

SPLIT			
\$sitecode	User:	System Date:	Mode: Development
Site Name:			

Transplant Early Follow Up (TPF)

Version: 7.0; 12-26-07

Segment (*PROTSEG*):Visit Number (*VISNO*):

Complete the form with information from the day of transplant up to 30 days post-transplant, unless otherwise specified below.

Status Information

1. Did an event occur that prevented the participant from being discharged? (*TPF30DTX*) ☐ No - 0 ☐ Retransplant - 1 ☐ Death - 2
- Specify date of event: (*TPFDTEVT*) (mm/dd/yyyy)
- If *Other*, please specify: (*TPF30OTH*)

If an event occurred prior to 30 days post-transplant, complete the form with information available up to the date of the event.

Enter a Death or Retransplant Evaluation form, and enroll the participant into a new transplant segment, as appropriate.

2. Total days hospitalized during the first 30 days post transplant? (*TPFDAYSH*) (xx)
- a. Total days in the ICU during the first 30 days post transplant? (*TPFICU30*) (xx)
- b. Total days intubated during the first 30 days post transplant? (*TPFDAYIN*) (xx)
- c. Date of first discharge from hospital:
(Enter the date even if occurs after 30 days post transplant) (*TPFDTDIS*) (mm/dd/yyyy)

Complications

3. Indication(s) for laparotomy or reoperation: (*TPFIND4R*) ☐ No - 0 ☐ Yes - 1
- a. Bleeding: (*TPFBLEED*) ☐ No - 0 ☐ Yes - 1
- b. Biliary tract complication/ Bile leak: (*TPFBTC*) ☐ No - 0 ☐ Yes - 1
- c. Vascular complications: (*TPFVC*) ☐ No - 0 ☐ Yes - 1
- d. Wound complications: (*TPFWC*) ☐ No - 0 ☐ Yes - 1
- e. Bowel perforation: (*TPFBP*) ☐ No - 0 ☐ Yes - 1
- f. Bowel obstruction: (*TPFBWOB*) ☐ No - 0 ☐ Yes - 1
- g. Sepsis: (*TPFSEPS*) ☐ No - 0 ☐ Yes - 1
- h. Fascia closure: (*TPFFASC*) ☐ No - 0 ☐ Yes - 1
- i. Exploratory laparotomy: (*TPFEXLAP*) ☐ No - 0 ☐ Yes - 1
- j. Other: (*TPFOTHIN*) ☐ No - 0 ☐ Yes - 1

If *Other*, please specify: (*TPFINDIC*)

- k. Number of reoperations within 30 days post transplant
(exclude line placement or removal): (TPFNREOP) _____ (xx)
4. Complications during the first 30 days? (TPF31NOT) ☐ No - 0 ☐ Yes - 1
- a. Treated for rejection: (TPFTFREJ) ☐ No - 0 ☐ Yes - 1
(If yes, complete Rejection form)
- b. Liver biopsy findings of graft dysfunction (including graft failure): (TPFGRFBX) ☐ No - 0 ☐ Yes - 1
- c. Graft failure- relisted: (TPFGFL) ☐ No - 0 ☐ Yes - 1
(If yes, complete Retransplant evaluation form at time of listing)
- d. Biliary tract complication: (TPFBTC30) ☐ No - 0 ☐ Yes - 1
1. Leak: (TPFBTCL) ☐ No - 0 ☐ Yes - 1
2. Intrahepatic stricture: (TPFBTCIS) ☐ No - 0 ☐ Yes - 1
3. Anastomotic stricture: (TPFBTCAS) ☐ No - 0 ☐ Yes - 1
- e. Vascular complications: (TPFVC30) ☐ No - 0 ☐ Yes - 1
1. Hepatic artery thrombosis: (TPFVCHAT) ☐ No - 0 ☐ Yes - 1
Specify method first used to confirm thrombosis: (TPFHAPAM)

