1 Month Followup Status

lowup Status (1 Month Followup (+/- 7 days))		
Select one of the following	○ Inpatient	
Ç	Outpatient	
	Other Facility	
	Unable to obtain follow-up information	
	Telehealth Consultation	
Follow-up date		
Facility Type	Nursing Home/Assisted Care	
	OHospice	
	○ Another hospital	
	Rehabilitation Facility	
	Unknown	
tate reason why you are unable to	OPatient didn't come to clinic	
obtain follow-up information	Not able to contact patient	
	○ Not addressed by site	
Patient's Home Street Address		
	ST= OUnknown	
Patient's Home City		
	ST= Unknown	
	ST- OHKHOWII	
Patient's Home	○Alabama	
State/Territory/Province	○Alaska	
	○ American Samoa	
	Arizona	
	Arkansas	
	California	
	Colorado	
	○ Connecticut	
	○ Delaware	
	○ District of Columbia	
	Federated States of Micronesia	
	Florida	
	○ Georgia	
	Guam	
	○ Hawaii	
	○ldaho	
	○Illinois	
	○Indiana	
	olowa	
	○Kansas	
	○ Kentucky	

	Louisiana
	Maine
	Marshall Islands
	Maryland
	○ Massachusetts
	Minnesota
	Minnesota
	Mississippi
	Missouri
	Montana
	Nebraska
	Nevada
	New Hampshire
	New Jersey
	New Mexico
	New York
	North Carolina
	○ North Dakota
	O Northern Mariana Islands
	Ohio
	Oklahoma
	Oregon
	○ Palau
	Pennsylvania
	O Puerto Rico
	Rhode Island
	South Carolina
	South Dakota
	Tennessee
	○ Texas
	Utah
	Vermont Virgin Johanda
	Virgin Islands
	Virginia
	Washington
	West Virginia
	Wisconsin
	Wyoming
	Alberta
	Ontario
	O Nova Scotia
	British Columbia
	Manitoba
	Quebec
	New Brunswick
	Prince Edward Island
	Saskatchewan
	Newfoundland and Labrador
	Unknown
Patient's Homo 7in Codo	
Patient's Home Zip Code	
	ST= Unknown

12/2/2022

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Was patient intubated?	○ Yes	
	○ No	
	○ Unknown	
Was patient on dialysis?	○ Yes	
was patient on daily sis.	O No	
	Unknown	
	- CHRIOWII	
Since the last follow-up has the patient tested positive for COVID-	Yes	
19?	O No	
	Unknown	
If yes, select all symptoms that	☐ Cough	
apply:	☐ Diarrhea	
	Fever	
	Anosmia (loss of sense of smell)	
	☐ Sore Throat	
	☐ Difficulty Breathing	
	None	
	Other, Specify	
If yes, select all interventions that	Intubation	
apply:	New Inotropes	
	ECMO	
	Dialysis	
	RVAD	
	None	
	Other, Specify	
If yes, select all therapies the	☐ Hydroxychloroquine	
patient received (select all that	Azithromycin	
apply):	Immunoglobulin	
	Anti-viral therapy	
	None	
	Other, Specify	
Anti-viral therapy, specify:		
Console Change		
Was there a Console Change?	○ Yes	
	○ No	
	○ Unknown	
Date of console change		
	CT- Olleles sure	
	ST= Ounknown	
Original Console Name		
New Console Name		
Medical Condition		

