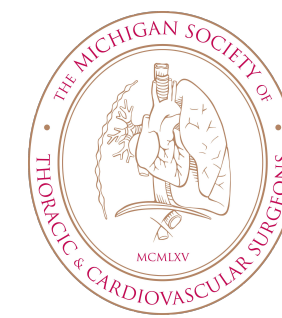


PERForm Registry Version 4.0



PERForm Registry

Demographics & Case Details

Patient Last Name: (#5)	<input type="text"/>	Date of Birth: (#20)	<input type="text"/>	Medical Record Number: (#30)	<input type="text"/>
Patient Middle Initial: (#10)	<input type="text"/>	Gender: (#25)	<input type="checkbox"/> M <input type="checkbox"/> F	STS Event ID: (#40)	<input type="text"/>
Patient First Name: (#15)	<input type="text"/>				

Demographics & Case Details

Date of Admission: (#45)	<input type="text"/>	Date of Surgery: (#50)	<input type="text"/>
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Demographics & Case Details

Hospital Name: (#55)	<input type="text"/>	Hospital NPI: (#60)	<input type="text"/>
Surgeon: (#65)	<input type="text"/>	Surgeon NPI: (#75)	<input type="text"/>
Primary Anesthesiologist: (#80)	<input type="text"/>	Primary Anesthesiologist NPI: (#90)	<input type="text"/>
Perfusionist First Name: (#95)	<input type="text"/>	Perfusionist Last Name: (#100)	<input type="text"/>
Perfusionist Provider ID: (#105)	<input type="text"/>	Perfusionist Provider ID Agency: (#110)	<input type="checkbox"/> The American Board of Cardiovascular Perfusion <input type="checkbox"/> The Australasian Board of Cardiovascular Perfusion

Procedure Type

Procedure Type: (#115)	<input type="checkbox"/> CAB <input type="checkbox"/> Valve <input type="checkbox"/> CAB+Valve <input type="checkbox"/> Other	CPB Utilization: (#117)	<input type="checkbox"/> Full CPB <input type="checkbox"/> Combination <input type="checkbox"/> None
Circuit Details:	<input type="checkbox"/> Circuit 1 <input type="checkbox"/> Circuit 2 <input type="checkbox"/> Circuit 3 <input type="checkbox"/> None Listed	Circ Arrest: (#118)	<input type="checkbox"/> No <input type="checkbox"/> Yes