Duplex ultrasound - 1
CT/MRA - 2
Visceral angiogram - 3
2. Portal vein thrombosis: (TPFVCPVT) ☐ No - 0 ☐ Yes - 1
3. Other: (TPFVCOTH) ☐ No - 0 ☐ Yes - 1
If Other, please specify: (TPFOTHVC) _____
- f. CNS: (TPFCNS30) ☐ No - 0 ☐ Yes - 1
1. New onset seizures: (TPFNOS) ☐ No - 0 ☐ Yes - 1
2. New onset confusion/ agitation: (TPFNOCA) ☐ No - 0 ☐ Yes - 1
3. New onset tremors: (TPFNOT) ☐ No - 0 ☐ Yes - 1
4. Cerebral hemorrhages: (TPFCH) ☐ No - 0 ☐ Yes - 1
5. Cerebral edema: (TPFCED) ☐ No - 0 ☐ Yes - 1
- g. Renal complications: (TPFRC) ☐ No - 0 ☐ Yes - 1
1. Dialysis/ hemofiltration: (TPFRDH) ☐ No - 0 ☐ Yes - 1
If Yes, please specify days: (TPFDAYDH) _____ (xx)
2. Doubling of serum creatinine from immediately after transplant: (TPFDBCRE) ☐ No - 0 ☐ Yes - 1
- h. Pulmonary complications: (TPFPC) ☐ No - 0 ☐ Yes - 1
1. Diaphragmatic paresis: (TPFDPP) ☐ No - 0 ☐ Yes - 1
2. ARDS: (TPFARDS) ☐ No - 0 ☐ Yes - 1
- i. Cardiac: (TPFCARD) ☐ No - 0 ☐ Yes - 1
1. Cardiac arrest: (TPFCARDA) ☐ No - 0 ☐ Yes - 1
2. Heart failure: (TPFHTFL) ☐ No - 0 ☐ Yes - 1

3. Cardiomyopathy: (TPFCARDM) ☐ No - 0 ☐ Yes - 1

j. Hematologic: (TPFHEMAT)

1. Leukopenia (ANC<1,000): (TPFLEUK) ☐ No - 0 ☐ Yes - 1

2. Aplastic anemia: (TPFAPLAN) ☐ No - 0 ☐ Yes - 1

k. Diabetes/ glucose intolerance: (TPFDGI) ☐ No - 0 ☐ Yes - 1

l. GI Complications: (TPFGI30)

1. Bleeding: (TPFBLD30) ☐ No - 0 ☐ Yes - 1

2. Pancreatitis: (TPFPAN30) ☐ No - 0 ☐ Yes - 1

3. Bowel perforation: (TPFBP30) ☐ No - 0 ☐ Yes - 1

4. Bowel obstruction: (TPFBO30) ☐ No - 0 ☐ Yes - 1

m. Did the participant have multi-organ failure? (TPFMLORG) ☐ No - 0 ☐ Yes - 1

n. Other: (TPFOTCOM) ☐ No - 0 ☐ Yes - 1

If Yes, please specify: (TPFCOMPO)

5. Infections (culture proven) within 30 days post transplant: (TPIINF30) ☐ No - 0 ☐ Yes - 1

If yes, did participant have a positive EBV? (TPFEBVPS) ☐ No - 0 ☐ Yes - 1 ☐ Not evaluated - 2

If Positive, please enter the viral load, units, and source. Enroll the participant into the EBV/LPD protocol if symptomatic.

Viral load: (TPFEBVVL) (xxxxx)

Units: (TPFEBVUT)

copies / 500 ng DNA - 1

genomes / 10⁵ lymphocytes - 2

copies DNA / ul - 3

cells / 10⁶ PBMC - 4

copies / mcg PBMC DNA - 5

*Additional Options Listed Below

If Other, specify: (TPFEBVUO)

Source: (TPFEBVSR)

Whole blood - 1

Plasma - 2

Serum - 3

Transplant Infections (any of the following type):

	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1
	Bacterial: (TPIYNBAC)	Fungal: (TPIYNFUN)	Viral: (TPIYNVIR)
Intra abdominal:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1 (TPIBINAB)	<input type="checkbox"/> No - 1 <input type="checkbox"/> Candida - 2 <input type="checkbox"/> Aspergillus - 3 <input type="checkbox"/> Other - 4 (TPIFINAB)	
Cholangitis:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1 (TPIBCHOL)	<input type="checkbox"/> No - 1 <input type="checkbox"/> Candida - 2 <input type="checkbox"/> Aspergillus - 3 <input type="checkbox"/> Other - 4 (TPIFCHOL)	

Wound:

(*TPIBWOUN*)

No - 0	
Yes - 1	

(*TPIFWOUN*)

No - 1	
Candida - 2	
Aspergillus - 3	
Other - 4	

Line (positive blood culture):

(*TPIBLINE*)

No - 0	
Yes - 1	

(*TPIFLINE*)

No - 1	
Candida - 2	
Aspergillus - 3	
Other - 4	

UTI:

(*TPIBUTI*)

No - 0	
Yes - 1	

(*TPIFUTI*)

No - 1	
Candida - 2	
Aspergillus - 3	
Other - 4	

Septicemia:

