



CHILDRENLink

Sentinel Events Transplant Listing

R: SENTINEL EVENTS TRANSPLANT LISTING			
R1a	Visit Date	____ / ____ / ____	
Transplant Information			
R2	Date of Listing:	____ / ____ / ____	
R3	Ongoing?	<input type="radio"/> No	<input type="radio"/> Yes → go to R6
R4	Date of removal from list:	____ / ____ / ____	
R5	Reason for removal from list:	_____	
PELD/MELD score at listing			
R6	Calculated PELD score:	_____	
R7	Exception score:	_____	<input type="radio"/> Not Done
R8	Status 1 exception requested:	<input type="radio"/> Not requested	<input type="radio"/> Requested
R9	Weight at listing:	_____ <input type="radio"/> kgs _____ <input type="radio"/> oz	<input type="radio"/> lbs <input type="radio"/> oz <input type="radio"/> Not Done
R10	Height or length at listing:	_____ <input type="radio"/> cm _____ <input type="radio"/> inches	<input type="radio"/> inches <input type="radio"/> feet <input type="radio"/> Not Done
R11	Head circumference at listing:	_____ <input type="radio"/> cm	<input type="radio"/> inches <input type="radio"/> Not Done
R12	Growth failure at listing:	<input type="radio"/> No	<input type="radio"/> Yes
R13	Bilirubin test date:	____ / ____ / ____	
Please note: Total bilirubin should not be less in value than direct bilirubin or conjugated bilirubin.			
R14	Total bilirubin at listing:	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> mg/dl <input type="radio"/> Not Done <input type="radio"/> μmol/l
R15	Direct bilirubin at listing:	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> mg/dl <input type="radio"/> Not Done <input type="radio"/> μmol/l
R16	Conjugated bilirubin at listing:	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> mg/dl <input type="radio"/> Not Done <input type="radio"/> μmol/l

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R17	Prothrombin time at listing:	<input type="radio"/> = <input type="radio"/> < _____ <input type="radio"/> sec <input type="radio"/> Not Done <input type="radio"/> > _____
R18	Prothrombin time, date:	____ / ____ / ____
R19	INR at listing:	<input type="radio"/> = <input type="radio"/> < _____ <input type="radio"/> Not Done <input type="radio"/> > _____
R20	Creatinine at listing:	<input type="radio"/> = <input type="radio"/> < _____ <input type="radio"/> mg/dl <input type="radio"/> μmol/l <input type="radio"/> > _____ <input type="radio"/> Not Done
R21	Creatinine, date:	____ / ____ / ____
R22	Albumin at listing:	<input type="radio"/> = <input type="radio"/> < _____ <input type="radio"/> g/dl <input type="radio"/> g/L <input type="radio"/> > _____ <input type="radio"/> Not Done
R23	Albumin, date:	____ / ____ / ____
R24	Child's blood type:	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> O <input type="radio"/> AB <input type="radio"/> Unknown
R25	Was the subject SPLIT registered?	<input type="radio"/> No → Done <input type="radio"/> Yes <input type="radio"/> Unknown
R26	SPLIT center name:	_____
R27	SPLIT center code:	_____
R28	SPLIT Registration Number:	_____