

## NCTSD - National Congenital Heart Surgery Database (NCHSD) FOLLOW-UP

Instruction: i) Where check boxes ☐ are provided, check ☒ one or more boxes. Where radio buttons ☐ are provided, check ☒ one box only.  
ii) Red asterisk (\*) indicates the field is mandatory and must be filled.

### PATIENT INFORMATION

<b>For Office Use</b>	PatientID:	NotifID:	Local RN No:
<b>Patient Name</b>			
<b>Identification Card Number</b>			
<b>Reporting Centre</b>			

### FOLLOW-UP

<b>01. * Follow-up duration</b>	<input type="radio"/> 30 days	<input type="radio"/> 90 days	<input type="radio"/> 1 years
<b>02. * Follow-up Date</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin-left: 5px;">(dd/mm/yyyy)</div> </div>		
<b>03. * Follow-up Complication</b>	<input type="radio"/> No <input type="radio"/> Yes	→	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Cardiac  <input type="checkbox"/> Non Cardiac  <input type="checkbox"/> Others, specify _____         </div>
<b>04. * Follow-up Readmission</b>	<input type="radio"/> No <input type="radio"/> Yes, reason _____ <input type="radio"/> Unknown	<div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">W</div>	
<b>05. * Has the ongoing care of the patient been transferred to another facility</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	→	<div style="border: 1px solid black; padding: 5px;"> <b>Date of transfer</b>  <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin-left: 5px;">(dd/mm/yyyy)</div> </div> <input type="checkbox"/> Unknown         </div>
<b>06. * Date of Reoperation</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin-left: 5px;">(dd/mm/yyyy)</div> </div> <input type="checkbox"/> Unknown		
<b>07. * Specify non-cardiac reoperation</b>	<div style="display: flex; align-items: flex-start;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 10px;">W</div> <div> <input type="radio"/> Mediastinal Exploration (Bleeding)  <input type="radio"/> Pacemaker Placement  <input type="radio"/> Ligation of Thoracic Duct  <input type="radio"/> Diaphragm Plication  <input type="radio"/> Tracheostomy  <input type="radio"/> Mediastinal Drainage  <input type="radio"/> Wound Debridement/exploration  <input type="radio"/> Post-operative mechanical circulatory support:(IABP, ECMO, VAD, CPS Cardiopulmonary Support)  <input type="radio"/> Unplanned Non-cardiac Reoperation, other,specify _____  <input type="radio"/> Gastrostomy Tube Placement  <input type="radio"/> Pericardial Drainage Tube/Catheter  <input type="radio"/> Pleural Drainage Tube/Catheter  <input type="radio"/> Mediastinal Drainage/Exploration for Blood or Fluid  <input type="radio"/> Mediastinal Drainage/Exploration for Infection             </div> </div>		
<b>08. * Post OP mechanical circulatory support</b>	<div style="display: flex; align-items: flex-start;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 10px;">W</div> <div> <input type="radio"/> ECMO (Extracorporeal Membrane Oxygenation)  <input type="radio"/> IABP (Intra-Aortic Balloon Pump)  <input type="radio"/> Durable VAD (Durable Ventricular Assist Device)  <input type="radio"/> Temporary VAD (Cardiopulmonary Support)             </div> </div>		