Circuit and Bypass Thumbprint

Heart Lung Machine: (#120)	<input type="checkbox"/> CenturyTM - Heart Lung Machine <input type="checkbox"/> LivaNova - S5 <input type="checkbox"/> Sarns - 8000 <input type="checkbox"/> Other <input type="checkbox"/> Getinge - HL 20 <input type="checkbox"/> LivaNova - SC <input type="checkbox"/> Sarns - 9000 <input type="checkbox"/> LivaNova - C5 <input type="checkbox"/> Medtronic - Performer <input type="checkbox"/> Spectrum Quantum <input type="checkbox"/> LivaNova - S3 <input type="checkbox"/> Sarns - 5000 <input type="checkbox"/> Terumo - Advanced Perfusion System1			
Perfusion EMR: (#125)	<input type="checkbox"/> No Perfusion EMR <input type="checkbox"/> LivaNova - Connect <input type="checkbox"/> Spectrum Medical <input type="checkbox"/> Epic <input type="checkbox"/> LivaNova - DMS <input type="checkbox"/> Terumo - TLink <input type="checkbox"/> General Electric - Centricity <input type="checkbox"/> PerfusionPRO <input type="checkbox"/> Other <input type="checkbox"/> Getinge - Metavision <input type="checkbox"/> Perfusion.com - On Cloud			
Heart Lung Machine Safety Devices: (#130)	<input type="checkbox"/> Arterial Line Pressure Monitoring <input type="checkbox"/> Level Sensor <input type="checkbox"/> 1-Way Valve (Arterial Line for Centrifugal Pump) <input type="checkbox"/> Anesthetic Gas Scavenge Line <input type="checkbox"/> Cardioplegia delivery system pressure monitoring <input type="checkbox"/> Arterial Outflow Temperature Monitoring <input type="checkbox"/> Hard Stop Detent Controls <input type="checkbox"/> Hand Crank <input type="checkbox"/> Venous Reservoir Pressure Monitoring <input type="checkbox"/> Arterial Line Filter <input type="checkbox"/> Electronically Activated Clamps <input type="checkbox"/> Backup Gas Supply <input type="checkbox"/> Arterial Bubble Detector <input type="checkbox"/> 1-Way Valve (Vent Line) <input type="checkbox"/> Low Speed Alarm <input type="checkbox"/> Backup Batter Supply			
Heater Cooler: (#135)	<input type="checkbox"/> CardioQuip - MCH-1000(i) <input type="checkbox"/> LivaNova - 3T <input type="checkbox"/> Sarns - TCM <input type="checkbox"/> Terumo - Dual Heater Cooler <input type="checkbox"/> CardioQuip - MCH-1000(m) <input type="checkbox"/> Medtronic - Biocal <input type="checkbox"/> Sarns - TCM2 <input type="checkbox"/> Other <input type="checkbox"/> Cincinnati Sub-Zero - Hemotherm <input type="checkbox"/> Sarns - HX2 <input type="checkbox"/> Sarns - 11160			
Inline Blood Gas Trending Device Type: (#140)	<input type="checkbox"/> None <input type="checkbox"/> Spectrum - Viper, venous only <input type="checkbox"/> Other <input type="checkbox"/> LivaNova - BCare5 <input type="checkbox"/> Spectrum - Viper, arterial & venous <input type="checkbox"/> Terumo - CDI-500, arterial & venous <input type="checkbox"/> Medtronic - BioTrend <input type="checkbox"/> Terumo - CDI-500, arterial only <input type="checkbox"/> Spectrum - Viper, arterial only <input type="checkbox"/> Terumo - CDI-500, venous only			
Cerebral Oximetry Device: (#145)	<input type="checkbox"/> No Cerebral Oximeter <input type="checkbox"/> Nonin - SensSmart X-100 <input type="checkbox"/> CASMED - FORE-SIGHT Elite <input type="checkbox"/> Other <input type="checkbox"/> Covidien - INVOS 5100C	Anticoagulation Monitoring Device: (#150)	<input type="checkbox"/> Abbott - iStat <input type="checkbox"/> Medtronic - Hepcon HMS <input type="checkbox"/> Other <input type="checkbox"/> Accriva - Hemocron <input type="checkbox"/> Medtronic - Hepcon HMS Plus <input type="checkbox"/> Accriva - Hemocron Jr <input type="checkbox"/> Medtronic - ACT Plus	

AutoTransfusion Device: (#155)

<input type="checkbox"/> None	<input type="checkbox"/> Haemonetics - Cell Saver V+	<input type="checkbox"/> LivaNova - Bratt II	<input type="checkbox"/> Metronic - Autolog	<input type="checkbox"/> Other
<input type="checkbox"/> Fresenius - CATS	<input type="checkbox"/> Haemonetics - Elite	<input type="checkbox"/> LivaNova - Electa	<input type="checkbox"/> Terumo - Fresenius CATS	
<input type="checkbox"/> Haemonetics - Cell Saver V	<input type="checkbox"/> Haemonetics - Elite +	<input type="checkbox"/> LivaNova - Xtra	<input type="checkbox"/> Terumo - Fresenius Kabi CATSmart Continuous Autotransfusion System	

Oxygenator Type: (#160)

<input type="checkbox"/> Getinge - Quadrox	<input type="checkbox"/> LivaNova - KIDS D101	<input type="checkbox"/> LivaNova - PrimO2x	<input type="checkbox"/> Medtronic - Fusion	<input type="checkbox"/> Terumo - Capiox FX25	<input type="checkbox"/> Other
<input type="checkbox"/> LivaNova - Apex HP	<input type="checkbox"/> LivaNova - Inspire 6	<input type="checkbox"/> LivaNova - Synthesis	<input type="checkbox"/> Medtronic - Pixie Pediatric	<input type="checkbox"/> Terumo - Capiox RX15	
<input type="checkbox"/> LivaNova - KIDS D100	<input type="checkbox"/> LivaNova - Inspire 8	<input type="checkbox"/> Medtronic - Affinity - NT	<input type="checkbox"/> Terumo - Capiox FX15	<input type="checkbox"/> Terumo - Capiox RX25	

Arterial Filter Pore Size (Microns): (#165)

<input type="checkbox"/> 20	<input type="checkbox"/> 25	<input type="checkbox"/> 27	<input type="checkbox"/> 30	<input type="checkbox"/> 32	<input type="checkbox"/> 33
<input type="checkbox"/> 37	<input type="checkbox"/> 38	<input type="checkbox"/> 40	<input type="checkbox"/> 43	<input type="checkbox"/> Other	

BioCoating Area: (#170)

<input type="checkbox"/> None	<input type="checkbox"/> All but Cannula
<input type="checkbox"/> Limited Components	<input type="checkbox"/> Tip to Tip