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NYHA Class	<ul> <li>Class I: No limitation of physical activity; physical activity does not cause fatigue, palpitation or shortness of breath.</li> <li>Class II: Slight limitation of physical activity; comfortable at rest, but ordinary physical activity results in fatigue, palpitations or shortness of breath.</li> <li>Class III: Marked limitation of physical activity; comfortable at rest, but less than ordinary activity causes fatigue, palpitation or shortness of breath.</li> <li>Class IV: Unable to carry on minimal physical activity without discomfort; symptoms may be present at rest.</li> <li>Unknown</li> </ul>		
Ross Classification of Congestive Heart Failure	<ul> <li>Ross Class I: No limitations or symptoms.</li> <li>Ross Class II: No growth failure.</li> <li>Ross Class III: Growth failure.</li> <li>Ross Class IV: Symptomatic at rest.</li> <li>Not applicable: &gt;= 2 years of age</li> <li>Unknown</li> </ul>		
Choose all indicated symptoms that apply.	<ul> <li>Mild tachypnea with feeds in infant</li> <li>Mild diaphoresis with feeds in infant</li> <li>Dyspnea on exercise in older children</li> <li>Unknown</li> </ul>		
Choose all indicated symptoms that apply.	<ul><li>Marked tachypnea with exertion or with feeding</li><li>Marked diaphoresis with exertion or with feeding</li><li>Unknown</li></ul>		
Choose all indicated symptoms that apply.	<ul><li>Tachypnea</li><li>Retractions</li><li>Grunting</li><li>Diaphoresis</li><li>Unknown</li></ul>		
Functional Capacity			
Sedated	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>		
Paralyzed	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>		
Intubated	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>		
Ambulating	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>		
Primary Nutrition	<ul><li>Orally</li><li>Per feeding tube</li><li>TPN</li><li>Not Applicable</li></ul>		

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Excursions	
Has the patient had any non- medically required excursions off the unit?	<ul><li>Yes</li><li>No</li><li>Unknown</li><li>Not Applicable</li></ul>
If yes, where (please select all that apply)	Playroom Cafeteria Walk outside Sitting room General rehab None
ZONES	
Hemolysis Zone	
Please enter the peak Plasma-free hemoglobin (PFH) since the last visit:	ST= Unknown Not Done
What is your hospital's upper limit of the normal range of peak PFH?	ST= Unknown Not Done
Please enter the peak serum lactate dehydrogenase (LDH) since the last visit:	ST= Unknown Not Done
What is your hospital's upper limit of the normal range of LDH?	ST= Unknown Not Done
Enter the Maximum and Minimum HCT o	or HGB since the last visit.
Min. HCT:	ST= Unknown Not Done
Max. HCT:	
	ST= Unknown Not Done
Min. HGB:	ST= OUnknown
	○ Not Done
Max. HGB:	

1 Month Followup Status

	ST= Unknown
	O Not Done
Highest Total Bilirubin since the last	
visit:	ST= Unknown
	Not Done
	O NOT DOILE
Has the following been present at any tir Physical Findings (select all that apply):	
Hemoglobinuria (Tea-Colored	○ Yes
Urine)?	O No
	○ Unknown
Pump malfunction and/or abnormal	○ Yes
pump parameters?	○ No
	○ Unknown
Dight Hoogt Failure Zone	
Right Heart Failure Zone	
Clinical Findings – Since the last visit.	
CVP or RAP > 16 mmHg?	○ Yes
	○ No
	Unknown
	O Not Done
Dilated Vena Cava with absence of	O.Y.
Inspiratory Variation by Echo?	○ Yes ○ No
mophatory randicensy zone.	○ Unknown
	Not Done
Clinical findings of elevated jugular	○ Yes
venous distension at least half way	O No
up the neck in an upright patient?	○ Unknown
Peripheral Edema?	○ Yes
	O No
	○ Unknown
A	O. V.
Ascites?	O Yes
	○ No ○ Unknown
	O UNIVIOWII
Has the patient been on Inotropes since the last visit?	O Yes
Since the last visit!	○ No ○ Hakaayaa
	○ Unknown

If yes, select all that apply: Dopamine Dobutamine Milrinone Isoproterenol Epinephrine Norepinephrine Levosimendan Unknown Vasopressin Nitroprusside Fenoldopam Prostacyclin Nesiritide? Yes O No Unknown Has the patient had a RVAD implant Yes since the last visit? No Unknown Has the patient experienced a Yes Neurological Event since time of O No implant? Unknown If yes, please enter the Modified Rankin Scale. **Modified Rankin Scale** 0 – No symptoms at all 1 - No Significant disability: despite symptoms: able to carry out all usual duties and activities 2 - Slight disability: unable to carry out all previous activities but able to look after own affairs without assistance 3 - Moderate disability: requiring some help, but able to walk without assistance. • 4 - Moderately severe disability: unable to walk without assistance, and unable to attend to own bodily needs without assistance. 5 - Severe disability: bedridden, incontinent and requiring constant nursing care and attention. 6 - Dead ST= Not Documented Not Done