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<b>09. *</b> Did the patient have a catheter based intervention since the completion of last Post-Operative Events? <span style="background-color: black; color: yellow; padding: 2px 5px; font-weight: bold;">W</span>	<input type="radio"/> Yes <span style="font-size: 0.8em;">--&gt;</span> <input type="radio"/> No <input type="radio"/> Unknown	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"><b>a. Date of Intervention</b></td> <td style="padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-left: 10px;">(dd/mm/yyyy) <input type="checkbox"/> Unknown</div> </td> </tr> <tr> <td style="padding: 5px;"><b>b. Specify Catheter-Based Intervention</b></td> <td style="padding: 5px;"> <div style="list-style-type: none; padding-left: 0;"> <input type="radio"/> Aortic Arch: Balloon/Stent Placement  <input type="radio"/> Arrhythmia ablation  <input type="radio"/> Aortic Valve: Balloon Valvuloplasty  <input type="radio"/> Shunt closure  <input type="radio"/> Arterial-Pulmonary (AP) collaterals: Occluding Device, placement  <input type="radio"/> Atrial Septal Defect: Occluding Device, placement  <input type="radio"/> Descending Aorta / Isthmus: Balloon/Stent Placement  <input type="radio"/> Drainage of Seroma  <input type="radio"/> Mitral Valve: Balloon Valvuloplasty  <input type="radio"/> Patent Ductus Arteriosus: Balloon/Stent placement  <input type="radio"/> Patent Ductus Arteriosus: Occluding Device, placement  <input type="radio"/> Pulmonary Veins: Balloon/Stent placement  <input type="radio"/> Pulmonary Valve: Balloon Valvuloplasty  <input type="radio"/> RVOT: Balloon/Stent placement  <input type="radio"/> Systemic Veins: Balloon/Stent placement  <input type="radio"/> Systemic to Pulmonary Stunt: Balloon/Stent placement  <input type="radio"/> Veno-venous collaterals: Occluding Device, placement  <input type="radio"/> Other, specify _____           </div> </td> </tr> </table>	<b>a. Date of Intervention</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-left: 10px;">(dd/mm/yyyy) <input type="checkbox"/> Unknown</div>	<b>b. Specify Catheter-Based Intervention</b>	<div style="list-style-type: none; padding-left: 0;"> <input type="radio"/> Aortic Arch: Balloon/Stent Placement  <input type="radio"/> Arrhythmia ablation  <input type="radio"/> Aortic Valve: Balloon Valvuloplasty  <input type="radio"/> Shunt closure  <input type="radio"/> Arterial-Pulmonary (AP) collaterals: Occluding Device, placement  <input type="radio"/> Atrial Septal Defect: Occluding Device, placement  <input type="radio"/> Descending Aorta / Isthmus: Balloon/Stent Placement  <input type="radio"/> Drainage of Seroma  <input type="radio"/> Mitral Valve: Balloon Valvuloplasty  <input type="radio"/> Patent Ductus Arteriosus: Balloon/Stent placement  <input type="radio"/> Patent Ductus Arteriosus: Occluding Device, placement  <input type="radio"/> Pulmonary Veins: Balloon/Stent placement  <input type="radio"/> Pulmonary Valve: Balloon Valvuloplasty  <input type="radio"/> RVOT: Balloon/Stent placement  <input type="radio"/> Systemic Veins: Balloon/Stent placement  <input type="radio"/> Systemic to Pulmonary Stunt: Balloon/Stent placement  <input type="radio"/> Veno-venous collaterals: Occluding Device, placement  <input type="radio"/> Other, specify _____           </div>
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<b>b. Specify Catheter-Based Intervention</b>	<div style="list-style-type: none; padding-left: 0;"> <input type="radio"/> Aortic Arch: Balloon/Stent Placement  <input type="radio"/> Arrhythmia ablation  <input type="radio"/> Aortic Valve: Balloon Valvuloplasty  <input type="radio"/> Shunt closure  <input type="radio"/> Arterial-Pulmonary (AP) collaterals: Occluding Device, placement  <input type="radio"/> Atrial Septal Defect: Occluding Device, placement  <input type="radio"/> Descending Aorta / Isthmus: Balloon/Stent Placement  <input type="radio"/> Drainage of Seroma  <input type="radio"/> Mitral Valve: Balloon Valvuloplasty  <input type="radio"/> Patent Ductus Arteriosus: Balloon/Stent placement  <input type="radio"/> Patent Ductus Arteriosus: Occluding Device, placement  <input type="radio"/> Pulmonary Veins: Balloon/Stent placement  <input type="radio"/> Pulmonary Valve: Balloon Valvuloplasty  <input type="radio"/> RVOT: Balloon/Stent placement  <input type="radio"/> Systemic Veins: Balloon/Stent placement  <input type="radio"/> Systemic to Pulmonary Stunt: Balloon/Stent placement  <input type="radio"/> Veno-venous collaterals: Occluding Device, placement  <input type="radio"/> Other, specify _____           </div>					
<b>10. *</b> Readmission for any pediatric or congenital heart surgery since completion of last Post-Operative Event? <span style="background-color: black; color: yellow; padding: 2px 5px; font-weight: bold;">W</span>	<div style="display: flex; justify-content: space-around;"> <input type="radio"/> Yes           <input type="radio"/> No           <input type="radio"/> Unknown         </div>					