BioCoating Type: (#175)

<input type="checkbox"/> Baxter - Duraflow	<input type="checkbox"/> LivaNova - SMARTx	<input type="checkbox"/> Medtronic - Trillium
<input type="checkbox"/> Gish - GBS	<input type="checkbox"/> Maquet - Safeline	<input type="checkbox"/> Terumo - Xcoating
<input type="checkbox"/> Jostra - Bioline	<input type="checkbox"/> Medtronic - Balance	<input type="checkbox"/> Other
<input type="checkbox"/> LivaNova - Physio	<input type="checkbox"/> Medtronic - Cortiva	

System Type: (#180)

<input type="checkbox"/> Open Venous Reservoir	<input type="checkbox"/> Closed Venous Reservoir	<input type="checkbox"/> No Venous Reservoir
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Arterial Pump Device: (#185)

<input type="checkbox"/> Roller	<input type="checkbox"/> LivaNova - Revolution	<input type="checkbox"/> Medtronic - Biomedicus	<input type="checkbox"/> Terumo - Sarns Disposbale Centrifugal Pump
<input type="checkbox"/> Jostra - Rotaflow	<input type="checkbox"/> LivaNova - SCP	<input type="checkbox"/> Medtronic - BP50 Pediatric Bio-pump	<input type="checkbox"/> Terumo - CAPIOX SP Centrifugal Pump
<input type="checkbox"/> LivaNova - CP5	<input type="checkbox"/> Medtronic - Affinity CP Centrifugal Blood Pump	<input type="checkbox"/> Medtronic - BPX80 Adult Bio-pump	<input type="checkbox"/> Other

Systemic Leukocyte Depleting Filter Used: (#190)

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Pulsatile Perfusion Used: (#195)

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Augmented Venous Drainage: (#200)

<input type="checkbox"/> None	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Kinetic
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Acid Base Management Strategy: (#205)

<input type="checkbox"/> Alpha Stat	<input type="checkbox"/> Combination
<input type="checkbox"/> pH Stat	

if pH Stat or Combination,

Cooling Phase pH Stat Used: (#210)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes	<input type="text"/>
		pH Management - Temperature for Combination: (#215)	<input type="text"/>
<hr/>			
Warming Phase pH Stat Used: (#220)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes	<input type="text"/>
		pH Management - Temperature for Combination: (#225)	<input type="text"/>

Anticoagulation Management

Method for Monitoring Anticoagulation: (#230)

<input type="checkbox"/> ACT	<input type="checkbox"/> Other
<input type="checkbox"/> Heparin Concentration	<input type="text"/> (#)
<input type="checkbox"/> PT/PTT	

Target ACT: (#235)

If yes to ACT

Viscoelastic Testing Used: (#240)

<input type="checkbox"/> No
<input type="checkbox"/> Yes - prior to CPB onset
<input type="checkbox"/> Yes, During CPB
<input type="checkbox"/> Yes, after CPB Cessation

Method of Determining Initial Heparin Dose: (#245)

<input type="checkbox"/> Fixed Weight-Based	<input type="checkbox"/> Heparin Dose Response
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Initial Heparin Dose Given: (#250)

Method for Calculating Initial Protamine Dose: (#255)

<input type="checkbox"/> Protamine Not Given	<input type="checkbox"/> Ratio Dose of Heparin Given
<input type="checkbox"/> Fixed Dose	<input type="checkbox"/> Other
<input type="checkbox"/> Heparin Protamine Titration	<input type="text"/> (#)

Total Protamine Dose: (#260)

If Protamine Was Given

Timing of Pump Sucker Termination: (#265)

<input type="checkbox"/> Prior to, or at initiation of, protamine delivery	<input type="checkbox"/> 1-25% of protamine given
<input type="checkbox"/> 26-50% of protamine given	<input type="checkbox"/> ≥50% of protamine given

Evidence of clotting in the circuit: (#270)

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Priming Volume

Static Volume (ml): (#275)

0.9% Saline (ml): (#280)

Plasmalyte/Normosol (ml): (#290)

Other (ml): (#300)

Lactated Ringers (ml): (#285)

Hartmanns (ml): (#295)

Albumin 5% (ml): (#305)

Albumin 25% (ml): (#315)

Starch Solution (ml): (#310)

Medication Name	Dose	Volume	Medication Name	Dose	Volume	Medication Name	Dose	Volume
Heparin (Units)	(#330)	(#335)	2	(#385)	(#390)	6	(#445)	(#450)
Sodium Bicarbonate (mEq)	(#345)	(#350)	3	(#400)	(#405)			
Mannitol (Grams)	(#360)	(#365)	4	(#415)	(#420)			
1	(#370)	(#375)	5	(#430)	(#435)			

