



Improving outcomes and
quality through collaboration

PEDIATRIC CARDIAC CRITICAL CARE CONSORTIUM
Data Collection Form v3.0

PATIENT INFORMATION

<i>Medical record number*</i> : 120	<i>SSN/Patient national ID*</i> : 180
<i>Last name*</i> : 140	<i>First name*</i> : 160
<i>Date of birth*</i> : 200 mm / dd / yyyy	<i>Gender at birth*</i> : 220 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous

MOTHER'S INFORMATION

*Mother's name known**: 375 Yes No
→ If Yes *Mother's last name**: 380 *Mother's first name**: 400

RACE / ETHNICITY

*Race documented**: 230 Yes No Patient declined to disclose
→ If Yes, *Race* (select all that apply):
Caucasian 240 Yes No Black/African American 260 Yes No Native American 300 Yes No
Asian 280 Yes No Pacific Islander/Hawaiian 320 Yes No Other 340 Yes No
*Hispanic/Latino Ethnicity**: 360 Yes No Not documented

BIRTH INFORMATION

→ If patient age at hospital admission ≤ 1 year:
*Premature birth**: 417 Yes No Unk
*Gestational age at birth known**: 420 Yes No → If yes, *Gestational age**: 440 ____ weeks
→ If patient age at hospital admission ≤ 30d:
*Birth weight known**: 460 Yes No → If Yes, *Birth weight**: 480 ____ kg
*Birth length**: 500 ____ cm
*Birth head circumference**: 520 ____ cm
*Birth country**: 600 ____ → If U.S. or Canada, *Birth zip**: 620 ____
*Antenatal diagnosis of congenital heart disease**: 540 Yes No Unk
*In-vitro fertilization**: 560 Yes No Unk
*Born at this hospital**: 580 Yes No

FUNDAMENTAL DIAGNOSIS AND CONGENITAL ANOMALIES

*Fundamental cardiac diagnosis**: 640

<i>Extracardiac abnormalities*</i> : 760	<i>Chromosomal abnormalities*</i> : 700	<i>Syndromes*</i> : 820
<i>If other, specify*</i> : 765	<i>If other, specify*</i> : 705	<i>If other, specify*</i> : 825

MORTALITY

*Deceased**: 840 Yes No Unk → If Yes, *Date of death**: 860 mm / dd / yyyy

HOSPITALIZATION	
<i>Hospital name:</i> 911 _____	
<i>Hospital admit date:</i> 980 mm / dd / yyyy	
<i>Country of residence*:</i> 920 _____ → If U.S. or Canada, <i>Residential zip code*:</i> 940 _____	
<i>Primary insurance type*:</i> 960 <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non-U.S. Insurance <input type="checkbox"/> None/Self	
<i>Initial weight:</i> 1000 _____ kg	
<i>Initial length/height:</i> 1020 _____ cm	
<i>Tracheostomy at hospital admission:</i> 1021 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
<i>Home respiratory support at hospital admission:</i> 1022 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
<i>On transplant list at hospital admission:</i> 1023 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→ If no, <i>Listed during admission:</i> 1024 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If yes, <i>Date listed:</i> 1025 mm / dd / yyyy	
<i>PPM or AICD on hospital admission:</i> 1026 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→ If no, <i>PPM/AICD placed during admission:</i> 1027 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If yes, <i>Date placed:</i> 1028 mm / dd / yyyy	
<i>New dx of diaphragm dysfunction during this admission:</i> 1029 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If yes, <i>Date:</i> 1030 mm / dd / yyyy	
<i>New dx of vocal cord dysfunction during this hospital admission:</i> 1031 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If yes, <i>Date:</i> 1032 mm / dd / yyyy	
<i>Ever had a chest tube during this hospital admission:</i> 1033 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If yes, <i>final removal date:</i> 1034 mm / dd / yyyy	
<i>Ever on cardiac acute care service during this hospital admission:</i> 1036 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
HOSPITAL DISCHARGE INFORMATION	
<i>Hospital discharge date:</i> 1040 mm / dd / yyyy	
<i>Discharge weight*:</i> 1100 _____ kg	
<i>Mortality status at hospital discharge:</i> 1060 <input type="checkbox"/> Alive <input type="checkbox"/> Deceased	
→ If alive:	
<i>Hospital discharge location:</i> 1080 <input type="checkbox"/> Home <input type="checkbox"/> Other acute care center <input type="checkbox"/> Other chronic care center	
<i>Tube feeding at discharge:</i> 1120 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, <i>New permanent tube:</i> 1140 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
<i>Readmitted within 30d*:</i> 1240 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
<i>30d post-discharge mortality status*:</i> 1260 <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unk	