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emodynamics		
For all sections, data may be entered that was colle	cted/performed from the last time the patient	was seen for follow-up to the current visit date.
General Hemodynamics		
Systolic blood pressure	mml	Ца
	ST= Unknown	Tig
	Not done	
Diastolic blood pressure	mmi	На
	ST= Unknown	5
	Not done	
Mean Arterial Blood Pressure (MAP)	mml	Hg
	ST= Ounknown	-
	ONot done	
ECG rhythm	Sinus	
	<ul><li>Atrial fibrillation</li></ul>	
	Atrial Flutter	
	<ul><li>Paced: Atrial pacing</li><li>Paced: Ventricular pacing</li></ul>	
	Paced: Atrial and ventricular p	acing
	Unknown	
	Not done	
	Other, specify	
Height		
neight	in	
	CT CHIL	
	ST= Unknown Not done	
Weight		
weignt	lbs	
	kg kg	
	ST= Unknown  Not done	
Invasive Hemodynamics		
Date of Measurement		
	ST= Unknown	
	○ Not Done	
Pulmonary artery	mml	Hg
systolic pressure	ST= Unknown	-

Pulmonary artery diastolic pressure	ST= Unknown Not Done	mmHg
Mean RA Pressure	ST= Unknown Not Done	mmHg
PVR	ST= Unknown Not Done	wood units
Mean Pulmonary artery wedge pressure	ST= Unknown Not Done	mmHg
Central venous pressure (CVP)	ST= Unknown Not Done	mmHg
Cardiac Index	ST= Unknown Not Done	L/min/M <sup>2</sup> (by Swan)
Was Cardiac Index Measured by Fick or Thermodilution?	Yes No Unknown	
Choose Method	☐ Fick☐ Thermodilution	

1 Month Followup Medications 12/2/2022

lications		
Was the patient sent home with an IV?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	
ACE inhibitors	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	
Aldosterone antagonist	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	
Amiodarone	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	
Angiotensin receptor blocker drug	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	
Beta-blockers	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	
Calcium channel blockers	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	
Digoxin	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	
Hydralazine	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	
Loop diuretics	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	
If yes, enter dosage:	mg/day ST= ○Unknown	
Type of Loop Diuretic:	Furosemide Torsemide Bumetanide	

1 Month Followup Medications 12/2/2022

Nitric oxide	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Sildenafil/ Bosentan	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Arixtra (fondaparinux)	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Did patient receive new IV or oral medication to treat hypertension?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Transfusion	
Was there a Tranfusion?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
If yes, enter number of PRBC (Total number of cc's received)	ST= Unknown

1 Month Followup Antithrombotic 12/2/2022

tithrombotic			
Unfractionated heparin used?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>		
Date started	ST= OUnknown		
Lower target	ST= OUnknown	seconds	
Upper target		seconds	
Date goal first achieved	ST= Ounknown		
	ST= Ounknown		
Low molecular weight heparin used? (Lovenox, Fragmin, Innohep)	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>		
Date started	ST= OUnknown		
Lower target	ST= Ounknown	IU/ml	
Upper target		IU/ml	
Date goal first achieved	ST= Unknown		
	ST= Ounknown		
Warfarin used? (coumadin)	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>		
Date started	ST= Ounknown		
Lower target	ST= Ounknown		
Upper target	31- Olikilowii		
	ST= Unknown		

Argatroban used?	Yes No Unknown	
Date started	ST= Ounknown	
Lower target	ST= Unknown	seconds
Upper target	ST= Ounknown	seconds
Date goal first achieved	ST= Ounknown	
Bivalirudin used?	Yes No Unknown	
Date started	ST= Unknown	
Lower target	ST= Ounknown	seconds
Upper target	ST= Ounknown	seconds
Date goal first achieved	ST= Ounknown	
Aspirin used?	Yes No	
Date started	○ Unknown  ST= ○ Unknown	
Dipyridamole used?	Yes No Unknown	
Date started	ST= OUnknown	
Clopidogrel used?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>	

