

Scandiatransplant lung tx form

Scandia number:	Date of birth:	
Basics		
Tx date:		
Tx type:	<input type="checkbox"/> Bilateral sequential <input type="checkbox"/> En block double	<input type="checkbox"/> Lower lobe
Use of preoperative support:	<input type="checkbox"/> No support <input type="checkbox"/> CPB <input type="checkbox"/> ECMO <input type="checkbox"/> Non-invasive ventilation	<input type="checkbox"/> Ventilation <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Access:	<input type="checkbox"/> Sternotomy <input type="checkbox"/> Thoracotomy	<input type="checkbox"/> Clamshell
Cold ischemia time:	hours	minutes
2 nd Cold ischemia time:	hours	minutes
Ex Vivo Perfusion:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Early post-tx. info.		
Time of intubate:	hours	ICU stay: days
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"/> 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		
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"/> 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"/> Cyclosporin-A <input type="checkbox"/> Daclizumab <input type="checkbox"/> Everolimus <input type="checkbox"/> Tacrolimus <input type="checkbox"/> None		<input type="checkbox"/> Rapamycin <input type="checkbox"/> Sirolimus <input type="checkbox"/> TLI <input type="checkbox"/> Other	
Comments			
Post-tx. hospital events			
Stroke: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes		Dialysis: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Other surg. proc.: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes		Reoperation: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Prim. graft dysfunc.: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes			
Dysfunction support: <input type="checkbox"/> No <input type="checkbox"/> ECMO, planned <input type="checkbox"/> ECMO, unplanned		<input type="checkbox"/> Mechanical support, unspecified <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Drug tr. Rejections: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes		Airway comp.: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Infection(s): <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes			
Type	Focus	Comments	
<input type="checkbox"/> Aspergillus	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> Bacterial non-sepsis	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> Bacterial sepsis	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> CMV	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> PCP	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> Toxo	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> Other fungal infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> Other infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> Unspecified infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
Patient status			
Date of tx. center discharge: Where: <input type="checkbox"/> Home <input type="checkbox"/> Other clinic <input type="checkbox"/> Rehab. Cen.			