Prime RBC units: (#500)

Prime FFP units: (#505)

Total Prime Volume mL: (#507)

Bypass Details

Pump Time (min): (#520)

Clamp Time (min): (#525)

Clamp / Arrest Type (#530) Yes, Cardioplegia Yes, V Fib None

Cardioplegia solution (#535) None 1:1 2:1 4:1
 8:1 Crystalloid Variable Crystalloid (Custodial)
 Microplegia Del Nido Other (#540)

Cardioplegia Regime (#545) Intermittent Continuous

Topical Cooling - Heart (#550) No Yes

If Intermittent Cardioplegia Regimen,

Number of doses of cardioplegia (#555) Maximum interval between (#560) cardioplegia doses

Induction Details (#565) Cold Tepid Warm
 Route of Cardioplegia (#570) Antegrade - aortic root Antegrade - coronary ostium Retrograde
 (select all that apply)

Additional Cardioplegia Administered for Electrical Activity (#562) No Yes

Maintenance Details (#575) None Cold Tepid Warm
 Route of Cardioplegia (#580) Antegrade - aortic root Antegrade - coronary ostium (left, right or both)
 (if maintenance dosage administered, select all that apply) Antegrade - bypass graft Retrograde

Hot Shot Used (#585) No Yes, Standard CPS Yes, Buckberg CPS Yes, Blood only Yes, Combination

First Dose Cardioplegia Volume (#587)

Total Cardioplegia Volume (#590)

Prox Technique Used (#595) Single Clamp Reperfusion None

Check the temperature source location, and indicate the highest and lowest temperature monitored at that source

Location	Highest	Lowest	Location	Highest	Lowest
(#635) <input type="checkbox"/> Bladder: (#625)	<input type="text"/>	<input type="text"/>	(#630) (#635) <input type="checkbox"/> Jugular bulb: (#625)	<input type="text"/>	<input type="text"/>
(#635) <input type="checkbox"/> Nasopharyngeal: (#625)	<input type="text"/>	<input type="text"/>	(#630) (#635) <input type="checkbox"/> Rectal: (#625)	<input type="text"/>	<input type="text"/>
(#635) <input type="checkbox"/> Esophageal: (#625)	<input type="text"/>	<input type="text"/>	(#630) (#635) <input type="checkbox"/> Tympanic: (#625)	<input type="text"/>	<input type="text"/>
(#635) <input type="checkbox"/> Other: (#625)	<input type="text"/>	<input type="text"/>	(#630)		

Highest arterial (inflow) blood temperature (#705)

Target CPB Separation Temp: (#710)

Separation Target Site: Bladder Nasopharyngeal Other
 Esophageal Jugular bulb
 Rectal Tympanic

Hct

First intraop HCT: (#720) Lowest HCT on CPB: (#740)
First HCT on CPB: (#725) Last HCT in Room: (#747)
Last HCT on CPB: (#730) HCT prior to Circ Arrest: (#750)
Last PreCPB HCT: (#735)

Lab Values

Last preCPB lactate: (#755) Last lactate on CPB: (#760)

Product Type	Intraop (CPB)		Intraop (no CPB)	
	Vol	Units	Vol	Units
RBC: (#765) <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="text"/> (#770)		<input type="text"/> (#775)
FFP: (#780) <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="text"/> (#785)		<input type="text"/> (#790)
Platelets: (#795) <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="text"/> (#800)		<input type="text"/> (#805)
Cell Saver: (#810) <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="text"/> (#815)		<input type="text"/> (#820)
Whole Blood: (#825) <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> (#830)		<input type="text"/> (#835)	

Was the RBC Volume washed with cell saver prior to administration? (#840) No Yes

HCT prior to:	Reason for transfusion (select all that apply) (#850)
First RBC Unit transfused (#845) <input type="text"/>	<input type="checkbox"/> HCT level <input type="checkbox"/> Low SVO2 <input type="checkbox"/> Low Reservoir Level <input type="checkbox"/> Pressor Requirement <input type="checkbox"/> Cerebral Oximetry <input type="checkbox"/> Patient Age <input type="checkbox"/> Cerebrovascular Disease <input type="checkbox"/> Acute Hemorrhage

HCT prior to:	Reason for second transfusion (select all that apply) (#895)
Second RBC Unit transfused (#890) <input type="text"/>	<input type="checkbox"/> HCT level <input type="checkbox"/> Low SVO2 <input type="checkbox"/> Low Reservoir Level <input type="checkbox"/> Pressor Requirement <input type="checkbox"/> Cerebral Oximetry <input type="checkbox"/> Patient Age <input type="checkbox"/> Cerebrovascular Disease <input type="checkbox"/> Acute Hemorrhage