(*TPIBSEPT*)

No - 0	
Yes - 1	

(*TPIFSEPT*)

No - 1	
Candida - 2	
Aspergillus - 3	
Other - 4	

(*TPIVSEPT*)

No - 1	
Adeno - 2	
CMV - 3	
EBV - 4	
Other - 5	

Pneumonia:

(*TPIBPNEU*)

No - 0	
Yes - 1	

(*TPIFPNEU*)

No - 1	
Candida - 2	
Aspergillus - 3	
Other - 4	

(*TPIVPNEU*)

No - 1	
Adeno - 2	
CMV - 3	
EBV - 4	
Other - 5	

CNS:

(*TPIBCNS*)

No - 0	
Yes - 1	

(*TPIFCNS*)

No - 1	
Candida - 2	
Aspergillus - 3	
Other - 4	

(*TPIVCNS*)

No - 1	
Adeno - 2	
CMV - 3	
EBV - 4	
Other - 5	

GI tract:

(*TPIBIGI*)

No - 0	
Yes - 1	

(*TPIFGI*)

No - 1	
Candida - 2	
Aspergillus - 3	
Other - 4	

(*TPIVGI*)

No - 1	
Adeno - 2	
CMV - 3	
EBV - 4	
Other - 5	

Other:

(*TPIBOTH*)

No - 0	
Yes - 1	

(*TPIFOTH*)

No - 1	
Candida - 2	
Aspergillus - 3	
Other - 4	

(*TPIVOTH*)

No - 1	
Adeno - 2	
CMV - 3	
EBV - 4	
Other - 5	

If *Other*, please specify: (*TPIINFOT*)**Renal Aim**

6. Were the 30 day urine protein and creatinine done? (*TPFURIND*)

No - 0 Yes - 1

30 day urine protein: (*TPFURIPR*)

(*xxx.x*) (*TPFPRUT*) Units

mg/dL - 1	
mg/L - 2	
mmol/L - 3	

30 day urine creatinine: (*TPFURICR*)

mg/dL - 1
mg/L - 2
mmol/L - 3

(xxx.x) (TPFCRUT) Units

7. Does the participant have any of the below primary renal diseases unrelated to calcineurin inhibitor exposure? (TPFPREND) ☐ No - 0 ☐ Yes - 1

Primary Renal Diseases: Vesicoureteral reflux, obstructive uropathy, renal hypo/dysplasia, cystic kidney, chronic glomerulonephritis, or other non-CNI disease.

Renal dysfunction secondary to primary liver disease and renal tubular dysfunction without decrease in GFR do not apply.

If Yes, indicate type: (TPFPRENT)

Vesicoureteral reflux - 1
Obstructive uropathy - 2
Renal hypo-/dysplasia - 3
Cystic kidney condition - 4
Chronic glomerulonephritis - 5
*Additional Options Listed Below

If Other, specify: (TPFPRENO)

Assessments

8. Blood Pressure (TPFBPND) ☐ Not Done
- 30 day blood pressure - screening measure (if ≥ 5 years): (TPFBPSYS) Systolic (xxx) (TPFBPDIA) Diastolic (xxx) mmHg
- If Systolic or Diastolic above 90th percentile for child's gender, age, and height, as outlined in the reference table in the Forms Instructions, a repeated measure is expected.*
- Was a second measure taken by auscultation? (TPFBPRP2) ☐ No - 0 ☐ Yes - 1
- a. Blood pressure - second measure: (TPFBP2SY) Systolic (xxx) (TPFBP2DI) Diastolic (xxx) mmHg
- If Systolic or Diastolic above 90th percentile on second measure, a third measure is expected.*
- Was a third measure taken by auscultation? (TPFBPRP3) ☐ No - 0 ☐ Yes - 1
- b. Blood pressure - third measure: (TPFBP3SY) Systolic (xxx) (TPFBP3DI) Diastolic (xxx) mmHg

Labs

Chemistries

Please enter the date the majority of the labs were run. Labs run anytime in the acceptable date range specified can be reported below.

Labs within the same panel should be reported for the same date.

