



CHILDRENLink

Form 251 Hepatopulmonary Syndrome

B: HEPATOPULMONARY SYNDROME

B1a	Visit Date:	____ / ____ / ____
B1b	Date of presentation/onset:	____ / ____ / ____
B2	Ongoing?	<input type="radio"/> No <input type="radio"/> Yes → go to B4
B3	If No, date of resolution:	____ / ____ / ____
B4	Was patient hospitalized?	<input type="radio"/> No → go to B8 <input type="radio"/> Yes
B5	If Yes, date of admission:	____ / ____ / ____
B6	Was patient discharged?	<input type="radio"/> No → go to B8 <input type="radio"/> Yes
B7	If Yes, date of discharge:	____ / ____ / ____
B8	Cyanosis:	<input type="radio"/> No <input type="radio"/> Yes
B9	Upright Oxygen saturation:	<input type="radio"/> = <input type="radio"/> < ____ <input type="radio"/> % <input type="radio"/> Not Done <input type="radio"/> >
B10	Shunt Fraction:	<input type="radio"/> = <input type="radio"/> < ____ <input type="radio"/> % <input type="radio"/> Not Done <input type="radio"/> >
C11	Bubble ECHO cardiogram:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done
C12	Confirmed by medical record:	<input type="radio"/> No <input type="radio"/> Yes