



# The Society of Thoracic Surgeons Congenital Cardiac Surgery Database Data Collection Form Anesthesiology

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## Administrative

Location of Procedure:  Cardiac OR  General OR  Cath Lab  Radiology  ICU  Procedure room or other

Primary Anesthesiologist Attending: \_\_\_\_\_

Secondary Anesthesiologist Attending  Yes  No *If Yes → Name:* \_\_\_\_\_

Fellow or Resident Present  Yes  No

CRNA/SRNA Present  Yes  No *If Yes → Name:* \_\_\_\_\_

## Preoperative

Preoperative Medications:  None *If not None, select all pre-operative medications that apply: ↓*

- |   |  |
|---|--|
| <input type="checkbox"/> Amiodarone                   | <input type="checkbox"/> Milrinone   |
| <input type="checkbox"/> Aspirin                      | <input type="checkbox"/> Morphine  |
| <input type="checkbox"/> Captopril (Capoten)          | <input type="checkbox"/> Nitroglycerin   |
| <input type="checkbox"/> Coumadin                     | <input type="checkbox"/> Nitroprusside   |
| <input type="checkbox"/> Digoxin                      | <input type="checkbox"/> Norepinephrine (Levophed)   |
| <input type="checkbox"/> Diltiazem                    | <input type="checkbox"/> Clopidogrel   |
| <input type="checkbox"/> Dobutamine                   | <input type="checkbox"/> Propranolol   |
| <input type="checkbox"/> Dopamine                     | <input type="checkbox"/> Prostaglandin   |
| <input type="checkbox"/> Epinephrine (Adrenalin)      | <input type="checkbox"/> Sotalol   |
| <input type="checkbox"/> Esmolol (Brevibloc)          | <input type="checkbox"/> Vasopressin   |
| <input type="checkbox"/> Fentanyl                     | <input type="checkbox"/> ACE inhibitors not otherwise listed                               |
| <input type="checkbox"/> Furosemide (Lasix)           | <input type="checkbox"/> Beta Blockers not otherwise listed                                |
| <input type="checkbox"/> Heparin                      | <input type="checkbox"/> Anti-arrhythmics not otherwise listed                             |
| <input type="checkbox"/> Low Molecular Weight Heparin | <input type="checkbox"/> Inotropes not otherwise listed (e.g., study drugs (levosimendan)) |
| <input type="checkbox"/> Labetolol                    | <input type="checkbox"/> Vasodilators not otherwise listed                                 |
| <input type="checkbox"/> Lisinopril                   | <input type="checkbox"/> Vasoconstrictors not otherwise listed                             |
| <input type="checkbox"/> Midazolam (Versed)           |  |

Preoperative Sedation  Yes  No

*If Yes →* Preoperative Sedation Route:  IM  IV  Nasal  PO  Rectal

*If Yes, select all pre-operative sedation drugs that apply: ↓*

- |                |  |               |  |
|----------------|--|---------------|--|
| Atropine       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lorazepam     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demerol        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Midazolam     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diazepam       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Morphine      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Glycopyrrolate | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pentobarbital | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ketamine       | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |  |

Preoperative Oxygen Saturation: \_\_\_\_\_ %

Date and Time of Transport to ICU/Floor: \_\_\_/\_\_\_/\_\_\_ :\_\_\_

mm/ dd/ yyyy hh : mm

## Monitoring

Arterial Line  Yes  No *If Yes →* Type: (Select all that apply)  Radial  Brachial  Axillary  Femoral  Ulnar  
 Dorsalis Pedis  Posterior Tibial  Central

Cutdown  Yes  No *If Yes →* Type: (Select all that apply)  Radial  Femoral  Ulnar  Other

Percutaneous Central Pressure  Yes  No  
*If Yes →* Location: (Select all that apply)  Right Internal Jugular  Left Internal Jugular  Right Subclavian  Left Subclavian  
 Right Femoral Vein  Left Femoral Vein  Other

CVP Placed by Anesthesia  Yes  No

Neurological Monitoring  Yes  No  
*If Yes →* Neurological Monitoring Type:  Near Infrared Spectroscopy (NIRS)  Transcranial Doppler (TCD)  
 Bispectral Index (BIS)  Other

Lowest Recorded Intraoperative Temperature: \_\_\_\_\_ °C

Intraoperative Temperature Site:  Nasal  Esophageal  Bladder  Rectal  Axillary  Skin

TransEsophageal Echocardiography  Yes  No

## Anesthetic Technique

Date and Time of Induction: \_\_\_/\_\_\_/\_\_\_ :\_\_\_  
mm/ dd/ yyyy hh : mm

Induction Type:

Inhalation  Yes  No *If Yes →* Primary Induction Agent  Sevoflurane  Halothane

Intravenous  Yes  No *If Yes →* Primary Induction Agent  Propofol  Etomidate  Ketamine  
 Sodium Thiopental  Fentanyl  
 Sufentanil  Midazolam

Intramuscular (IM)  Yes  No *If Yes →* Primary Induction Agent  Ketamine  Midazolam

Primary Maintenance Agent:  Alfentanil  Desflurane  Dexmedetomidine  Fentanyl  Halothane  Isoflurane  Ketamine  
 Midazolam  Morphine  Propofol  Remifentanyl  Sevoflurane  Sufentanil

Regional Anesthetic  Yes  No  
*If Yes →* Regional Anesthetic Site:  Thoracic Epidural Catheter  Lumbar Epidural Catheter  Caudal Epidural Catheter  
 Lumbar Epidural Single-shot  Caudal Epidural Single-shot  
 Lumbar Intrathecal Single Shot

*If Yes →* Regional Anesthetic Drug:  Bupivacaine  Bupivacaine/Fentanyl  Clonidine  Fentanyl  Hydromorphone  
(Select all that apply)  Lidocaine  Morphine  Ropivacaine  Ropivacaine/Fentanyl  Tetracaine  Other

## Airway

Airway Type:  No airway support  Bag-mask  Nasal cannulae  Laryngeal mask airway (LMA)  
 Endotracheal intubation  Tracheostomy

*If LMA →* Airway Size (mm):  1.0  1.5  2.0  2.5  3.0  4.0  5.0

*If Endotracheal intubation →* Airway Size (mm):  2.5  3.0  3.5  4.0  4.5  5.0  
 5.5  6.0  6.5  7.0  7.5  8.0

Cuffed  Yes  No

Airway Site:  Oral  Nasal  Tracheostomy

## Transfusion

Transfusion  Yes  No  
*If Yes ↓*

Number of donor exposures:

Packed Red Blood Cells (PRBC)  Yes  No *If Yes →* \_\_\_\_\_

Platelets  Yes  No *If Yes →* \_\_\_\_\_

Fresh Frozen Plasma (FFP)  Yes  No *If Yes →* \_\_\_\_\_

Cryoprecipitate  Yes  No *If Yes →* \_\_\_\_\_

Whole Blood  Yes  No *If Yes →* \_\_\_\_\_

### Intraoperative Pharmacology

Intraoperative Medications:

None *If not None, select all intra-operative medications that apply: ↓*

- |   |   |
|---|---|
| <input type="checkbox"/> Adenosine bolus  | <input type="checkbox"/> Milrinone bolus/infusion               |
| <input type="checkbox"/> Alfentanil infusion  | <input type="checkbox"/> Morphine bolus/infusion                |
| <input type="checkbox"/> Aminocaproic Acid (Amicar)   | <input type="checkbox"/> Nesiritide Infusion                    |
| <input type="checkbox"/> Amiodarone bolus/infusion  | <input type="checkbox"/> Nicardipine Infusion                   |
| <input type="checkbox"/> Aprotinin (Trasylol)   | <input type="checkbox"/> Nitric Oxide inhalation                |
| <input type="checkbox"/> Calcium (Gluconate or Chloride) infusion                                     | <input type="checkbox"/> Nitroglycerin (Tridil) infusion        |
| <input type="checkbox"/> Dexmetetomidine (Precedex)   | <input type="checkbox"/> Nitroprusside (Nipride)                |
| <input type="checkbox"/> Dobutamine infusion  | <input type="checkbox"/> Phenoxybenzamine bolus                 |
| <input type="checkbox"/> Dopamine infusion  | <input type="checkbox"/> Phentolamine (Regitine) Bolus/Infusion |
| <input type="checkbox"/> Epinephrine (Adrenalin) infusion   | <input type="checkbox"/> Phenylephrine infusion                 |
| <input type="checkbox"/> Esmolol bolus/infusion   | <input type="checkbox"/> Propofol (Diprivan) infusion           |
| <input type="checkbox"/> Fentanyl bolus/infusion  | <input type="checkbox"/> Prostaglandin infusion                 |
| <input type="checkbox"/> Furosemide bolus/infusion  | <input type="checkbox"/> Remifentanyl infusion                  |
| <input type="checkbox"/> Insulin bolus/infusion   | <input type="checkbox"/> Thyroid Hormone bolus/infusion         |
| <input type="checkbox"/> Intraoperative Steroids<br>(Hydrocortisone/Methylprednisolone/Dexamethasone) | <input type="checkbox"/> Tranexamic Acid infusion               |
| <input type="checkbox"/> Isoproterenol infusion   | <input type="checkbox"/> Vasopressin infusion                   |
| <input type="checkbox"/> Levophed (Norepinephrine) infusion   | <input type="checkbox"/> Other Inotrope                         |
| <input type="checkbox"/> Magnesium Sulfate bolus  | <input type="checkbox"/> Other Vasodilator                      |
| <input type="checkbox"/> Midazolam bolus/infusion   | <input type="checkbox"/> Other Vasoconstrictor                  |