CARDIOTHORACIC SURGERY[†] (RECORD EVERY CARDIOTHORACIC SURGERY DURING THIS HOSPITALIZATION)	
Any cardiothoracic surgery during this hospitalization: 1160 <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, collect the following information for every surgery:	
Surgery date: 1320 mm / dd / yyyy	OR entry time: 1325 hh : mm
Weight at surgery: 1360 _____ kg	
Number of prior cardiothoracic operations: 1520 _____	
PGE infusion at time of surgery (If age ≤ 30d at surgery): 1660 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Planned surgery: 1525 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Procedure diagnoses (List all diagnoses and indicate the primary diagnosis): 1440, 1460	
Surgical procedures (List all procedures and indicate the primary procedure): 1400, 1405	
Procedure location: 1480 <input type="checkbox"/> Cardiac OR <input type="checkbox"/> Hybrid suite <input type="checkbox"/> ICU <input type="checkbox"/> NICU <input type="checkbox"/> SICU <input type="checkbox"/> Procedure suite <input type="checkbox"/> General OR <input type="checkbox"/> Cath lab <input type="checkbox"/> CVICU <input type="checkbox"/> PICU <input type="checkbox"/> Radiology suite <input type="checkbox"/> Other	
Surgery type: 1500 <input type="checkbox"/> CPB cardiovascular <input type="checkbox"/> No CPB cardiovascular <input type="checkbox"/> CPB non-cardiovascular <input type="checkbox"/> ECMO <input type="checkbox"/> Thoracic <input type="checkbox"/> Interventional cardiology <input type="checkbox"/> VAD with CPB <input type="checkbox"/> VAD without CPB <input type="checkbox"/> NonCardiac/NonThoracic procedure w/anesthesia <input type="checkbox"/> Other → If CPB or VAD with CPB or CPB non-cardiovascular CPB time: 1540 _____ minutes	
Multiple bypass runs*: 1541 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Cross clamp time: 1560 _____ minutes	
Circulatory arrest time: 1580 _____ minutes	
Cerebral perfusion used: 1600 <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, Cerebral perfusion time: 1620 _____ minutes	
Ultrafiltration after CPB: 1621 <input type="checkbox"/> No <input type="checkbox"/> Yes – MUF and CUF <input type="checkbox"/> Yes – Modified ultrafiltration (MUF) <input type="checkbox"/> Unk <input type="checkbox"/> Yes – Conventional ultrafiltration (CUF)	
→ If No CPB Cardiovascular Cross clamp time - No CPB: 1640 _____ minutes	
Endotracheal intubation: 1670 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, Extubated in OR or upon arrival to inpatient unit: 1671 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Postop ICU/PACU arrival date/time: 1680 mm / dd / yyyy hh : mm	

[†]NOTE: All data with the exception of the following can be imported from STS (at sites with integrated software):

- PGE infusion
- Planned procedure
- Multiple bypass runs (Optional to collect)
- Ultrafiltration after CPB
- Extubated in the OR or on arrival
- Postop ICU/PACU arrival (can be imported if site participates in anesthesia module)

CARDIAC CATHETERIZATION^{**} (RECORD EVERY CARDIAC CATH DURING THIS HOSPITALIZATION)	
Any cardiac catheterization during this hospitalization: 1220 <input type="checkbox"/> Yes <input type="checkbox"/> No	
→ If Yes, collect the following information for every cath:	
Cath date^{**}: 1810 mm / dd / yyyy	
Cath procedure(s): (check all that apply)	
<i>Diagnostic cath</i> ^{**1830} <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>ASD closure</i> ^{** 1850} <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>Aortic coarctation procedure</i> ^{**1870} <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>Aortic valvuloplasty</i> ^{**1890} <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>Electrophysiology ablation proc</i> ^{**1960} <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>Electrophysiology cath</i> ^{** 1955} <i>Endomyocardial biopsy</i> ²²¹⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>Pulmonary hypertension eval</i> ²¹⁸⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<i>PDA closure</i> ^{**1930} <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>Proximal PA stent</i> ^{**1950} <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>Pulmonary valvuloplasty</i> ^{**1910} <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>Transcatheter pulm valve replacement</i> ^{** 2120} <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>Transvenous pacemaker</i> ²²⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>Other cardiac cath procedure</i> ²²⁵⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If yes, specify*: 2251 _____
Specific cath procedure(s)^{* **} (List all procedures): 1817	
Planned intervention ²²⁷⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Invasive vent during the cath ²²⁷² <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→ If Yes, Extubated in cath lab or on arrival to inpatient unit ²²⁷³ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Procedure end date/time^{**}: 2280 mm / dd / yyyy hh : mm	

^{**}NOTE: Items marked with ^{**} can be imported from ACC-IMPACT at sites with integrated software