Date started	ST= Ounknown
Thrombolytic used?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Other antithrombotic medication used?	<ul><li>Yes</li><li>No</li><li>Unknown</li></ul>
Medication Name	
Date started	ST= Ounknown
Lab Test Name	
Lower target	ST= Unknown
Upper target	ST= Unknown
Date goal first achieved	ST= Unknown

ratory			
Sodium			
Socium		mEq/L	
	CT- O Halmanus	mmol/L	
	ST= Unknown Not done		
Potassium		mEq/L	
		mmol/L	
	ST= Unknown		
	O Not done		
Blood urea nitrogen		mg/dL	
		mmol/L	
	ST= Unknown		
	Not done		
Creatinine		mg/dL	
		umol/L	
	ST= Unknown		
	Not done		
SGPT/ALT (alanine		u/L	
aminotransferase/ALT)	ST= Unknown		
	O Not done		
SGOT/AST (aspartate		u/L	
aminotransferase/AST)	ST= Unknown	u/L	
	Not done		
LDH			
	ST= OUnknown	units/L, U/L, ukat/L	
	Not done		
Total bilirubin		mg/dL	
		umol/L	
	ST= Unknown		
	Not done		
Bilirubin direct		mg/dL	
		umol/L	
	ST= Unknown		
	Not Done		

Bilirubin indirect		mg/dL	
	CT= O Links avva	umol/L	
	ST= Unknown Not Done		
Albumin		g/dL	
		g/L	
	ST= Unknown		
	ONot done		
Pre-albumin		mg/dL	
	CT= O Halmania	mg/L	
	ST= Unknown Not done		
	ONOT GOTIE		
Total Cholesterol		mg/dL	
		mmol/L	
	ST= O < 50 mg/dL		
	Unknown		
	<ul><li>Not done</li></ul>		
Brain natriuretic peptide BNP		pg/ml	
		ng/L	
	ST= > 7500 pg/mL		
	○ Unknown		
	O Not done		
NT pro brain natriuretic peptide Pro-			
BNP		pg/ml	
		ng/L	
	ST= Unknown		
	O Not done		
White blood cell count		x10 <sup>3</sup> /uL	
		x10 <sup>9</sup> /uL	
	OT OIL	X10 /uL	
	ST= Unknown  Not done		
	O NOT dolle		
Reticulocyte count		%	
	ST= Unknown		
	Not Done		
Hemoglobin		aldi	
		g/dL	
		g/L	
		mmol/L	
	ST= Unknown		
	<ul><li>Not done</li></ul>		

Platelets		x10 <sup>3</sup> /uL
		x10 <sup>9</sup> /uL
	ST= Ounknown	
	Not done	
Hemoglobin A1C		%
		mmol/mol
Estimated Average Glucose (eAG):		
		mg/dL
	ST= Ounknown	mmol/L
	Not Done	
INR		international units
	ST= Unknown	
	O Not done	
Plasma-free hemoglobin		mg/dL
		g/L
	ST= Oless than 30mg	
	<ul><li>○ Unknown</li><li>○ Not Done</li></ul>	
Positive antiheparin/platelet antibody (HIT)  If Yes, are they on direct thrombin inhibitors	Yes No Unknown Yes No Unknown	
If Yes, Enter Drugs:	<ul><li>Aspirin</li><li>Dipyridamole</li><li>Plavix</li><li>Heparin</li><li>Coumadin</li><li>Direct thrombin inhib</li></ul>	itors (ex: arg, lip, val)
Was a TEG done?	Yes No Unknown	
ThrombElastoGraph Hemostasis System (TEG) profile, MA k	ST= Unknown Not Done	max amplitude in kaolin
ThrombElastoGraph Hemostasis System (TEG) profile, R k		reaction time in kaolin

ThrombElastoGraph HemostasisSystem (TEG) profile, R h	ST= Ounknown	reaction time w/heparinase
	Not Done	
CRP or hs-CRP		mg/L
	ST= Unknown	
	○ Not done	
Lupus Anticoagulant	O Positive	
	<ul><li>Negative</li></ul>	
	Unknown	
Fibrinogen		mg/dL
		g/L
	ST= Unknown	
Anti-Factor Xa		units/mL
	ST= Ounknown	
РТТ		seconds
	ST= Ounknown	
	J. J	