:
 7. Lung Disease:
 8. Renal impairment:
 9. H/O Pre-Transplant Malignancy:
 10. Active Infection Immediately Pre-TX Requiring Antibiotics:
 11. Non-Compliance (Med and Diet):
 12. Recipient Substance Abuse:
 13. Post Transplant Prophylaxis for CMV/Antiviral Treatment:
 14. Post Transplant Prophylaxis for PCP/Antibiotic Treatment:
-

Select Transplant Information to Edit:

- | | |
|----------------------|--------------------|
| 1. Donor Race: | |
| 2. Donor Gender: | |
| 3. Donor Height: | HLA Typing (#,#,#) |
| 4. Donor Weight: | ===== |
| 5. Donor DOB: | 13. Donor HLA-A: |
| 6. Donor Age: | 14. Donor HLA-B: |
| 7. ABO Blood Type: | 15. Donor HLA-C: |
| 8. Donor CMV: | 16. Donor HLA-DR: |
| 9. Substance Abuse: | 17. Donor HLA-BW: |
| 10. Deceased Donor: | 18. Donor HLA-DQ: |
| 11. Living Donor: | |
| 12. With Malignancy: | |
-

Select Transplant Information to Edit:

Lung Transplant Data Entry Form (Non-VA Transplant)

SURPATIENT,NINETYSEX (0288) VACO ID: 12121 PAGE: 1 OF 5
SEP 6,2008 LUNG TRANSPLANT RECIPIENT INFORMATION

1. VACO ID:
2. Date of Transplant:
3. Date Placed on Waiting List:
4. Recipient Height:
5. Recipient Weight:
6. Recipient ABO Blood Type:
7. Recipient CMV:
8. Pulmonary Fibrosis:
9. Pulmonary Hypertension:
10. Alpha 1 Anti-Trypsin Deficiency:
11. Bronchiectasis:
12. Interstitial Lung Disease:
13. Other Diagnosis:
14. Transplant Comments:
15. Sarcoidosis:
16. Lung Cancer:
17. Emphysema:
18. Rejection:

Select Transplant Information to Edit:

SURPATIENT,NINETYSEX (0288) VACO ID: 12121 PAGE: 2 OF 5
SEP 6,2008 LUNG TRANSPLANT LUNG TRANSPLANT INFORMATION

1. LAS Score at Listing:
2. LAS Score at Transplant:
3. Warm Ischemia time:
4. Cold Ischemia time:
5. Total Ischemia time:
6. Crossmatch D/R:

HLA Typing (#,#,#)
=====

7. Recipient HLA-A:
8. Recipient HLA-B:
9. Recipient HLA-C:
10. Recipient HLA-DR:
11. Recipient HLA-BW:
12. Recipient HLA-DQ:

Select Transplant Information to Edit:

-
- | | |
|----------------------------------------------------------------|----------------------------------|
| 1. Diabetes Mellitus: | 16. Hypertension Requiring Meds: |
| 2. Diabetic Retinopathy: | 17. Peripheral Vascular Disease: |
| 3. Diabetic Neuropathy: | 18. Transfusion >4 RBC Units: |
| 4. Elevated PAP: | 19. Pre-Transplant Malignancy: |
| 5. HIV + (positive): | |
| 6. Cardiac Disease: | |
| 7. Liver Disease: | |
| 8. Lung Disease: | |
| 9. Renal impairment: | |
| 10. Preop Functional Status: | |
| 11. Active Infection Immediately Pre-TX Requiring Antibiotics: | |
| 12. Non-Compliance (Med and Diet): | |
| 13. Recipient Substance Abuse: | |
| 14. Post Transplant Prophylaxis for CMV/Antiviral Treatment: | |
| 15. Post Transplant Prophylaxis for PCP/Antibiotic Treatment: | |
-

Select Transplant Information to Edit:

-
1. Bleeding/Transfusions:
 2. Pneumonia:
 3. On Ventilator >48 hours:
 4. Cardiac Arrest Req. CPR:
 5. Myocardial Infarction:
 6. Stroke/CVA:
 7. Coma >= 24 hr:
 8. Superficial Incisional SSI:
 9. Deep Incisional SSI:
 10. Systemic Sepsis:
 11. Return to Surgery < 30 Days:
 12. Death within 30 Days:
-

Select Transplant Information to Edit:

