

Scandiatransplant heart tx form			
Scandia number:		Date of birth:	
<i>Patient status</i>			
Date of transplantation:			
Date of tx. center discharge:		Where: <input type="checkbox"/> Home <input type="checkbox"/> Other clinic <input type="checkbox"/> Rehab. center	
Weight: kg		Height: cm	
Systolic blood pressure: mmHg		Diastolic blood pressure: mmHg	
<i>Advanced treatment</i>			
Hospitalisation: <input type="checkbox"/> Hospitalized but not in Intensive Care Unit <input type="checkbox"/> Patient in Intensive Care Unit <input type="checkbox"/> Not Hospitalized			
Vasoact/anti-arrhy: <input type="checkbox"/> No <input type="checkbox"/> Amiodarone <input type="checkbox"/> Inotrope <input type="checkbox"/> Other <input type="checkbox"/> Pulm. vasodil.			
Respiratory/Renal: <input type="checkbox"/> No <input type="checkbox"/> CRRT/dialysis <input type="checkbox"/> Ventilation <input type="checkbox"/> Other			
Short term MCS: <input type="checkbox"/> No <input type="checkbox"/> IABP <input type="checkbox"/> ECMO <input type="checkbox"/> Other <input type="checkbox"/> Impella			
Long term MCS: <input type="checkbox"/> No <input type="checkbox"/> BVAD <input type="checkbox"/> LVAD <input type="checkbox"/> TAH <input type="checkbox"/> RVAD <input type="checkbox"/> Other			
Pacemaker device: <input type="checkbox"/> No <input type="checkbox"/> ICD+CRT <input type="checkbox"/> PM <input type="checkbox"/> Other <input type="checkbox"/> CRT <input type="checkbox"/> Unknown <input type="checkbox"/> ICD			
Other life support:			
<i>Transplantation</i>			
Cardioplegia Code: <input type="checkbox"/> No cardioplegia <input type="checkbox"/> St Thomas <input type="checkbox"/> Blood cardioplegia <input type="checkbox"/> Other <input type="checkbox"/> Perfadex <input type="checkbox"/> UW <input type="checkbox"/> Plegisol Volume ml			
Cold ischemia time (DBD/DCD): hours minutes			
CPB time: min		Ex vivo perfusion: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	

Early post-tx events		
Intubation time:	hours	ICU stay: days
Re-intubation:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Re-operation:	<input type="checkbox"/> No <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Other cause	<input type="checkbox"/> Unknown cause <input type="checkbox"/> No information
Short-term MCS:	<input type="checkbox"/> No <input type="checkbox"/> RVAD <input type="checkbox"/> LVAD <input type="checkbox"/> BVAD	<input type="checkbox"/> ECMO <input type="checkbox"/> IABP <input type="checkbox"/> No information
CRRT/dialysis:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Post-tx events		
Treated rejection:	<input type="checkbox"/> No <input type="checkbox"/> TCMR <input type="checkbox"/> ABMR <input type="checkbox"/> Mixed	<input type="checkbox"/> Other <input type="checkbox"/> Unknown rej. type <input type="checkbox"/> No information
Cerebrovascular:	<input type="checkbox"/> No <input type="checkbox"/> Stroke <input type="checkbox"/> TIA	<input type="checkbox"/> Other <input type="checkbox"/> No information
Infection:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Type	Focus	Comments
<input type="checkbox"/> Bacteria septic	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
<input type="checkbox"/> Bacterial	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
<input type="checkbox"/> CMV	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
<input type="checkbox"/> Pneumo. Jir.	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
<input type="checkbox"/> Other	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
Immunosuppression/treatment		
Induction immunosuppression	<input type="checkbox"/> Anti-lymphocyte globulin <input type="checkbox"/> Acetylsalicylic acid <input type="checkbox"/> Anti-thymocyte globulin <input type="checkbox"/> Azathioprine <input type="checkbox"/> Azithromycin <input type="checkbox"/> Basiliximab <input type="checkbox"/> Blinded drug	<input type="checkbox"/> Photopheresis <input type="checkbox"/> Gamma globulin <input type="checkbox"/> Glucocorticosteroids <input type="checkbox"/> IL-2 block <input type="checkbox"/> Mycophenolic acid <input type="checkbox"/> Mycophenolate mofetil <input type="checkbox"/> Anti-CD3 antibodies

	<input type="checkbox"/> Calcium channel blocker <input type="checkbox"/> Cyclosporin-A <input type="checkbox"/> Daclizumab <input type="checkbox"/> Everolimus <input type="checkbox"/> Tacrolimus <input type="checkbox"/> None	<input type="checkbox"/> Plasmapheresis <input type="checkbox"/> Rapamycin <input type="checkbox"/> Sirolimus <input type="checkbox"/> TLI <input type="checkbox"/> Other
Comments		
Maintenance immunosuppression	<input type="checkbox"/> Anti-lymphocyte globulin <input type="checkbox"/> Acetylsalicylic acid <input type="checkbox"/> Anti-thymocyte globulin <input type="checkbox"/> Azathioprine <input type="checkbox"/> Azithromycin <input type="checkbox"/> Basiliximab <input type="checkbox"/> Blinded drug <input type="checkbox"/> Calcium channel blocker <input type="checkbox"/> Cyclosporin-A <input type="checkbox"/> Daclizumab <input type="checkbox"/> Everolimus <input type="checkbox"/> Tacrolimus <input type="checkbox"/> None	<input type="checkbox"/> Photopheresis <input type="checkbox"/> Gamma globulin <input type="checkbox"/> Glucocorticosteroids <input type="checkbox"/> IL-2 block <input type="checkbox"/> Mycophenolic acid <input type="checkbox"/> Mycophenolate mofetil <input type="checkbox"/> Anti-CD3 antibodies <input type="checkbox"/> Plasmapheresis <input type="checkbox"/> Rapamycin <input type="checkbox"/> Sirolimus <input type="checkbox"/> TLI <input type="checkbox"/> Other
Comments		
Hypertension:	<input type="checkbox"/> BB <input type="checkbox"/> CCB <input type="checkbox"/> ACEi <input type="checkbox"/> ARB <input type="checkbox"/> MRI	<input type="checkbox"/> Diuretic <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> No
Diabetes treatment:	<input type="checkbox"/> No <input type="checkbox"/> Diet controlled <input type="checkbox"/> Oral hypoglycaemics	<input type="checkbox"/> Insulin <input type="checkbox"/> Unspecified treatment <input type="checkbox"/> Unknown
Pacemaker:	<input type="checkbox"/> Yes <input type="checkbox"/> CRT <input type="checkbox"/> ICD <input type="checkbox"/> ICD+CRT	<input type="checkbox"/> PM <input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> Unknown
Dialysis:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	