0.9% Saline (ml): (#900) Lactated Ringers (ml): (#905)
Plasmalyte/Normosol (ml): (#910) Hartmanns (ml): (#915)
Other (ml): (#920)

Albumin 5% (ml): (#925) Albumin 25% (ml): (#930)
Starch Solution (ml): (#935)

Total pre-CPB perioperative crystalloid volume (ml): (#940) Total Volume Added (system calc)

Circulatory Arrest

If Circulatory Arrest Was Used

Circulatory Arrest Time (min): <input type="text"/> (#1005)	Duration of Cooling: <input type="text"/> (#1010)	Topical Cooling - Brain: <input type="checkbox"/> No <input type="checkbox"/> Yes (#1015)
Pre Circ Arrest Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes (#1027)	Cerebral Flow Rate (cc/min): <input type="checkbox"/> <400 <input type="checkbox"/> 400-799 <input type="checkbox"/> 800-1199 <input type="checkbox"/> 1200-1599 <input type="checkbox"/> 1600-1999 <input type="checkbox"/> >=2000 (#1025)	
If yes, select all that apply (#1030) <input type="checkbox"/> Mannitol <input type="checkbox"/> Thiopental <input type="checkbox"/> Other <input type="checkbox"/> Magnesium <input type="checkbox"/> Steroid bolus	Direction of Cerebral Perfusion: <input type="checkbox"/> None <input type="checkbox"/> Antegrade <input type="checkbox"/> Retrograde <input type="checkbox"/> Both (#1035)	
If Antegrade or Both Route Cerebral Perfusion: (select all that apply) (#1040) <input type="checkbox"/> Axillary <input type="checkbox"/> Innominate graft <input type="checkbox"/> Innominate direct <input type="checkbox"/> Left carotid direct		

Return to Bypass

Return to bypass: No Yes
(#1045)

If return to bypass

Bypass Additional Minutes: (#1050)
Reason (select all that apply):
 Hemodynamic instability (#1055) Respiratory insufficiency (#1065) Technical - Graft revision (#1075)
 Technical - Bleeding (#1060) Technical - Valve (#1070) Other (#1080)
Reason: (#1085)

Medications Given

Furosemide Total Dose (mg):
(#1100)

Sodium Bicarb Total Dose (mEq):
(#1105)

Vasopressors given during CPB
(#1107) No Yes

If yes, check all that apply (#1110)
 Vasopressin Norepinephrine Phenylephrine
Dosage (#1115) Dosage (#1120) Dosage (#1125)

Volume Management

Urine output
Pre-CPB (#1130) Intraop CPB (#1135) Post-CPB (#1137)

Highest post-operative creatinine within 1st 48hrs
(#1145)

Residual Pump Volume Processing
Direct Infusion (#1150) Centrifugation (ATS) (#1155) Ultrafiltration (#1160)

Autologous Circuit Prime (#1165)
 No Yes If yes, ml (#1170)

Ultrafiltration
Conventional UF No Yes (#1175) Zero balance UF No Yes (#1180) Post CPB UF No Yes (#1185)

Ultrafiltrate Vol (ml)
Intraop CPB (#1190) Intraop PostCPB (#1195)

Autologous Blood Harvest (#1200)
 No Yes
Volume (ml) (#1205) Returned preCPB (ml) (#1210) Returned on CPB (ml) (#1215)

Unprocessed cardiomy suction returned to bypass circuit
(#1220) No Yes

Glucose Management

1st Intraop (g/dl) (#1225) Highest Intraop (g/dl) (#1230) Last Intraop (g/dl) (#1235)
Intraop insulin drip No Yes (#1240)

Inotrope Usage

Wean from CPB No Yes If yes, # (#1245)
at ICU arrival (#1255) @ 4hrs postop (#1260) @48hrs postop (#1265)

Patient Safety

Perfusion Checklist
(#1300) No Yes

Transfer of care (#1305) Did Transfer of care occur? No Yes (#1310) Transfer of care timing
If yes, timing (check all that apply)
 Prior to CPB During CPB After CPB

Did an adverse safety event occur?
(#1313) No Yes

if yes, select all adverse safety events that apply
(#1315)

Air Lock Arterial Air Electrical Failure Gas Supply Failure
 Level Sensor Medication Error Oxygenator Failure Pumphead Failure
 Thrombus Transfusion Error Venous Air Other