

NIDDK
Liver Transplantation Database
INTRA-OPERATIVE PROCEDURE FORM

01/30/1991

DONOR ID _____

COMPLETION LOG

Data Collector ID _____
Center Initials

DATE

Data Collection _____/_____/_____

Data Entry _____/_____/_____

Sysid _____

Verification _____/_____/_____

Cleaned _____/_____/_____

Transfer _____/_____/_____
MM DD YY

FORM KEYS

Patient ID _____

Transplant No. _____



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PATIENT ID _____ -

TRANSPLANT NO. _____

DATE OF TRANSPLANT _____/_____/_____
(at time of closure) MM DD YY

I. RETRANSPLANTATION? Yes__ No__

IF YES, check one

<p><input type="checkbox"/> 1. Primary nonfunction</p> <p><input type="checkbox"/> 2. Rejection</p> <p><input type="checkbox"/> 3. Hepatic artery thrombosis</p> <p><input type="checkbox"/> 4. Other _____ specify (30 char)</p>

II. BYPASS USED? Yes__ No__

III. SURGICAL TIME POINTS

MILITARY TIME

1. Incision _____:_____

Date _____/_____/_____
MM DD YY

2. Liver cross clamped _____:_____

3. Donor liver removed from ice _____:_____

4. Initial flow restored:

4.1 Venous (Portal vein) _____:_____

4.2 Arterial (Hepatic artery) _____:_____

5. Close incision (ie. end of case as recorded by anesthesiologist) _____:_____

hr min

Date _____/_____/_____
MM DD YY

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IV. INTRAOPERATIVE COMPLICATIONS

	A. STAGE I (Hepatectomy)		B. STAGE II (Anhepatic)		C. STAGE III (Reperfusion)	
	Yes	No	Yes	No	Yes	No
	_____	_____	_____	_____	_____	_____
1. Ventricular arrhythmia	_____	_____	_____	_____	_____	_____
2. CPR performed	_____	_____	_____	_____	_____	_____
3. Hypoxemia (record for PaO ₂ < 60 on any FiO ₂)	_____	_____	_____	_____	_____	_____
4. Clinically significant embolism: air	_____	_____	_____	_____	_____	_____
5. Clinically significant embolism: clot	_____	_____	_____	_____	_____	_____
6. Hypotension (defined as systolic < 70 mmHg for ≥ 15 minutes for adults, and at least 30% decrease in systolic b.p. for ≥ 15 minutes for peds.)	_____	_____	_____	_____	_____	_____

V. BLOOD USAGE (total amounts)

- 1. Packed red blood cells and/or whole blood _____ cc
- 2. Fresh frozen plasma _____ cc
- 3. Platelets _____ cc
- 4. Cryoprecipitate _____ cc
- 5. Cell saver unit _____ cc
- 6. Crystalloids _____ cc
- 7. Colloid solution (albumin, hetastarch) _____ cc

VI. URINE OUTPUT (total)

_____ cc

A. STAGE I (Hepatectomy)	B. STAGE II (Anhepatic)	C. STAGE III (Reperfusion)
_____ cc	_____ cc	_____ cc

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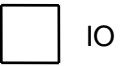
PATIENT ID _____

TIMEPOINTS

VII. HEMODYNAMICS	1. Incision	2. Anhepatic -5 min	3. Anhepatic +10 min	4. Reperfusion -5 min	5. Reperfusion +15 min	6. Reperfusion +70 min
1. Temperature (°c)	_____	_____	_____	_____	_____	_____
2. Central venous pressure (mmHg)	_____	_____	_____	_____	_____	_____
Pulmonary artery pressure:						
3. systolic (mmHg)	_____	_____	_____	_____	_____	_____
4. diastolic (mmHg)	_____	_____	_____	_____	_____	_____
5. Capillary wedge pressure (mmHg)	_____	_____	_____	_____	_____	_____
6. Blood pressure: systolic (mmHg)	_____	_____	_____	_____	_____	_____
7. Blood pressure: diastolic (mmHg)	_____	_____	_____	_____	_____	_____
8. Heart rate (beats/min.)	_____	_____	_____	_____	_____	_____
9. Cardiac output (liters/min.) _____	_____	_____	_____	_____	_____	_____
10. ICP monitoring (check if done)	_____	_____	_____	_____	_____	_____

IF YES	10.1 Reading (mmHg)	_____	_____	_____	_____	_____
	Treatment (check if given at each timepoint)					
	10.2 Mannitol	_____	_____	_____	_____	_____
	10.3 Barbiturates	_____	_____	_____	_____	_____
	10.4 Hyperventilation	_____	_____	_____	_____	_____
	10.5 Prostaglandins	_____	_____	_____	_____	_____

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TIMEPOINTS

	1.	2.	3.	4.	5.	6.
	Incision	Anhepatic -5 min	Anhepatic +10 min	Reperfusion -5 min	Reperfusion +15 min	Reperfusion +70 min

VIII. COAGULATION FACTORS

1. Prothrombin time (PT) (secs)	_____	_____	_____	_____	_____	_____
1.1 Prothrombin time Control (PTC) (secs)		_____				
2. Partial thromboplastin (PTT) (secs)	_____	_____	_____	_____	_____	_____
2.1 Partial thromboplastin Control (PTTC) (secs)		_____				
3. Platelet count x 10 ³ (cells/mm ³)	_____	_____	_____	_____	_____	_____

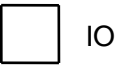
IX. PRESSORS given - specify type(s); dose at each timepoint

1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
specify (30 char)						

X. PERSONNEL

1. Anesthesiologist of record ID _____ - _____
 Center # Initials

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(2 char) (3 char)

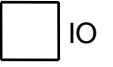


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XI. GENERAL COMMENTS ON INTRA-OPERATIVE COURSE Yes__ No__

IF YES



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(60 char/line)
