Print Form

PEDIATRIC CARDIAC SURGICAL PROCEDURES
CLOSED HEART PROCEDURES

Facility_____ For the twelve month period from _____ to _____

	<1 month		1-12 months		1 yr - 21 yrs		>21 years	
	Number Done	30-Day Mortality	Number Done	30-Day Mortality	Number Done	30-Day Mortality	Number Done	30-Day Mortality
Aortic or Aortic Branch Pulmonary Artery Shunt	_____	_____	_____	_____	_____	_____	_____	_____
Coarctation of Aorta	_____	_____	_____	_____	_____	_____	_____	_____
Ligation or Division of PDA	_____	_____	_____	_____	_____	_____	_____	_____
Pacemaker Insertion	_____	_____	_____	_____	_____	_____	_____	_____
Pulmonary Artery Banding	_____	_____	_____	_____	_____	_____	_____	_____
Standard Glenn (SVC-RPA)	_____	_____	_____	_____	_____	_____	_____	_____
Vascular Ring	_____	_____	_____	_____	_____	_____	_____	_____
Others & Combinations of Above Categories								
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Total by age group	_____	_____	_____	_____	_____	_____	_____	_____

Total Number of Closed Procedures _____ **Mortality Rate for Closed Procedures** _____

List all surgical mortalities on a separate page, describing individually the cardiac diagnosis, the procedure accomplished, and the complication that occurred.

Number of surgeries performed during this reporting period by each surgeon:

NAME OF SURGEON	NAME OF PROCEDURE	# DONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of patients referred to another facility: in Florida_____ out of state_____

Comments: _____

_____

_____

_____

_____