

Scandiatransplant heart follow up form

Scandia number:		Date of birth:	
Basic			
Date of follow up:		Follow up label:	
Weight:	kg	Height	cm
Systolic blood pressure:	mmHg	Diastolic blood pressure:	mmHg
Events since last follow up			
Unplanned hospitalisation	<input type="checkbox"/> Rejection <input type="checkbox"/> Infection <input type="checkbox"/> Malignancy <input type="checkbox"/> Ischemic	<input type="checkbox"/> Other <input type="checkbox"/> No information <input type="checkbox"/> No	
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	
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		
Malignancy	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> LPD <input type="checkbox"/> Other metastatic malignancy <input type="checkbox"/> Other primary malignancy	<input type="checkbox"/> Skin cancer <input type="checkbox"/> Unspecified malignancy	
Coronary Event	<input type="checkbox"/> Angina <input type="checkbox"/> AMI <input type="checkbox"/> PCI <input type="checkbox"/> CABG	<input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> No information	
Cerebrovascular:	<input type="checkbox"/> Stroke <input type="checkbox"/> TIA <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> No information	

Pregnancy outcome:	<input type="checkbox"/> Miscarriage	<input type="checkbox"/> Other
	<input type="checkbox"/> Abortion	<input type="checkbox"/> No pregnancy
	<input type="checkbox"/> Livebirth	<input type="checkbox"/> No information
	<input type="checkbox"/> Stillbirth	
Laboratory tests		
<i>Cardiac lab. values, most recent</i> Not done <input type="checkbox"/>		
Hemoglobin:	g/l	mmol/l
LDL:		mmol/l
ProBNP:	ng/l	TNT: ng/l
<i>Kidney lab. values, most recent</i> Not done <input type="checkbox"/>		
S-Creatinine:	mmol/l	
GFR:	ml/min/1,73m ²	GFR method: <input type="checkbox"/> Calculated/estimated <input type="checkbox"/> Measured
S-Urea:	mmol/l	
Graft function		
Functional status (NYHA):	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IIIa	<input type="checkbox"/> IIIb <input type="checkbox"/> IV <input type="checkbox"/> U (Unknown)
ECG rhythm:	<input type="checkbox"/> Sinus <input type="checkbox"/> AFib <input type="checkbox"/> Pacemaker	<input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Not done
<i>Echo</i> <input type="checkbox"/> Not done		
EF:	%	LVEDd: cm
E/e ratio:		GLS:
<i>Exercise test</i> <input type="checkbox"/> Not done		
Watt-max:		HR-max:
SBP-max:		O ₂ -max: ml/kg/min
Cor. angiography:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, no stenosis <input type="checkbox"/> Yes, not significant stenosis <input type="checkbox"/> Yes, > 50% stenosis	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not done
IVUS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		OCT: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>Hemodynamics</i> <input type="checkbox"/> Not done		
mRAP:	mmHg	sPAP: mmHg
dPAP:		mmHg
mPAP:	mmHg	PAWP: mmHg
MAP:		mmHg
CO:	l/min	PVR: wood
PVR-dilated:		wood
SVO ₂ :	%	AV diff: ml

<i>Immunosuppression</i>		
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
<i>Ongoing treatment</i>		
Hypertension:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Hypertension treatment drugs	<input type="checkbox"/> Angiotensin II antagonists <input type="checkbox"/> ACE inhib. <input type="checkbox"/> Aldosteron antagonist <input type="checkbox"/> Beta blockers <input type="checkbox"/> Ca blockers	<input type="checkbox"/> Diuretics <input type="checkbox"/> Digitalis <input type="checkbox"/> None <input type="checkbox"/> Other, please specify
Comments		
Heart failure:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Heart failure treatment drugs	<input type="checkbox"/> Angiotensin II antagonists <input type="checkbox"/> ACE inhib. <input type="checkbox"/> Aldosteron antagonist <input type="checkbox"/> Beta blockers <input type="checkbox"/> Ca blockers	<input type="checkbox"/> Diuretics <input type="checkbox"/> Digitalis <input type="checkbox"/> None <input type="checkbox"/> Other, please specify
Comments		
Diabetes treatment:	<input type="checkbox"/> No <input type="checkbox"/> Diet controlled <input type="checkbox"/> Oral hypoglycaemics	<input type="checkbox"/> Insulin <input type="checkbox"/> Not available <input type="checkbox"/> Unspecified treatment
Osteoporosis:	<input type="checkbox"/> Calcium <input type="checkbox"/> Vitamin D <input type="checkbox"/> Bisphosphonate	<input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> No information
Pacemaker:	<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"/> Yes <input type="checkbox"/> Unknown
Dialysis:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	