CICU ENCOUNTER		
CICU start date / time: 2310 mm / dd / yyyy hh : mm		
Critical care end date: 2341 mm / dd / yyyy		
CICU discharge date / time: 2360 mm / dd / yyyy hh : mm		
Planned CICU encounter: 2429 <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned		
Reason for encounter: 2460 <input type="checkbox"/> Preop cardiothoracic surgery <input type="checkbox"/> Postop cardiothoracic surgery <input type="checkbox"/> Pre cardiac cath <input type="checkbox"/> Post non-cardiac procedure <input type="checkbox"/> Medical condition <input type="checkbox"/> Post cardiac cath <input type="checkbox"/> Anticoagulation <input type="checkbox"/> Non-cardiothoracic postop <input type="checkbox"/> Evaluation of structural heart disease <input type="checkbox"/> ICU overflow		
→ If Non-cardiothoracic postop, Surgery type immediately preceding encounter: 2480 → If other, specify* 2481 _____		
Current surgical status: 2490 <input type="checkbox"/> Never had cardiothoracic surgery <input type="checkbox"/> S/P aortopulmonary shunt <input type="checkbox"/> S/P stage I palliation – Norwood <input type="checkbox"/> S/P other 1V Surgery <input type="checkbox"/> S/P stage I palliation – Hybrid <input type="checkbox"/> S/P 2v surgery <input type="checkbox"/> S/P stage II palliation <input type="checkbox"/> S/P heart transplant <input type="checkbox"/> S/P stage III palliation <input type="checkbox"/> S/P thoracic surgery (never had cardiac surgery)		
Encounter cardiothoracic diagnosis: 2540		
Encounter medical diagnosis: 2560 → If other, specify* : 2561		
Source of CICU admission 2580	Specific source 2600	
<input type="checkbox"/> Home	N/A	
<input type="checkbox"/> Current Hospital	<input type="checkbox"/> Clinic <input type="checkbox"/> OR – Cardiac <input type="checkbox"/> Delivery Suite <input type="checkbox"/> ED <input type="checkbox"/> OR - General <input type="checkbox"/> NICU Service <input type="checkbox"/> Ward - Cardiac <input type="checkbox"/> Cath Lab <input type="checkbox"/> PICU Service <input type="checkbox"/> Ward - Non-Cardiac <input type="checkbox"/> PACU/Procedure Suite <input type="checkbox"/> Adult ICU Service	
<input type="checkbox"/> Outside Hospital	<input type="checkbox"/> ED <input type="checkbox"/> NICU / Delivery suite <input type="checkbox"/> CICU <input type="checkbox"/> Floor <input type="checkbox"/> PICU <input type="checkbox"/> Adult ICU	
Weight at CICU admit: 2760 _____ kg		
At time of CICU admission: Trach 2810 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If age ≥18, Advanced directive 2806 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Permanent feeding tube 2805 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
Any non-cardiothoracic surgery during this CICU encounter: 2920 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
→ If Yes, record every non-cardiothoracic surgery during the encounter		
Date 2980 mm / dd / yyyy	Type 3000	If other, specify* 3001
Multiple venues: 2820 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
Record every venue in which the patient was cared for <i>during this CICU encounter</i>		
Venue 2860 <input type="checkbox"/> CICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> Adult ICU	Start 2880 mm / dd / yyyy hh : mm	End 2900 mm / dd / yyyy hh : mm

ENCOUNTER END		
Weight at CICU discharge: ²⁷⁸⁰ _____ kg		
CICU disposition: ²⁶²⁰ <input type="checkbox"/> Home <input type="checkbox"/> Current Hospital <input type="checkbox"/> Outside Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Deceased		
→ If current or outside hospital, Specific disposition: ²⁶⁴⁰		
<input type="checkbox"/> Ward-Cardiac	<input type="checkbox"/> Ward-Non-cardiac	<input type="checkbox"/> Adult ICU service
<input type="checkbox"/> Ward-Cardiac via procedure suite/OR	<input type="checkbox"/> NICU service	<input type="checkbox"/> OSH-CICU
	<input type="checkbox"/> PICU service	<input type="checkbox"/> Rehab unit
→ If deceased: Withdrawal of life sustaining therapy: ²⁷⁴⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		

RESPIRATORY SUPPORT		
INVASIVE VENTILATION (RECORD EVERY COURSE OF INVASIVE VENT DURING THE CICU ENCOUNTER)		
Invasive ventilation ³⁰⁴⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, record every course of invasive ventilation during the CICU encounter		
Invasive vent began at CICU start: ³²¹⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No	Start date/time: ³²²⁰ mm / dd / yyyy hh : mm	
Did this course of invasive ventilation begin during a procedure: ³²²³ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
Invasive vent at CICU end: ³²⁴⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No	End date/time: ³²⁸⁰ mm / dd / yyyy hh : mm	
→ If Yes End date known: ³²⁶⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No (End date/time will default to noon @ hosp discharge if this=No)		
→ If No Planned extubation: ³³⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
Initial support immediately following this course: ³³⁰⁵ <input type="checkbox"/> CPAP or BiPAP <input type="checkbox"/> Nasal cannula <input type="checkbox"/> None <input type="checkbox"/> HFNC <input type="checkbox"/> Other <input type="checkbox"/> Unk		
Initial airway: ³²²⁶ <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Trach <input type="checkbox"/> Unk	Final airway: ³²²⁹ <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Trach <input type="checkbox"/> Unk	
→ If initial is oral/nasal and final is trach: Trach date/time: ³²³² mm / dd / yyyy hh : mm		
Multiple modes: ³⁴⁴⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vent Mode(s): Record every mode during this course of support		
Mode: ³⁴⁸⁰	Start date/time* ³⁵⁰⁰	End date/time* ³⁵²⁰
<input type="checkbox"/> Conventional (incl. bi-vent) <input type="checkbox"/> High-frequency	mm / dd / yyyy hh : mm	mm / dd / yyyy hh : mm
CPAP/BiPAP (RECORD EVERY CPAP AND BiPAP COURSE DURING THE CICU ENCOUNTER)		
Positive airway pressure ³⁰⁶⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, record every course of CPAP/BiPAP during the CICU encounter		
PAP at CICU start: ³⁶²⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No	PAP start date: ³⁶⁴⁰ mm / dd / yyyy	
PAP at CICU end: ³⁶⁶⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No	PAP end date: ³⁶⁸⁰ mm / dd / yyyy	
HFNC (RECORD EVERY HFNC COURSE DURING THE CICU ENCOUNTER)		
High-flow nasal cannula ³⁰⁷⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, record every course of HFNC during the CICU encounter		
HFNC at CICU start: ³⁸²⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No	HFNC start date: ³⁸⁴⁰ mm / dd / yyyy	
HFNC at CICU end: ³⁸⁶⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No	HFNC end date: ³⁹⁰⁰ mm / dd / yyyy	

