

# Implant Discharge - Pedimacs 11/07/2024

Blank View

**During the implant hospitalization  
was the patient?**

- ☐ Discharged alive with a device in place  
☐ Died during the implant hospitalization  
☐ Transplanted during the implant hospitalization  
☐ Explanted due to recovery during the implant hospitalization

**Patient discharged to**

- ☐ Home - residential setting  
☐ Nursing Home / Assisted Care  
☐ Hospice  
☐ Another hospital  
☐ Rehabilitation Facility  
☐ Unknown

**Implant Discharge**

ST= ☐ Unknown

**Acute care (ICU / CCU) duration  
of post-implant stay**

days

ST= ☐ Unknown

**Intermediate / step-down care -  
duration of post-implant stay**

days

ST= ☐ Unknown

**Date of approximate  
discontinuation of inotropes**

- ☐ < 1 week  
☐ 1-2 weeks  
☐ 2-4 weeks  
☐ > 4 weeks  
☐ Ongoing  
☐ Unknown  
☐ Not applicable

**Date of extubation**

- ☐ < 1 week  
☐ 1-2 weeks  
☐ 2-4 weeks  
☐ > 4 weeks  
☐ Ongoing  
☐ Unknown

**Since the VAD implant date has the  
patient tested positive for COVID-19?**

- ☐ Yes  
☐ No  
☐ Unknown

If yes, select all symptoms that apply:

- ☐ Cough
- ☐ Diarrhea
- ☐ Fever
- ☐ Anosmia (loss of sense of smell)
- ☐ Sore Throat
- ☐ Difficulty Breathing
- ☐ None
- ☐ Other, Specify

If yes, select all interventions that apply:

- ☐ Intubation
- ☐ New Inotropes
- ☐ ECMO
- ☐ Dialysis
- ☐ RVAD
- ☐ None
- ☐ Other, Specify

If yes, select all therapies the patient received (select all that apply):

- ☐ Hydroxychloroquine
- ☐ Azithromycin
- ☐ Immunoglobulin
- ☐ Anti-viral therapy
- ☐ None
- ☐ Other, Specify

Anti-viral therapy, specify:

Intervention since implant

- ☐ Transplant
- ☐ Invasive Cardiac Procedures (Other than Heart Cath)
- ☐ Unknown
- ☐ None

**Surgical Procedures:**

- ☐ Device Related Operation
- ☐ Surgical Procedure - Non Cardiac Surgical Procedure
- ☐ Surgical Procedure - Other Procedure
- ☐ Surgical Procedure - Unknown

**Cardiac Surgical Procedures:**

- ☐ Reoperation for Bleeding within 48 hours of implant
- ☐ Reoperation for Bleeding and/or tamponade > 48 hours
- ☐ Surgical Drainage of pericardial effusion
- ☐ Aortic Valve Surgery - Repair (no valve closure)
- ☐ Aortic Valve Surgery - Repair with valve closure
- ☐ Aortic Valve Surgery - Replacement - Biological
- ☐ Aortic Valve Surgery - Replacement - Mechanical
- ☐ Mitral Valve Surgery - Repair
- ☐ Mitral Valve Surgery - Replacement - Biological
- ☐ Mitral Valve Surgery - Replacement - Mechanical
- ☐ Tricuspid Valve Surgery - Repair - DeVega
- ☐ Tricuspid Valve Surgery - Repair - Ring
- ☐ Tricuspid Valve Surgery - Repair - Other
- ☐ Tricuspid Valve Surgery - Replacement - Biological
- ☐ Tricuspid Valve Surgery - Replacement - Mechanical
- ☐ Pulmonary Valve Surgery - Repair
- ☐ Pulmonary Valve Surgery - Replacement - Biological
- ☐ Pulmonary Valve Surgery - Replacement - Mechanical
- ☐ Other Cardiac Surgical Procedure
- ☐ Cardiac Surgical Procedure - Unknown

**Other Procedures:**

- ☐ Reintubation due to Respiratory Failure  
☐ Dialysis  
☐ Bronchoscopy  
☐ Other, specify

**Functional Capacity****Sedated**

- ☐ Yes  
☐ No  
☐ Unknown

**Paralyzed**

- ☐ Yes  
☐ No  
☐ Unknown

**Intubated**

- ☐ Yes  
☐ No  
☐ Unknown

**Ambulating**

- ☐ Yes  
☐ No  
☐ Unknown  
☐ Not Applicable

**Primary Nutrition**

- ☐ Orally  
☐ Per feeding tube  
☐ TPN  
☐ Not Applicable

**Excursions**

**Has the patient had any non-medically required excursions off the unit?**

- ☐ Yes  
☐ No  
☐ Unknown  
☐ Not Applicable

**If yes, where (please select all that apply)**

- ☐ Playroom  
☐ Cafeteria  
☐ Walk outside  
☐ Sitting room  
☐ General rehab  
☐ None

**Console Change**

**Was there a Console Change?**

- ☐ Yes  
☐ No  
☐ Unknown

**Date of console change**

ST= ☐ Unknown

**Original Console Name**

New Console Name

12/05/2024

Transfusion

Was there a Tranfusion?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, enter number of PRBC (Total  
number of cc's received)

ST= ☐ Unknown