-
- | | |
|----------------------|--------------------|
| 1. Donor Race: | |
| 2. Donor Gender: | |
| 3. Donor Height: | HLA Typing (#,#,#) |
| 4. Donor Weight: | ===== |
| 5. Donor DOB: | 13. Donor HLA-A: |
| 6. Donor Age: | 14. Donor HLA-B: |
| 7. ABO Blood Type: | 15. Donor HLA-C: |
| 8. Donor CMV: | 16. Donor HLA-DR: |
| 9. Substance Abuse: | 17. Donor HLA-BW: |
| 10. Deceased Donor: | 18. Donor HLA-DQ: |
| 11. Living Donor: | |
| 12. With Malignancy: | |
-

Select Transplant Information to Edit:

Heart Transplant Data Entry Form (VA Transplant)

SURPATIENT,NINETYSEX (0288) VACO ID: 12121 CASE: 482 PAGE: 1 OF 4
JUN 17,2008 HEART TRANSPLANT RECIPIENT INFORMATION

1. VACO ID:
2. Date Listed with UNOS:
3. UNOS at Time of Listing:
4. UNOS at Time of Trans:
5. PVR Before Vasodilation:
6. PVR After Vasodilation:
7. LVEF %:
8. Total Isch. time:
9. PRA %:
10. Crossmatch D/R:
11. ABO Blood Type:
12. Recipient CMV:

13. Transplant Comments:

Select Transplant Information to Edit:

SURPATIENT,NINETYSEX (0288) VACO ID: 12121 CASE: 482 PAGE: 2 OF 4
JUN 17,2008 HEART TRANSPLANT TRANSPLANT INFORMATION

- | Recipient Diagnosis
===== | HLA Typing (#,#,#)
===== |
|-------------------------------|-----------------------------|
| 1. Dilated Cardiomyopathy: | 12. Recipient HLA-A: |
| 2. Coronary Artery Disease: | 13. Recipient HLA-B: |
| 3. Ischemic Cardiomyopathy: | 14. Recipient HLA-C: |
| 4. Alcoholic Cardiomyopathy: | 15. Recipient HLA-BW: |
| 5. Valvular Cardiomyopathy: | 16. Recipient HLA-DR: |
| 6. Sarcoidosis: | 17. Recipient HLA-DQ: |
| 7. Idiopathic Cardiomyopathy: | |
| 8. Viral Cardiomyopathy: | |
| 9. Peripartum Cardiomyopathy: | |
| 10. Rejection: | |
| 11. Other Cardiomyopathy: | |
-

Select Transplant Information to Edit:

-
- | | |
|-------------------------------------------------------------------|--------------------------------|
| 1. Inotrope Dependent Pre-TX: | 16. Non-Compliance (Med/Diet): |
| 2. Amiodarone Use: | 17. Recipient Substance Abuse: |
| 3. Heparin Sensitivity: | 18. Liver Disease: |
| 4. Hyperlipidemia History: | 19. Creatinine on Day of TX: |
| 5. Diabetic Retinopathy: | |
| 6. Diabetic Neuropathy: | |
| 7. Ventricular Tachycardia: | |
| 8. HIV+ (Positive): | |
| 9. Prior Blood Transfusion: | |
| 10. Pulmonary Hypertension/Elevated PAP not reversible: | |
| 11. Active Infection Immediately Pre-Transplant Req. Antibiotics: | |
| 12. History of Pre-Transplant Skin Malignancy: | |
| 13. History of Pre-Transplant Other Malignancy: | |
| 14. Post-Transplant Prophylaxis for CMV/Anti-Viral Treatment: | |
| 15. Post-Transplant Prophylaxis for PCP/Antibiotic Treatment: | |
-

Select Transplant Information to Edit:

-
- | | |
|----------------------------|--------------------|
| 1. Donor Race: | |
| 2. Donor Gender: | |
| 3. Donor Height: | HLA Typing (#,#,#) |
| 4. Donor Weight: | ===== |
| 5. Donor DOB: | 12. Donor HLA-A: |
| 6. Donor Age: | 13. Donor HLA-B: |
| 7. Donor ABO Blood Type: | 14. Donor HLA-C: |
| 8. Donor CMV: | 15. Donor HLA-DR: |
| 9. Donor Substance Abuse: | 16. Donor HLA-BW: |
| 10. Deceased Donor: | 17. Donor HLA-DQ: |
| 11. Donor with Malignancy: | |
-

Select Transplant Information to Edit:

Heart Transplant Data Entry Form (Non-VA Transplant)