VASCULAR ACCESS/DEVICES	
Any IO access during the encounter: 3090 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
VENOUS LINES (RECORD EVERY VENOUS LINE PRESENT DURING THE CICU ENCOUNTER)	
Any venous lines during the encounter: 3100 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, record every venous line present during the CICU encounter	
Access type: 4020 <input type="checkbox"/> Cut-down <input type="checkbox"/> Percutaneous	
Line type: 4040 <input type="checkbox"/> PICC <input type="checkbox"/> CVL-Percutaneous <input type="checkbox"/> CVL-Tunneled <input type="checkbox"/> PAC	
Site: 4060 <input type="checkbox"/> Femoral <input type="checkbox"/> Lower extremity <input type="checkbox"/> Transhepatic <input type="checkbox"/> Upper extremity – Glenn/Fontan <input type="checkbox"/> IJ <input type="checkbox"/> Subclavian <input type="checkbox"/> Umbilical <input type="checkbox"/> Other <input type="checkbox"/> IJ – Glenn/Fontan <input type="checkbox"/> Subclavian – Glenn/Fontan <input type="checkbox"/> Upper extremity	
Venue: 4080 <input type="checkbox"/> CICU <input type="checkbox"/> OR <input type="checkbox"/> Cath lab <input type="checkbox"/> Delivery suite <input type="checkbox"/> Other <input type="checkbox"/> Other ICU <input type="checkbox"/> IR <input type="checkbox"/> Ward <input type="checkbox"/> Outside hospital	
Present at CICU start: 4100 <input type="checkbox"/> Yes <input type="checkbox"/> No	Line start date: 4121 mm / dd / yyyy
Present at CICU end: 4140 <input type="checkbox"/> Yes <input type="checkbox"/> No	Line end date: 4161 mm / dd / yyyy
Treated for a thrombus associated w/this line: 4180 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, Treatment start date: 4201 mm / dd / yyyy	
INTRACARDIAC LINES (RECORD EVERY INTRACARDIAC LINE PRESENT DURING THE CICU ENCOUNTER)	
Intracardiac lines: 3130 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, record every intracardiac line present during the CICU encounter	
Line type: 4320 <input type="checkbox"/> Monitoring/Infusions <input type="checkbox"/> Broviac	
Site: 4340 <input type="checkbox"/> Right atrium (RA) <input type="checkbox"/> Pulmonary artery <input type="checkbox"/> Left atrium (LA)/common atrium <input type="checkbox"/> Superior vena cava (SVC)	
Venue: 4360 <input type="checkbox"/> CICU <input type="checkbox"/> OR <input type="checkbox"/> Cath lab <input type="checkbox"/> Delivery suite <input type="checkbox"/> Other <input type="checkbox"/> Other ICU <input type="checkbox"/> IR <input type="checkbox"/> Ward <input type="checkbox"/> Outside hospital	
Present at CICU start: 4380 <input type="checkbox"/> Yes <input type="checkbox"/> No	Line start date: 4401 mm / dd / yyyy
Present at CICU end: 4420 <input type="checkbox"/> Yes <input type="checkbox"/> No	Line end date: 4441 mm / dd / yyyy
Treated for a thrombus associated w/this line: 4460 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, Treatment start date: 4481 mm / dd / yyyy	
ARTERIAL LINES (RECORD EVERY ARTERIAL LINE PRESENT DURING THE CICU ENCOUNTER)	
Arterial lines: 3110 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, record every arterial line present during the CICU encounter	
Access type: 4620 <input type="checkbox"/> Cut-down <input type="checkbox"/> Percutaneous	
Site: 4640 <input type="checkbox"/> Peripheral <input type="checkbox"/> Central (axillary, femoral) <input type="checkbox"/> Umbilical <input type="checkbox"/> Internal mammary artery (IMA)	
Venue: 4660 <input type="checkbox"/> CICU <input type="checkbox"/> OR <input type="checkbox"/> Cath lab <input type="checkbox"/> Delivery suite <input type="checkbox"/> Other <input type="checkbox"/> Other ICU <input type="checkbox"/> IR <input type="checkbox"/> Ward <input type="checkbox"/> Outside hospital	
Present at CICU start: 4680 <input type="checkbox"/> Yes <input type="checkbox"/> No	Line start date: 4701 mm / dd / yyyy
Present at CICU end: 4720 <input type="checkbox"/> Yes <input type="checkbox"/> No	Line end date: 4741 mm / dd / yyyy
Treated for a thrombus associated w/this line: 4760 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, Treatment start date: 4781 mm / dd / yyyy	
FOLEY CATHETER (RECORD EVERY FOLEY PRESENT DURING THE CICU ENCOUNTER)	
Foley catheter: 3140 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, record every Foley present during the CICU encounter	
Present at CICU start: 4920 <input type="checkbox"/> Yes <input type="checkbox"/> No	Foley start date: 4940 mm / dd / yyyy
Present at CICU end: 4960 <input type="checkbox"/> Yes <input type="checkbox"/> No	Foley end date: 4980 mm / dd / yyyy

