

Intermacs

1 Year Post Cessation of Mechanical Support

Enter Information you are reporting

Date of Event

Death

Is the patient deceased ?

- Yes
- No

Death Date**Primary cause of death**

- Respiratory: Venous Thromboembolism Event
- Respiratory: Respiratory Failure
- Respiratory: Pulmonary: Other, specify
- Circulatory: Arterial Non-CNS Thromboembolism
- Circulatory: Myocardial Infarction
- Circulatory: Myocardial Rupture
- Circulatory: Ruptured Aortic aneurysm
- Circulatory: Right Heart Failure
- Circulatory: Major Bleeding
- Circulatory: Cardiac Arrhythmia
- Circulatory: Hemolysis
- Circulatory: Hypertension
- Circulatory: Other, Specify
- Circulatory: Sudden unexplained death
- Circulatory: CHF
- Circulatory: Heart Disease
- Circulatory: End Stage Cardiomyopathy
- Circulatory: End Stage Ischemic Cardiomyopathy
- Circulatory: Pericardial Fluid Collection (effusion)
- Digestive (Intestinal or GI/GU): Hepatic Dysfunction
- Digestive (Intestinal or GI/GU): Renal Dysfunction
- Digestive (Intestinal or GI/GU): GI Disorder
- Digestive (Intestinal or GI/GU): Fluid/Electrolyte Disorder
- Digestive (Intestinal or GI/GU): Pancreatitis
- Nervous System: Neurological Dysfunction
- Psychiatric Episode/Suicide
- Major Infection
- Device Malfunction
- Multiple System Organ Failure (MSOF)
- Withdrawal of Support, specify
- Cancer
- Wound Dehiscence
- Trauma/accident, specify
- Endocrine
- Hematological
- Other, specify

Cancer

- CNS
- GI
- Lymph
- ENT
- Pulmonary
- Renal
- Breast
- Reproductive
- Skin
- Other
- Unknown

Specify support withdrawn**Specify****Transplant****Was the patient transplanted ?**

- Yes
- No

Transplant date