NCTSD - National Congenital Heart Surgery Database (NCHSD)
POST OPERATION

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

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

SECTION 6 : POST OPERATIVE COURSE

01. * Post OP Complication IW

○ No
○ Yes →

☐ Infection
- ☐ VAP ☐ Line Related Sepsis ☐ Septicemia ☐ NEC
- ☐ MODS ☐ Wound Infection ☐ Infective Endocarditis ☐ UTI
  - ○ Superficial
  - ○ Deep

☐ Arrhythimia
- FAST
  - ☐ AF ☐ A. Flutter ☐ AET
  - ☐ SVT ☐ JET ☐ VF
  - ☐ VT
  - Treatment: ○ AMIODARONE USED ○ TPM - override pacing
- SLOW
  - ☐ CHB ☐ SND
  - Treatment: ○ TPM ○ PPM

☐ Cardiovascular
- ☐ PHT Crisis ☐ Blocked BT shunt ☐ Cardiac Tamponade
- ☐ Excessive Bleeding ☐ LCOS ☐ CPR

☐ Respiratory
- ☐ ETT Dislodged ☐ Pleural Effusion ☐ Chylothorax
- ☐ Diaphragm paralysis ☐ Pneumothorax ☐ Prolonged ventilation > 48hours
  - ☐ Required plication
- ☐ Vocal Cord Palsy

☐ CNS
- ☐ Confusion ☐ Seizures ☐ Neuro Deficit
- ☐ Intracranial Bleed ☐ Required evacuation

☐ GI
- ☐ TPN ☐ Bowel Injury

☐ Renal
- ☐ Acute Kidney Injury ☐ Acute Renal Failure

☐ Liver
- ☐ Liver Failure

☐ Miscellaneous
- ☐ Artery Thrombosis ☐ Venous Thrombosis ☐ SVC obstruction

☐ Other complication, specify _____

02. * Post OP mechanical circulatory support W

○ ECMO (Extracorporeal Membrane Oxygenation)
○ IABP (Intra-Aortic Balloon Pump)
○ Durable VAD (Durable Ventricular Assist Device)
○ Temporary VAD (Cardiopulmonary Support)

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03. * Did the patient have a non-cardiac operation within this admission ? W

○ Yes ○ No ○ Unknown

04. * Specify non-cardiac reoperation W

- ○ Mediastinal Exploration (Bleeding)
- ○ Pacemaker Placement
- ○ Ligation of Thoracic Duct
- ○ Diaphragm Plication
- ○ Tracheostomy
- ○ Mediastinal Drainage
- ○ Wound Debridement/exploration
- ○ Post-operative mechanical circulatory support:(IABP, ECMO, VAD, CPS Cardiopulmonary Support)
- ○ Unplanned Non-cardiac Reoperation, other,specify _____
- ○ Gastrostomy Tube Placement
- ○ Pericardial Drainage Tube/Catheter
- ○ Pleural Drainage Tube/Catheter
- ○ Mediastinal Drainage/Exploration for Blood or Fluid
- ○ Mediastinal Drainage/Exploration for Infection

05. Did the patient have a catheter based intervention within this admission? W

○ Yes →
○ No
○ Unknown

a. Date of Intervention ☐☐ / ☐☐ / ☐☐☐☐ *(dd/mm/yyyy)* ☐ Unknown

b. Specify Catheter-Based Intervention

- ○ Aortic Arch: Balloon/Stent Placement
- ○ Arrhythmia ablation
- ○ Aortic Valve: Balloon Valvuloplasty
- ○ Shunt closure
- ○ Arterial-Pulmonary (AP) collaterals: Occluding Device, placement
- ○ Atrial Septal Defect: Occluding Device,placement
- ○ Descending Aorta / Isthmus: Balloon/Stent Placement
- ○ Drainage of Seroma
- ○ Mitral Valve: Balloon Valvuloplasty
- ○ Patent Ductus Arteriosus: Balloon/Stent placement
- ○ Patent Ductus Arteriosus: Occluding Device,placement
- ○ Pulmonary Veins: Balloon/Stent placement
- ○ Pulmonary Valve: Balloon Valvuloplasty
- ○ RVOT: Balloon/Stent placement
- ○ Systemic Veins: Balloon/Stent placement
- ○ Systemic to Pulmonary Stunt: Balloon/Stent placement
- ○ Veno-venous collaterals: Occluding Device,placement
- ○ Other, specify _____

06. * Surgical Site Infection I

○ Yes, reason _____ ○ No ○ Unknown

07. * Bacterial sepsis I

○ Yes, describe _____ ○ No

08. * Organism identified (*if known*) I

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SECTION 6.1 : POST OPERATIVE COURSE

01. *	**a. Date of extubation from ventilation**	☐☐ / ☐☐ / ☐☐☐☐ *(dd/mm/yyyy)*	**b. Ventilation** ☐☐☐ *(days)* *(auto-calculated)*	I
02. *	**a. Date discharge from ICU to ward**	☐☐ / ☐☐ / ☐☐☐☐ *(dd/mm/yyyy)*	**b. ICU stay** ☐☐☐ *(days)* *(auto-calculated)*	I

03. * Discharge Status W

a. ○ Alive →

Discharge destination			
○ Not applicable	○ Home	○ Convalesce	○ Unknown
○ Other Hospital _____			

○ Deceased →

Hospital course & procedure	
Events leading to death	
Cause of Death	

○ Unknown

b. Date of discharge / Date of death ☐☐ / ☐☐ / ☐☐☐☐ *(dd/mm/yyyy)* IW

c. Number of days from procedure to discharge ☐☐☐ *(days)* *(auto-calculated)* I