OTHER THERAPIES	
Vasoactive infusion: ⁵¹⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→ If Yes Agent(s) used for vasoactive support (select all): ⁵²⁴⁰	
<input type="checkbox"/> Calcium infusion	<input type="checkbox"/> Esmolol
<input type="checkbox"/> Dobutamine	<input type="checkbox"/> Fenoldopam
<input type="checkbox"/> Dopamine	<input type="checkbox"/> Isoproterenol
<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Levosimendan
<input type="checkbox"/> Milrinone	<input type="checkbox"/> Nitroprusside
<input type="checkbox"/> Nesiritide	<input type="checkbox"/> Norepinephrine
<input type="checkbox"/> Nicardipine	<input type="checkbox"/> Phentolamine
<input type="checkbox"/> Nitroglycerine	<input type="checkbox"/> Phenylephrine
<input type="checkbox"/> Other agent (Specify)*: ⁵²⁴¹ _____	
List the start and end dates of each course of vasoactive support during the encounter	
Active at CICU start ⁵²⁵⁴	Start date ⁵²⁵⁵
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	mm / dd / yyyy
Active at CICU discharge ⁵²⁵⁹	End date ⁵²⁶⁰
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	mm / dd / yyyy
Sedation/analgesia/neuromuscular block infusion: ⁵³⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→ If Yes Agent(s) (select all): ⁵³⁴⁰	
<input type="checkbox"/> Barbiturate	<input type="checkbox"/> Dexmedetomidine
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Ketamine
<input type="checkbox"/> Narcotics	<input type="checkbox"/> Propofol
<input type="checkbox"/> Neuromuscular block	<input type="checkbox"/> Epidural anesthesia
Peritoneal drain: ⁵⁸⁷⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→ If Yes Present on admit: ⁵⁸⁷²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Venue placed: ⁵⁸⁷⁶	<input type="checkbox"/> OR <input type="checkbox"/> CICU <input type="checkbox"/> Other <input type="checkbox"/> Unk
Present on discharge: ⁵⁸⁷⁸	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Start date: ⁵⁸⁷⁴	mm / dd / yyyy
Final removal date: ⁵⁸⁸⁰	mm / dd / yyyy
RRT: ⁵⁹⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→ If Yes CRRT for ARF: ⁵⁹⁰⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Peritoneal dialysis: ⁵⁹²⁰	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
→ If Yes Start date: ⁵⁹²²	mm / dd / yyyy
Hemodialysis: ⁵⁹⁸⁰	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
→ If Yes Start date: ⁵⁹⁸²	mm / dd / yyyy
CVVH: ⁵⁹⁴⁰	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
→ If Yes Start date: ⁵⁹⁴²	mm / dd / yyyy
Final end date: ⁵⁹²⁴	mm / dd / yyyy
Final end date: ⁵⁹⁸⁴	mm / dd / yyyy
Final end date: ⁵⁹⁴⁴	mm / dd / yyyy
Nitric oxide: ⁵⁶⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Bronchoscopy: ⁶²⁸⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Monitoring:	
EtCO₂: ⁶⁰⁴⁰	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
SVO₂ – Continuous: ⁶⁰⁶⁰	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
NIRS: ⁶²⁰⁰	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
→ If Yes Cerebral: ⁶²²⁰	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Somatic: ⁶²⁴⁰	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Other: ⁶²⁶¹	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk

COMPLICATIONS – CARDIOVASCULAR	
Cardiac arrest: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk →If Yes, record every arrest during the encounter	
Arrest date/time: <input type="text"/> mm / dd / yyyy hh : mm	ECPR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Rhythm at onset: <input type="checkbox"/> CHB <input type="checkbox"/> PEA <input type="checkbox"/> SVT <input type="checkbox"/> VT <input type="checkbox"/> JET <input type="checkbox"/> Sinus bradycardia/junctional rhythm <input type="checkbox"/> VF <input type="checkbox"/> Unknown	
Onset location: <input type="checkbox"/> CICU <input type="checkbox"/> Non-cardiac OR <input type="checkbox"/> Imaging suite <input type="checkbox"/> Unknown <input type="checkbox"/> Cath lab <input type="checkbox"/> Procedure suite <input type="checkbox"/> Other	
CPR end time known: <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, CPR end date/time: <input type="text"/> mm / dd / yyyy hh : mm	
Cooled to <34°: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If No, Cooled to normothermia: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Pericardial effusion: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Treatment date/time: <input type="text"/> mm / dd / yyyy hh : mm
Arrhythmia requiring ICU-level therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk →If Yes, record every arrhythmia in the CICU	
Treated at CICU start: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Start date/time <input type="text"/> mm / dd / yyyy hh : mm
Type: <input type="checkbox"/> Atrial tachycardia / SVT <input type="checkbox"/> Junctional tachycardia <input type="checkbox"/> Second degree heart block <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> Complete heart block <input type="checkbox"/> Sinus or junctional bradycardia	
Therapy – drug: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Temporary pacemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Electrical cardioversion/defib: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Cooled to <35°: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Permanent pacemaker/AICD: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Treated at CICU discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	End date: <input type="text"/> mm / dd / yyyy
Mechanical circulatory support: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk →If Yes, record every course of ECMO and every VAD present in the CICU	
Support type: <input type="checkbox"/> VAD <input type="checkbox"/> ECMO	
→ If ECMO Reason	
<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> Hypoxemia
<input type="checkbox"/> Bleeding	<input type="checkbox"/> LCOS / Cardiac failure / Ventricular dysfunction
<input type="checkbox"/> Hypercarbic respiratory failure	<input type="checkbox"/> Multi-system organ failure
	<input type="checkbox"/> Shunt occlusion
Active CPR at cannulation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→ If No, Active CPR within 2 hours of cannulation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Initial cannula site(s): <input type="checkbox"/> Peripheral <input type="checkbox"/> Transthoracic <input type="checkbox"/> Both <input type="checkbox"/> Unk	
Final cannula site(s): <input type="checkbox"/> Peripheral <input type="checkbox"/> Transthoracic <input type="checkbox"/> Both <input type="checkbox"/> Unk	
Support at CICU start: <input type="checkbox"/> Yes <input type="checkbox"/> No	Initiated date/time: <input type="text"/> mm / dd / yyyy hh : mm
Support at CICU disch: <input type="checkbox"/> Yes <input type="checkbox"/> No	Discontinued date/time: <input type="text"/> mm / dd / yyyy hh : mm

COMPLICATIONS – CARDIOVASCULAR (CONT)	
Low cardiac output syndrome (LCOS): ⁶⁸⁵¹ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→If Yes	Initial date/time: ⁶⁸⁶¹ mm / dd / yyyy hh : mm
Criteria met at initial date/time (select all):	
VIS >15 ⁶⁸⁷⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
VIS tripled in 48h to 10+ ⁶⁸⁷² <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
AVO2 difference >40% ⁶⁸⁷⁴ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Physician note ⁶⁸⁷⁶ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Initial timing: ⁶⁸⁸¹ <input type="checkbox"/> Preop <input type="checkbox"/> Postop <input type="checkbox"/> N/A <input type="checkbox"/> Unk	
→If preop	Postop LCOS: ⁶⁹⁰¹ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
→ If Yes	Postop LCOS date/time: ⁶⁹¹¹ mm / dd / yyyy hh : mm
Criteria met at postop date/time (select all):	
VIS >15 ⁶⁹²⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
VIS tripled in 48h to 10+ ⁶⁹²² <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
AVO2 difference >40% ⁶⁹²⁴ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Physician note ⁶⁹²⁶ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
ICU-level treatment for PHTN: ⁶⁹³⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→If Yes	Start date/time ⁶⁹⁴⁰ mm / dd / yyyy hh : mm
Inhaled NO: ⁷⁰⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Remodulin: ⁷⁰⁶⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Prostacyclin: ⁷⁰⁴⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Other: ⁷⁰⁶⁵ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
→ If other, specify*: ⁷⁰⁶⁶ _____	
ICU-level treatment at CICU discharge: ⁶⁹⁶⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	End date/time: ⁶⁹⁸⁰ mm / dd / yyyy hh : mm

COMPLICATIONS – OPERATIVE/PROCEDURAL			
Bleeding requiring reoperation: ⁷²⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		First date/time: ⁷²²⁰ mm / dd / yyyy hh : mm	
Sternum left open: ⁷²⁸⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, list <u>every</u> time the chest was left open			
Date opened ⁷²⁸⁸ mm / dd / yyyy	Location opened ⁷²⁹⁰ <input type="checkbox"/> OR <input type="checkbox"/> CICU <input type="checkbox"/> Other <input type="checkbox"/> Unk	Closed in this encounter ⁷²⁹² <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	→ If yes, Date closed mm / dd / yyyy
Intraoperative/Intraprocedural death: ⁷³⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			

COMPLICATIONS – RESPIRATORY			
Chylothorax requiring intervention: ⁷³²⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
→If Yes Initial treatment date: ⁷³⁴¹ mm / dd / yyyy			
Treatment(s):			
Chest tube placed: ⁷³⁶⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
→ If yes Initial date: ⁷³⁸¹ mm / dd / yyyy			
Multiple chest tubes: ⁷³⁸² <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
Change in diet: ⁷³⁸³ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Octreotide infusion: ⁷³⁸⁵ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
NPO: ⁷³⁸⁴ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Sildenafil: ⁷³⁸⁶ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Other: ⁷³⁸⁷ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If other, specify*: ⁷³⁸⁸			
Pleural effusion / hemothorax requiring chest tube: ⁷⁴⁰¹ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
→If Yes Initial chest tube date: ⁷⁴⁰⁵ mm / dd / yyyy			
Multiple chest tubes: ⁷⁴⁰⁷ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
Pneumothorax requiring chest tube: ⁷⁴⁸¹ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
→If Yes Initial chest tube date: ⁷⁴⁸⁵ mm / dd / yyyy			
Multiple chest tubes: ⁷⁴⁸⁷ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
Pulmonary embolism: ⁷⁶⁸⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Diagnosis date: ⁷⁶⁸² mm / dd / yyyy	

COMPLICATIONS – INFECTIOUS			
Superficial surgical site infection (SSI): ⁷⁸⁸⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Diagnosis date: ⁷⁹⁰⁰ mm / dd / yyyy	
Deep surgical site infection (SSI): ⁷⁹²⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk →If Yes, record <u>every</u> deep SSI during the CICU encounter			
Dx date: ⁷⁹⁶⁰ mm / dd / yyyy		Organism: ⁷⁹⁸⁰ <input type="checkbox"/> Gram negative <input type="checkbox"/> Mixed <input type="checkbox"/> Unk <input type="checkbox"/> Gram positive <input type="checkbox"/> Fungal	
CLABSI: ⁷⁷⁶⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk →If Yes, record <u>every</u> CLABSI during the CICU encounter			
Dx date: ⁷⁸⁰⁰ mm / dd / yyyy		Organism: ⁷⁸²⁰ <input type="checkbox"/> Gram negative <input type="checkbox"/> Mixed <input type="checkbox"/> Unk <input type="checkbox"/> Gram positive <input type="checkbox"/> Fungal	
UTI: ⁸⁰⁴⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk →If Yes, record <u>every</u> UTI during the CICU encounter			
Dx date: ⁸⁰⁸⁰ mm / dd / yyyy		Organism: ⁸¹⁰⁰ <input type="checkbox"/> Gram negative <input type="checkbox"/> Mixed <input type="checkbox"/> Unk <input type="checkbox"/> Gram positive <input type="checkbox"/> Fungal	
CA-UTI: ⁸¹⁰¹ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
VAP: ⁷⁷²¹ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Diagnosis date: ⁷⁷²² mm / dd / yyyy	
Non-VAP pneumonia: ⁷⁷⁴¹ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Diagnosis date: ⁷⁷⁴² mm / dd / yyyy	
Sepsis: ⁷⁸⁴⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Diagnosis date: ⁷⁸⁶⁰ mm / dd / yyyy	
Endocarditis: ⁶⁵²⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Diagnosis date: ⁶⁵²² mm / dd / yyyy	
Positive culture: ⁷⁸⁶² <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			

COMPLICATIONS – NEURO	
Stroke: ⁸¹²⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk →If Yes, record <u>every</u> stroke during the encounter	
Dx date/time: ⁸¹⁴² mm / dd / yyyy hh : mm	
How diagnosed: ⁸¹⁴⁴ <input type="checkbox"/> Clinical findings <input type="checkbox"/> Imaging <input type="checkbox"/> Both <input type="checkbox"/> Unk	
→ If Imaging or Both, what imaging techniques were used to diagnose the stroke?	
Cranial ultrasound: ⁸¹⁴⁶ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
MRI: ⁸¹⁴⁸ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
CT: ⁸¹⁵⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Primarily hemorrhagic: ⁸¹⁵² <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→ If No, Hemorrhagic conversion: ⁸¹⁵⁴ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→ If Yes, Conversion date/time: ⁸¹⁵⁶ mm / dd / yyyy hh : mm	
Seizure: ⁸²²⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
First date/time: ⁸²⁴⁰ mm / dd / yyyy hh : mm	
IVH ≥ Grade II: ⁸²⁶⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
→ If Yes First date/time: ⁸²⁸⁰ mm / dd / yyyy hh : mm	
Maximum grade: ⁸²⁸² <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Unk	
Date of max grade: ⁸²⁸⁴ mm / dd / yyyy	
Intracranial bleed: ⁸³⁰² <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
(non-stroke): First date/time: ⁸³⁰⁴ mm / dd / yyyy hh : mm	
Brain death: ⁸³⁴⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Date/time: ⁸³⁶⁰ mm / dd / yyyy hh : mm	

COMPLICATIONS – GASTROINTESTINAL / OTHER		
Hepatic injury (ALT>500): 8462 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Diagnosis date: 8464 mm / dd / yyyy		
NEC (Bell's criteria II or III): 8501 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, list every occurrence		
Dx date 8508 mm / dd / yyyy	Surgery 8510 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Surgery date 8512 mm / dd / yyyy
Pressure ulcer ≥ stage III: 8562 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Date: 8564 mm / dd / yyyy		
Maximum stage: 8566 <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Unstageable <input type="checkbox"/> Unk		
Hypoglycemia: 8580 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
Narcotic dependence (requiring wean): 8600 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
Other complication*: 8700 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes, Specify*: 8701 _____		

ENCOUNTER TYPE	
Cardiovascular Surgery Immediately Before or During CICU Encounter: ⁸⁹⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No (only select 'Yes' if patient underwent <u>CPB cardiovascular or no-CPB cardiovascular</u> surgery immediately before or during the CICU Encounter)	
ENCOUNTER TYPE – CARDIAC SURGERY	
Select the first surgery of type "CPB – cardiovascular" or "No CPB Cardiovascular" for this encounter:	
PREOP	
STS preop risk factors: ⁹⁰⁰⁰	
Preop PTHN: ⁹⁰⁰⁵ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Preop chronic lung disease of prematurity: ⁹⁰⁰⁷ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Preop PLE: ⁹⁰⁰⁶ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Preop arrhythmia: ⁹⁰⁰⁸ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Preop creatinine available: ⁹⁰²⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, Preop creatinine: ⁹⁰³⁰ _____ mg/dL	
Any ECMO prior to surgery: ⁹⁰⁵⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Any CPR prior to surgery: ⁹¹⁵⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Preop viral resp infection: ⁹¹⁷⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
INTRAOP / POSTOP	
Arrest with CPR ≥ 10 minutes during procedure: ⁹¹⁸⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Left OR with open sternum: ⁹²¹⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Postop lactate available (first 2 hrs postop): ⁹²⁶⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, Max lactate (first 2 hrs postop): ⁹²⁷⁰ _____ mmol/L	
Postop chest tube output (during first 2 hrs postop): ⁹³²⁰ _____ cc	
Invasive vent at 2 hours postop: ⁹⁴²⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If Yes FiO2 available: ⁹⁴⁴⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, FiO2: ⁹⁴⁵⁰ _____ Mean airway pressure available: ⁹⁴⁶⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, MAP: ⁹⁴⁶⁵ _____	
POD0 or POD1 creatinine available: ⁹⁵²⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, First postop cr: ⁹⁵²² _____ mg/dL	
Any CICU postop creatinine available (through POD7): ⁹⁵²⁴ <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes Max postop cr (through POD7): ⁹⁵²⁶ _____ mg/dL Date: ⁹⁵²⁸ mm / dd / yyyy	
FEEDING <i>This section only appears in surgical encounters where the patient's age was ≤30d at hospital admission</i>	
Is this the first surgical encounter during this hospitalization: ⁹³²² <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If yes Any preop enteral feeding: ⁹³²⁴ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If yes Indicate all of the locations <i>in this hospital</i> in which the patient was fed preoperatively CICU: ⁹³²⁶ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk NICU: ⁹³²⁸ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Other: ⁹³³⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Any postop enteral feeding in the CICU: ⁹³³² <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk → If yes Earliest postop feeding date: ⁹³³⁴ mm / dd / yyyy	
Nutrition at CICU discharge: ⁹³³⁶ <input type="checkbox"/> TPN <input type="checkbox"/> Enteral <input type="checkbox"/> Both <input type="checkbox"/> Unk	