9. 24 hour post transplant chemistries (Range day 1 to 2): (TPF24CHM) (mm/dd/yyyy)

Common Units (CU)

Standard International (SI)

Total Bilirubin: (TPFTB24C) (xxx.x) mg/dL (TPFTB24S) (xxxxx.x) μ mol/L

AST/SGOT: (TPFAST24) (xxxxx) IU/L

ALT/SGPT: (TPFALT24) (xxxxx) IU/L

Alkaline Phosphatase:

INR: (TPFAP24) _____ (xxxxx) IU/L
(TPFINR24) _____ (xx.x) IU/L

10. 48 hour post transplant chemistries (Range day 2 to 3): (TPFD2DT) _____ (mm/dd/yyyy)

	Common Units (CU)	Standard International (SI)
Total Bilirubin:	(TPFTBD2C) _____ (xxx.x) mg/dL	(TPFTBD2S) _____ (xxxxx.x) μmol/L
AST/SGOT:	(TPFASTD2) _____ (xxxxx) IU/L	
ALT/SGPT:	(TPFALTD2) _____ (xxxxx) IU/L	
Alkaline Phosphatase:	(TPFAPD2) _____ (xxxxx) IU/L	
INR:	(TPFINRD2) _____ (xx.x)	

11. Day 7 post transplant chemistries (Range day 6 to 8): (TPFD7DT) _____ (mm/dd/yyyy)

	Common Units (CU)	Standard International (SI)
Total Bilirubin:	(TPFTBD7C) _____ (xxx.x) mg/dL	(TPFTBD7S) _____ (xxxxx.x) μmol/L
AST/SGOT:	(TPFASTD7) _____ (xxxxx) IU/L	
ALT/SGPT:	(TPFALTD7) _____ (xxxxx) IU/L	
Alkaline Phosphatase:	(TPFAPD7) _____ (xxxxx) IU/L	
INR:	(TPFINRD7) _____ (xx.x)	

12. Day 14 post transplant chemistries (Range day 12 to 16): (TPFD14DT) _____ (mm/dd/yyyy)

	Common Units (CU)	Standard International (SI)
Total Bilirubin:	(TPFTB14C) _____ (xxx.x) mg/dL	(TPFTB14S) _____ (xxxxx.x) μmol/L
AST/SGOT:	(TPFAST14) _____ (xxxxx) IU/L	
ALT/SGPT:	(TPFALT14) _____ (xxxxx) IU/L	
Alkaline Phosphatase:	(TPFAP14) _____ (xxxxx) IU/L	
INR:	(TPFINR14) _____ (xx.x)	

13. Day 30 post transplant chemistries (Range day 25 to 35): (TPFHEDMT) _____ (mm/dd/yyyy)

	Common Units (CU)	Standard International (SI)
Total Bilirubin:	(TPFTOBIL) _____ (xxx.x) mg/dL	(TPFTBSI) _____ (xxxxx.x) μmol/L
Direct Bilirubin:	(TPFDBC) _____ (xxx.xx) mg/dL	(TPFDBSI) _____ (xxxxx.xx) μmol/L
Serum Creatinine:	(TPFSRCRE) _____ (xx.x) mg/dL	(TPFSCSI) _____ (xxxx.x) μmol/L

AST/SGOT: (TPFAST) _____ (xxxxx) IU/L

ALT/SGPT: (TPFALT) _____ (xxxxx) IU/L

Alkaline Phosphatase: (TPFAP) _____ (xxxxx) IU/L

Gamma-Glutamyltransferase: (TPFGG) _____ (xxx) IU/L

Sodium: (TPFSODCU) _____ (xxx) IU/L

14. Discharge post transplant chemistries (Date of discharge must be entered):

	Common Units (CU)		Standard International (SI)	
Total Bilirubin:	(TPFTBDCC) _____	(xxx.x) mg/dL	(TPFTBDCS) _____	(xxxxx.x) µmol/L
Direct Bilirubin:	(TPFDBDCC) _____	(xxx.xx)	(TPFDBDCS) _____	(xxxxx.xx)
	mg/dL		µmol/L	
Serum Creatinine:	(TPFDCSCC) _____	(xx.x) mg/dL	(TPFDCSCS) _____	(xxxx.x) µmol/L
AST/SGOT:	(TPFASTDC) _____	(xxxxx) IU/L		
ALT/SGPT:	(TPFALTDC) _____	(xxxxx) IU/L		
Alkaline Phosphatase:	(TPFAPDC) _____	(xxxxx) IU/L		
Gamma-Glutamyltransferase:	(TPFDCGGT) _____	(xxx) IU/L		
Sodium:	(TPFDCSOD) _____	(xxx) IU/L		

The Notes field should not be used to communicate information to the SPLIT DCC. This field is intended to be used for notes center staff may find useful when returning to the form.

Notes: (TPFCOMM)

Additional Selection Options for TPF

Units:

copies / ml - 6

Other - 9

If *Yes*, indicate type:

Other - 9