SURPATIENT,NINETYSEX (0288) VACO ID: 12121 PAGE: 1 OF 6
 SEP 8,2008 HEART TRANSPLANT RECIPIENT INFORMATION

-
- 1. VACO ID:
 - 2. Date of Transplant:
 - 3. Date Listed with UNOS:
 - 4. UNOS at Time of Listing:
 - 5. UNOS at Time of TX:
 - 6. Recipient Height:
 - 7. Recipient Weight:
 - 8. ABO Blood Type:
 - 9. Recipient CMV:
 - 10. PA Systolic Pressure:
 - 11. PAW Mean Pressure:
 - 12. PVR Before Vasodilation:
 - 13. PVR After Vasodilation:
 - 15. LVEF %:
 - 16. Total Isch. Time:
 - 17. PRA %:
 - 18. Crossmatch D/R:

14. Transplant Comments:

Select Transplant Information to Edit:

SURPATIENT,NINETYSEX (0288) VACO ID: 12121 PAGE: 2 OF 6
 SEP 8,2008 HEART TRANSPLANT TRANSPLANT INFORMATION

- | Recipient Diagnosis | HLA Typing (#,#,#) |
|-------------------------------|-----------------------|
| 1. Dilated Cardiomyopathy: | 12. Recipient HLA-A: |
| 2. Coronary Artery Disease: | 13. Recipient HLA-B: |
| 3. Ischemic Cardiomyopathy: | 14. Recipient HLA-C: |
| 4. Alcoholic Cardiomyopathy: | 15. Recipient HLA-BW: |
| 5. Valvular Cardiomyopathy: | 16. Recipient HLA-DR: |
| 6. Sarcoidosis: | 17. Recipient HLA-DQ: |
| 7. Idiopathic Cardiomyopathy: | |
| 8. Viral Cardiomyopathy: | |
| 9. Peripartum Cardiomyopathy: | |
| 10. Rejection: | |
| 11. Other Cardiomyopathy: | |

Select Transplant Information to Edit:

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- | | |
|------------------------------------------|-----------------------------|
| 1. COPD: | 17. Hypertension: |
| 2. FEV1: | 18. Heparin Sensitivity: |
| 3. Current Digoxin Use: | 19. Hyperlipidemia History: |
| 4. Amiodarone Use: | 20. Diabetes: |
| 5. Number prior heart surgeries: | 21. Diabetes Retinopathy: |
| 6. Cerebral Vascular Disease: | 22. Diabetes Neuropathy: |
| 7. CHF (NYHA Functional Class): | |
| 8. Inotrope Dependent Pre-TX: | |
| 9. IV NTG within 48 hours: | |
| 10. Pulmonary Hypertension/Elevated PAP: | |
| 11. Ventricular Tachycardia: | |
| 12. Current Smoker: | |
| 13. Prior MI: | |
| 14. Preop Circulatory Device: | |
| 15. Current Diuretic Use: | |
| 16. Peripheral Vascular Disease: | |
-

Select Transplant Information to Edit:

-
1. Liver Disease:
 2. Creatinine on Day of Transplant:
 3. HIV+ (positive):
 4. Active Infection Pre-Transplant:
 5. Pre-Transplant Skin Malignancy:
 6. Pre-Transplant Other Malignancy:
 7. Non-Compliance (Med and Diet):
 8. Recipient Substance Abuse:
 9. Prior Blood Transfusion:
-

Select Transplant Information to Edit:

-
1. Operative Death:
 2. Date/Time of Death:
 3. Perioperative MI:
 4. Renal Failure req. dialysis:
 5. Mediastinitis:
 6. Cardiac arrest req. CPR:
 7. Tracheostomy:
 8. Reoperation for Bleeding:
 9. On ventilator >= 48 hr:
 10. Stroke:
 11. Coma >= 24 hr:
 12. New Mech Circ Support:
 13. Post-Tx Prophylaxis for CMV/Anti-Viral Treatment:
 14. Post-Tx Prophylaxis for PCP/Antibiotic Treatment:
-

Select Transplant Information to Edit:

-
- | | |
|----------------------------|--------------------|
| 1. Donor Race: | |
| 2. Donor Gender: | |
| 3. Donor Height: | HLA Typing (#,#,#) |
| 4. Donor Weight: | ===== |
| 5. Donor DOB: | 12. Donor HLA-A: |
| 6. Donor Age: | 13. Donor HLA-B: |
| 7. Donor ABO Blood Type: | 14. Donor HLA-C: |
| 8. Donor CMV: | 15. Donor HLA-DR: |
| 9. Donor Substance Abuse: | 16. Donor HLA-BW: |
| 10. Deceased Donor: | 17. Donor HLA-DQ: |
| 11. Donor with Malignancy: | |
-

Select Transplant Information to Edit: