HTx Discharge Form (Scandia-tx)

Patient information			
Date of birth:		***Name:***	
Transplant date:		***Scandia no:***	
Discharge date:		***Discharged to:***	☐ Home ☐ Rehab ☐ Another clinic
Vital parameters:	**Height**$_{cm}$	**Weight**$_{kg}$	**BP**$_{mmHg}$ / **HR**$_{bpm}$

Advanced treatment *at the time of transplantation*							
Hospitalisation	☐ No	☐ Yes →	☐ Gen ward	☐ Intensive care	☐ Other		
Vasoact/anti-arrhy	☐ No	☐ Yes →	☐ Inotrope	☐ Pulm vasodil	☐ Amiodarone	☐ Other	
Respiratory/Renal	☐ No	☐ Yes →	☐ Ventilator	☐ CRRT/Dialysis	☐ Other		
Short-term MCS	☐ No	☐ Yes →	☐ ECMO	☐ Impella	☐ IABP	☐ Other	
Long-term MCS	☐ No	☐ Yes →	☐ LVAD	☐ RVAD	☐ BVAD	☐ TAH	☐ Other
Pacemaker device	☐ No	☐ Yes →	☐ PM	☐ CRT	☐ ICD	☐ CRT+ICD	☐ Other

Transplantation (operation theatre)							
Transplant type	☐ Orthotopic bicaval		☐ Orthotopic atrial		☐ Heterotopic		☐ Other
Cardioplegia	☐ No	☐ Yes →	☐ Blood	☐ St Thomas	☐ UW	☐ Other	Volume ml
Ischemic time	minutes						
CPBypass time	minutes						

Early post-transplant events (intensive care unit)					
Intubation duration	hours				
ICU stay	days				
Reoperation	☐ No	☐ Yes →	☐ Haemorrhage, No:	☐ Other cause, No:	
Short-term MCS	☐ No	☐ Yes →	☐ RVAD	☐ LVAD	☐ BiVAD
CRRT/Dialysis	☐ No	☐ Yes			

Post-transplant clinical events (first ward period)								
Treated rejection:	☐ No	☐ Yes →	☐ TCMR	☐ ABMR	☐ Mixed	☐ Other		
Treated infection:	☐ No	☐ Yes →	☐ Bact septic	☐ Bacterial	☐ CMV	☐ Pne Jir	☐ Oth	
		→	☐ Respiratory	☐ Urinary	☐ GI	☐ Skin	☐ Oth	
Cerebrovascular:	☐ No	☐ Yes →	☐ Stroke	☐ TIA	☐ Other			

Immunosuppression and treatment of comorbid conditions at discharge									
Induction	☐ No	☐ Yes →	☐ ATG	☐ Basiliximab	☐ Other				
Maintenance	☐ Tacrolimus	☐ Everolimus	☐ MMF/MFA	☐ Statins	☐ ASA				
	☐ Cyclosporine	☐ Sirolimus	☐ Aza	☐ Steroids	☐ Anticoag				
Hypertension	☐ No	☐ Yes →	☐ BB	☐CCB	☐ ACEi	☐ ARB	☐ MRI	☐ Diuretic	☐ Oth
Diabetes	☐ No	☐ Yes →	☐ Diet	☐ Oral	☐ Insulin	☐ Other			
Pacemaker	☐ No	☐ Yes →	☐ PM	☐ CRT	☐ ICD	☐ CRT+ICD	☐ Other		
Dialysis	☐ No	☐ Yes							

Date completed: ..... *Person Completing Form:* .....