### Pharmacology On Arrival To ICU/PACU

Medications Given At Time Of Transfer:

None *If not None, select all medications that apply: ↓*

- |  |   |
|--|---|
| <input type="checkbox"/> Aminocaproic Acid (Amicar) infusion | <input type="checkbox"/> Nesiritide Infusion                |
| <input type="checkbox"/> Amiodarone infusion                 | <input type="checkbox"/> Nicardipine infusion               |
| <input type="checkbox"/> Aprotinin (Trasylol ) infusion      | <input type="checkbox"/> Nitric Oxide inhalation            |
| <input type="checkbox"/> Calcium Chloride infusion           | <input type="checkbox"/> Nitroglycerin (Tridil) infusion    |
| <input type="checkbox"/> Calcium Gluconate infusion          | <input type="checkbox"/> Nitroprusside (Nipride) infusion   |
| <input type="checkbox"/> Dexmetetomidine (Precedex) infusion | <input type="checkbox"/> Norepinephrine (Levophed) infusion |
| <input type="checkbox"/> Dobutamine infusion                 | <input type="checkbox"/> Phentolamine (Regitine)Infusion    |
| <input type="checkbox"/> Dopamine infusion                   | <input type="checkbox"/> Phenylephrine infusion             |
| <input type="checkbox"/> Epinephrine (Adrenalin) infusion    | <input type="checkbox"/> Propofol (Diprivan) infusion       |
| <input type="checkbox"/> Fentanyl infusion                   | <input type="checkbox"/> Prostaglandin infusion             |
| <input type="checkbox"/> Insulin infusion                    | <input type="checkbox"/> Thyroid Hormone infusion           |
| <input type="checkbox"/> Isoproterenol infusion              | <input type="checkbox"/> Tranexamic Acid infusion           |
| <input type="checkbox"/> Midazolam (Versed) infusion         | <input type="checkbox"/> Vasopressin infusion               |
| <input type="checkbox"/> Milrinone infusion                  | <input type="checkbox"/> Other Inotrope                     |
| <input type="checkbox"/> Morphine infusion                   | <input type="checkbox"/> Other Vasodilator                  |
| <input type="checkbox"/> Muscle Relaxant infusion            | <input type="checkbox"/> Other Vasoconstrictor              |

### ICU/PACU Care

Date and Time of ICU/PACU Arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_

mm/ dd/ yyyy hh : mm

Initial FiO2: \_\_\_\_\_

Mechanical circulatory support  Yes  No

ABG  Yes  No *If Yes →* pH: \_\_\_\_\_

Base Excess: \_\_\_\_\_

pCO2: \_\_\_\_\_

Lactate: \_\_\_\_\_

pO2: \_\_\_\_\_

Initial pulse oximeter \_\_\_\_\_ %

Temperature on ICU/PACU Arrival: \_\_\_\_\_ °C

Temperature Measurement Site:  Forehead scan  Tympanic membrane  Skin  Rectal  Bladder  Oral  Axillary

Need for Temporary Pacemaker on Arrival In ICU/PACU  Yes  No

*If Yes →* Site of Temporary Pace Maker:  Epicardial  Transvenous

*If Yes →* Type of Temporary Pacing:  Atria  Atrio-ventricular  Ventricular  Other

## Anesthesia Adverse Events

Anesthesia adverse events:

None

*If not None, select all adverse events that apply: ↓*

- Dental Injury
- Respiratory Arrest
- Difficult Intubation/Reintubation
- Stridor / Sub-glottic Stenosis
- Unintended Extubation
- Endotracheal Tube Migration
- Airway Injury
- Arrhythmia - Central Venous Line Placement
- Myocardial Injury - Central Venous Line Placement
- Vascular Compromise - Central Venous Line Placement
- Pneumothorax - Central Venous Line Placement
- Vascular Access
- Hematoma
- Arterial Puncture
- Bleeding - Regional Anesthetic Site
- Intrathecal Puncture
- Local Anesthetic Toxicity
- Neurologic Injury
- Anaphylaxis/Anaphylactoid Reaction
- Non-allergic Drug Reaction
- Inadvertent Medication Administration
- Inadvertent Medication Dosage
- Intraoperative Recall
- Malignant Hyperthermia
- Protamine Reaction
- Cardiac Arrest - Unrelated To Surgery
- Esophageal Bleeding / Rupture
- Esophageal Chemical Burn
- Airway Compromise
- Accidental Extubation
- Patient Fall