

# HTx Follow-up Form (Scandia-tx)

<b>Date of birth:</b>	<b>Name:</b>
<b>Transplant date:</b>	<b>Scandia no:</b>
<b>Follow-up date:</b>	<b>Follow-up year:</b>
<b>Vital parameters:</b>	<b>Height</b> <sub>cm</sub> <b>Weight</b> <sub>kg</sub> <b>BP</b> <sub>mmHg</sub> / <b>HR</b> <sub>bpm</sub>

Clinical events since last follow-up										
<b>Unplanned hospital</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> Rejection	<input type="checkbox"/> Infection	<input type="checkbox"/> Malign	<input type="checkbox"/> Ischemic	<input type="checkbox"/> Oth		
<b>Treated rejection:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> TCMR	<input type="checkbox"/> ABMR	<input type="checkbox"/> Mixed	<input type="checkbox"/> Other			
<b>Treated infection:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> Bact septic	<input type="checkbox"/> Bacterial	<input type="checkbox"/> CMV	<input type="checkbox"/> Pne Jir	<input type="checkbox"/> Oth		
				<input type="checkbox"/> Respiratory	<input type="checkbox"/> Urinary	<input type="checkbox"/> GI	<input type="checkbox"/> Skin	<input type="checkbox"/> Oth		
<b>Malignancy:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> Skin	<input type="checkbox"/> PTLD	<input type="checkbox"/> Metas	<input type="checkbox"/> Other			
<b>Coronary event:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> Angina	<input type="checkbox"/> AMI	<input type="checkbox"/> PCI	<input type="checkbox"/> CABG	<input type="checkbox"/> Oth		
<b>Cerebrovascular:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> TIA	<input type="checkbox"/> Stroke	<input type="checkbox"/> Other				
<b>Pregnancy:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> Father	<input type="checkbox"/> Mother					
				<b>Outcome:</b>		<input type="checkbox"/> Miscarriage	<input type="checkbox"/> Abortion	<input type="checkbox"/> Livebirth	<input type="checkbox"/> Stillbirth	<input type="checkbox"/> Oth

Laboratory values (most recent)							
<b>Cardiac</b>	<input type="checkbox"/> ND	<b>Hgb</b>	<input type="checkbox"/> g/L <input type="checkbox"/> mmol/L	<b>LDL</b> <sub>mmol/L</sub>	<b>proBNP</b> <sub>ng/L</sub>	<b>TNT</b> <sub>ng/L</sub>	
<b>Renal</b>	<input type="checkbox"/> ND	<b>Creat</b> <sub>μmol/L</sub>		<b>Urea</b> <sub>mmol/L</sub>	<b>GFR</b> <sub>ml/min/1.73m2</sub>	<input type="checkbox"/> estimated <input type="checkbox"/> measured	

Graft function <i>non-invasive</i> (most recent)							
<b>NYHA:</b>	<input type="checkbox"/> NA	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV		
<b>ECG rhythm:</b>	<input type="checkbox"/> ND	<input type="checkbox"/> sinus	<input type="checkbox"/> AFib	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Other		
<b>Echo</b>	<input type="checkbox"/> ND	<b>EF</b> <sub>%</sub>	<b>LVEDD</b> <sub>cm</sub>	<b>E/e'</b>	<b>GLS</b>		
<b>Exercise test</b>	<input type="checkbox"/> ND	<b>Watt</b> <sub>max</sub>	<b>HR</b> <sub>max</sub>	<b>SBP</b> <sub>max</sub>	<b>VO<sub>2</sub>Max</b>		

Graft function <i>invasive</i> (most recent)							
<b>Cor angio (CAV)</b>	<input type="checkbox"/> ND	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<b>Oth investigations</b>	<input type="checkbox"/> IVUS <input type="checkbox"/> OCT
<b>Hemodynamics</b>	<input type="checkbox"/> ND	<b>PAWP</b> <sub>mmHg</sub>	<b>sPAP</b> <sub>mmHg</sub>	<b>CO</b> <sub>L/min</sub>	<b>SaO<sub>2</sub></b> <sub>%</sub>		
		<b>mRAP</b> <sub>mmHg</sub>	<b>dPAP</b> <sub>mmHg</sub>	<b>HR</b> <sub>bpm</sub>	<b>SvO<sub>2</sub></b> <sub>%</sub>		
		<b>MAP</b> <sub>mmHg</sub>	<b>mPAP</b> <sub>mmHg</sub>	<b>PVR</b> <sub>WU</sub>	<b>AV-diff</b> <sub>ml</sub>		

Present immunosuppressive treatment				
<input type="checkbox"/> Tacrolimus	<input type="checkbox"/> Everolimus	<input type="checkbox"/> MMF/MFA	<input type="checkbox"/> Statins	<input type="checkbox"/> ASA
<input type="checkbox"/> Cyclosporine	<input type="checkbox"/> Sirolimus	<input type="checkbox"/> Azathioprine	<input type="checkbox"/> Steroids	<input type="checkbox"/> Anticoagulation

Ongoing treatment of co-morbid conditions										
<b>Hypertension</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> BB	<input type="checkbox"/> CCB	<input type="checkbox"/> ACEi	<input type="checkbox"/> ARB	<input type="checkbox"/> MRA	<input type="checkbox"/> Diuretic	<input type="checkbox"/> Oth
<b>Diabetes</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> Diet	<input type="checkbox"/> Oral	<input type="checkbox"/> Insulin	<input type="checkbox"/> Other			
<b>Osteoporosis</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> Calc	<input type="checkbox"/> Vit-D	<input type="checkbox"/> Bisphosfonate	<input type="checkbox"/> Other			
<b>Heart failure</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> BB	<input type="checkbox"/> ACEi	<input type="checkbox"/> ARB	<input type="checkbox"/> ARNI	<input type="checkbox"/> MRI	<input type="checkbox"/> Diuretic	<input type="checkbox"/> Oth
<b>Pacemaker device</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> PM	<input type="checkbox"/> CRT	<input type="checkbox"/> ICD	<input type="checkbox"/> CRT+ICD	<input type="checkbox"/> Other		
<b>Dialysis</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes								

Date completed: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_