

Registry Number

Cardiac Surgery Supplementary Data Collection Sheet



Cardiac

Patient Risk Factors	<input type="checkbox"/> Smoking History	Current Smoker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Family History of CAD					
	<input type="checkbox"/> Diabetes	Control	<input type="checkbox"/> None	<input type="checkbox"/> Diet	<input type="checkbox"/> Oral	<input type="checkbox"/> Insulin
	<input type="checkbox"/> Hypercholesterolaemia					
	<input type="checkbox"/> Hypertension					
	<input type="checkbox"/> Renal	Dialysis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> Cerebrovascular Disease					
	<input type="checkbox"/> Peripheral Vascular Disease					
	<input type="checkbox"/> Respiratory Disease		<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	
	<input type="checkbox"/> Infective Endocarditis		<input type="checkbox"/> Active	<input type="checkbox"/> Treated		
<input type="checkbox"/> Immunosuppressive Rx						

Status	<input type="checkbox"/> Elective	<input type="checkbox"/> Urgent	<input type="checkbox"/> Emergency	<input type="checkbox"/> Salvage
---------------	-----------------------------------	---------------------------------	------------------------------------	----------------------------------

<input type="checkbox"/> Primary	<input type="checkbox"/> Redo
----------------------------------	-------------------------------

Category	<input type="checkbox"/> Coronary Artery Bypass	Number of grafts: <input type="text"/>	<input type="checkbox"/> LIMA used	<input type="checkbox"/> RIMA used		
	<input type="checkbox"/> Valve	Type:	<input type="checkbox"/> Aortic	<input type="checkbox"/> Mitral	<input type="checkbox"/> Tricuspid	<input type="checkbox"/> Pulmonary
	<input type="checkbox"/> Cardiac Transplant					
	<input type="checkbox"/> Other Cardiac	<input type="text"/>				
	<input type="checkbox"/> Aortic Surgery	Type:	<input type="checkbox"/> Asc	<input type="checkbox"/> Arch	<input type="checkbox"/> Desc	<input type="checkbox"/> Thor/Abd
	<input type="checkbox"/> Other Vascular	<input type="text"/>				
	<input type="checkbox"/> Other Thoracic	<input type="text"/>				

Cumulative CPB time	<input type="text"/>	min
Cumulative cross-clamp time	<input type="text"/>	min
Deep Hypothermic Circulatory Arrest	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	Lowest temperature	<input type="text"/>
		oC
	DHCA time	<input type="text"/>
		min
Total Operation Time	<input type="text"/>	min