ENCOUNTER TYPE – CARDIAC SURGERY (CONT)								
INOTROPE/VASOPRESSOR INFUSIONS								
Inotropic/vasopressor infusion at time of surgery: 9070 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk								
→ If Yes,	Dopamine:9080	mcg/kg/min	Dobutamine:9090	mcg/kg/min				
	Epinephrine:9100	mcg/kg/min	Norepinephrine:9110	mcg/kg/min				
	Milrinone:9120	mcg/kg/min	Vasopressin:9130	units/kg/min				
Any inotropic/vasopressor infusion in the first 2 postop hours: 9340 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk								
→ If Yes,	Dopamine:9350	mcg/kg/min	Dobutamine:9360	mcg/kg/min				
	Epinephrine:9370	mcg/kg/min	Norepinephrine:9380	mcg/kg/min				
	Milrinone:9390	mcg/kg/min	Vasopressin:9400	units/kg/min				
For each of the timepoints listed below, indicate whether the patient was on any inotropic or vasopressor infusion <i>at that time</i> . If yes, record the doses of each agent <i>at that time</i> .								
Timepoint 9502	Date/Time 9504	Infusion 9506 y/n	9508 Dopamine mcg/kg/min	9510 Dobutamine mcg/kg/min	9512 Epi mcg/kg/min	9514 Norepi mcg/kg/min	9516 Milrinone mcg/kg/min	9518 Vasopressin units/kg/min
6 hrs postop	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
12 hrs postop	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
18 hrs postop	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
24 hrs postop	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
30 hrs postop	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
36 hrs postop	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
42 hrs postop	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
48 hrs postop	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
06:00 on POD3	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
06:00 on POD4	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
06:00 on POD5	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
06:00 on POD6	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
06:00 on POD7	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						

ENCOUNTER TYPE – NON-CARDIAC SURGERY	
High-risk diagnoses at time of admission: (select all that apply) 9700	
<input type="checkbox"/> None	<input type="checkbox"/> Heart transplant rejection
<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> Myocarditis
<input type="checkbox"/> Cardiomyopathy	<input type="checkbox"/> Pulmonary hypertension
<input type="checkbox"/> CPR as reason for CICU admit	<input type="checkbox"/> Systemic AVVR – Moderate or worse
<input type="checkbox"/> Heart failure, acute decompensated	
<input type="checkbox"/> Heart failure, chronic	
BNP available (18hr window): 9761 <input type="checkbox"/> Yes <input type="checkbox"/> No	
→ If Yes, Type: 9762 <input type="checkbox"/> BNP <input type="checkbox"/> NT-proBNP <input type="checkbox"/> Unk Max BNP (18hr window): 9763 _____ pg/mL	
Admission creatinine available (18hr window): 9791 <input type="checkbox"/> Yes <input type="checkbox"/> No	
→ If Yes, First Cr (18hr window): 9794 _____ mg/mL	
Max Cr (18hr window): 9792 _____ mg/mL	
Creatinine available (through CICU day 7): 9796 <input type="checkbox"/> Yes <input type="checkbox"/> No	
→ If Yes Max Cr (through CICU day 7): 9798 _____ mg/dL Date: 9801 ____ / ____ / ____	
Hepatic injury (18hr window): 9821 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Lactate available (4hr window): 9840 <input type="checkbox"/> Yes <input type="checkbox"/> No → If Yes, Max lactate (4hr window): 9850 _____ mmol/L	
Pupil reflex on admission: 9901 <input type="checkbox"/> Both reactive <input type="checkbox"/> One fixed / One reactive <input type="checkbox"/> Both fixed <input type="checkbox"/> Unk	

ENCOUNTER TYPE – NON-SURGICAL (CONT)								
INOTROPE/VASOPRESSOR INFUSIONS								
Any inotropic/vasopressor infusion at the time of CICU admission: 9921 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk								
→ If Yes,	Dopamine: 9931	mcg/kg/min	Dobutamine: 9941	mcg/kg/min				
	Epinephrine: 9951	mcg/kg/min	Norepinephrine: 9961	mcg/kg/min				
	Milrinone: 9971	mcg/kg/min	Vasopressin: 9981	units/kg/min				
For each of the timepoints listed below, indicate whether the patient was on any inotropic or vasopressor infusion <i>at that time</i> . If yes, record the doses of each agent <i>at that time</i> .								
Timepoint 10002	Date/Time 10004	Infusion 10006 y/n	10008 Dopamine mcg/kg/min	10010 Dobutamine mcg/kg/min	10012 Epi mcg/kg/min	10014 Norepi mcg/kg/min	10016 Milrinone mcg/kg/min	10018 Vasopressin units/kg/min
6 hrs post-admit	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
12 hrs post-admit	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
18 hrs post-admit	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
24 hrs post-admit	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
30 hrs post-admit	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
36 hrs post-admit	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
42 hrs post-admit	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
48 hrs post-admit	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
06:00 on ICU day 4	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
06:00 on ICU day 5	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
06:00 on ICU day 6	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
06:00 on ICU day 7	mm / dd / yyyy hh : mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						