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<b>11.* Status</b>	<input type="radio"/> Alive		Was patient contacted? <span style="background-color: black; color: white; padding: 2px;">I</span>	<input type="radio"/> Yes						
			How was patient contacted? <span style="background-color: black; color: white; padding: 2px;">IW</span>	<input type="radio"/> Phone	<input type="radio"/> Email	<input type="radio"/> In Person	<input type="radio"/> Clinic			
			Is the patient doing well ? <span style="background-color: black; color: white; padding: 2px;">I</span>	<input type="radio"/> Yes	<input type="radio"/> No					
			Describe patient's current condition <span style="background-color: black; color: white; padding: 2px;">I</span>							
	<input type="radio"/> Deceased		Date of Death <span style="background-color: black; color: white; padding: 2px;">W</span>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">(dd/mm/yyyy)</div> </div>						
			Cause of Death <span style="background-color: black; color: white; padding: 2px;">W</span>							
			<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="radio"/> Accident         </div> <div style="width: 33%;"> <input type="radio"/> Malignancy         </div> <div style="width: 33%;"> <input type="radio"/> Sepsis         </div> <div style="width: 33%;"> <input type="radio"/> Acute or chronic cardiac failure         </div> <div style="width: 33%;"> <input type="radio"/> Mechanical circulatory support failure         </div> <div style="width: 33%;"> <input type="radio"/> Systemic embolism         </div> <div style="width: 33%;"> <input type="radio"/> Anoxic event         </div> <div style="width: 33%;"> <input type="radio"/> Neurologic event         </div> <div style="width: 33%;"> <input type="radio"/> Inoperable Defect         </div> <div style="width: 33%;"> <input type="radio"/> Bleeding         </div> <div style="width: 33%;"> <input type="radio"/> Pulmonary embolism         </div> <div style="width: 33%;"> <input type="radio"/> Other, specify _____         </div> <div style="width: 33%;"> <input type="radio"/> Anoxic event         </div> <div style="width: 33%;"> <input type="radio"/> Rejection         </div> <div style="width: 33%;"> <input type="radio"/> Non-cardiac bleeding         </div> <div style="width: 33%;"> <input type="radio"/> Renal failure         </div> <div style="width: 33%;"> <input type="radio"/> Surgical bleeding (intra op or post op)         </div> <div style="width: 33%;"> <input type="radio"/> Respiratory failure         </div> <div style="width: 33%;"> <input type="radio"/> Coronary artery event         </div> <div style="width: 33%;"> <input type="radio"/> Rhythm disturbance         </div> <div style="width: 33%;"> <input type="radio"/> Suicide         </div> <div style="width: 33%;"> <input type="radio"/> Gastrointestinal complications         </div> <div style="width: 33%;"> <input type="radio"/> Surgical site infection         </div> <div style="width: 33%;"> <input type="radio"/> Liver failure         </div> <div style="width: 33%;"> <input type="radio"/> Other major infection         </div> </div>							
			Number of days from procedure to death <span style="background-color: black; color: white; padding: 2px;">I</span>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">(days) (auto-calculated)</div> </div>						
			Autopsy <span style="background-color: black; color: white; padding: 2px;">W</span>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown						
			Autopsy Findings <span style="background-color: black; color: white; padding: 2px;">W</span>							
		Special Circumstances <span style="background-color: black; color: white; padding: 2px;">W</span>								
		<input type="radio"/> Unknown								
<b>12.* Dyspnea status</b>	<input type="radio"/> NYHA I <input type="radio"/> NYHA II <input type="radio"/> NYHA III <input type="radio"/> NYHA IV <input type="radio"/> Unknown									