BABY HUG FOLLOW-UP STUDY II

ECHOCARDIOGRAM PERFORMANCE

PART I: IDENTIFYING INFORMATION

1.   Patient's ID Number: ___ ___ ___ ___   2.   Current Clinic: ___ ___
                                          SUBJECT_ID   **SITE_ID**

3.   Patient's Letter Code: ___ ___ ___   **LETTER_CD**

4.   Testing Date: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
             VISIT_DT   Month   Day   Year

PART II: GENERAL INFORMATION

INSTRUCTIONS

The following information **MUST BE** collected on the day echocardiogram is completed, if an echocardiogram was ever performed for this visit.

1.   Date of echocardiogram visit: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
                                       ECHO   Month   Day   Year

2.   Child's date of birth: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
                                 BIRTH_DT   Month   Day   Year

3.   Source indication: **SOURCE**

         Routine BABY HUG FU II visit   (1)
         Abstract from non-BHFU II visit   (2)

4.   Patient state: **PT_STATE**

         Relaxed   (1)
         Tense   (2)
         Unmanageable   (3)
         N/A   (4)

5.   Label Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___   **LABEL**

ID Number				Visit				Seq	
							-		

6. Height: ___ ___ ___ . ___ cm **HEIGHT**

7. Weight: ___ ___ . ___ ___ kg **WEIGHT**

8. a. Temperature

    i. **TEMPF**   ii. **TEMPC**

    ___ ___ ___ . ___ °F **OR** ___ ___ . ___ °C

    b. Thermometer placement:

                THERM_PLACE

Axillary	(1)
Oral	(2)
Rectal	(3)
Tympanic	(4)
N/A	(5)

9. Heart rate: ___ ___ ___ beat/min **HEARTRATE**

10. Respiratory rate: ___ ___ ___ breath/min **RESP**

11. Blood Pressure:

    a. Systolic: ___ ___ ___ mm Hg **BP_SYSTOLIC**

    b. Diastolic: ___ ___ ___ mm Hg **BP_DIASTOLIC**

    c. Method: **BP_METHOD**

Dinamap	(1)
Doppler	(2)
Auscultation	(3)
Palpation	(4)
N/A	(5)

ID Number   Visit   Seq

12. Were there any illnesses at today's visit?

	Yes (1)	No (2)	Unknown (3)	
				ILLNESS

If "Yes," indicate the diagnosis code and site of involvement, where applicable.

Sequence Number	13. DX Code	14. Primary site
1	D-___ ___ ___ ___ P11_DXT	N/A ……………..1 P11_SITE1_ND S - ___ ___ ___ P11_SITE1
2	D-___ ___ ___ ___	N/A ……………..1 S - ___ ___ ___
3	D-___ ___ ___ ___	N/A ……………..1 S - ___ ___ ___
4	D-___ ___ ___ ___	N/A ……………..1 S - ___ ___ ___
5	D-___ ___ ___ ___	N/A ……………..1 S - ___ ___ ___
6	D-___ ___ ___ ___	N/A ……………..1 S - ___ ___ ___

IF MORE THEN 6 DIAGNOSES ARE REPORTED, USE A PHOTO COPY OF THIS PAGE OR A BLANK PIECE OF PAPER AND LIST THE ADDITIONAL DIAGNOSES.

ID Number   Visit   Seq

PART III: ECHOCARDIOGRAM STATUS

		Yes	No	
1.	Was the echocardiogram completed?	(1)	(2)	ECHO_COMP

2.   Reason(s) that the echocardiogram not completed: **(CHECK ALL THAT APPLY)**

a.	Equipment availability	(1)	EQUIP_AVAIL
b.	Caretaker objects to participation	(1)	CARETAKER_OBJ
c.	Illness of subject, test cancelled by physician	(1)	ILLNESS_SUB
d.	Subject developed complications during procedure	(1)	COMPLIC-DURING
e.	Other (specify)	(1)	INCOM_OTHER
	i. Specify: _____ INCOMP_RSN_SP		
	_____		
f.	Unknown	(1)	INCOM_UNK

> **IF NOT COMPLETED, GO TO SECTION V**

			Yes	No
3.	Were there any complications from the echocardiogram?	COMPLICATIONS	(1)*	(2)

   a.   What were the complications?

      *(Specify): _____ COMPLICATION_SP

      _____

4.   Blood Pressure at the time closest to M-mode:

	i. First Reading	**ii. Second Reading**	**iii. Third Reading**
a. Systolic blood pressure	BP_SYSTOLIC_1ST __ __ __ mm Hg	BP_SYSTOLIC_2ND __ __ __ mm Hg	BP_SYSTOLIC_3RD __ __ __ mm Hg
b. Diastolic blood pressure	BP_DIASTOLIC_1ST __ __ __ mm Hg	BP_DIASTOLIC_2ND __ __ __ mm Hg	BP_DIASTOLIC_3RD __ __ __ mm Hg
c. Mean blood pressure	BP_MEAN_1ST __ __ __ mm Hg	BP_MEAN_2ND __ __ __ mm Hg	BP_MEAN_3RD __ __ __ mm Hg

ID Number	Visit	Seq
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5. Type of echocardiogram material obtained at the time of the echocardiogram:

		Yes	No	N/A	
a.	M-mode strip chart	(1)	(2)	(3)	**MMODE_STRIP**

		Yes	No	N/A	
b.	Doppler strip chart	(1)	(2)	(3)	**DOPPLER_STRIP**

PART IV: ECHOCARDIOGRAM RESULTS

Items 1 through 17 and 22 through 23 were deliberately eliminated in this revision.

CV_ABNORMAL

		Yes	No	N/A
18.	Are there any cardiovascular abnormalities that were identified during this procedure?	(1)	(2)	(3)

**IF NO OR N/A (RESEARCH ECHOCARDIOGRAM DONE PER PROTOCOL),
SKIP TO PART V.**

Atrial septal defect, secundum D-1665
Bicommissural (bicuspid) aortic valve D-1644
Coronary arteriovenous fistula D-1662
Mitral stenosis D-1653
Mitral valve prolapse D-1654
Patent ductus arteriosus (PDA) D-1628
Patent formen ovale (PFO) D-1670
Persistent left superior vena cava D-1663
Pulmonary valve stenosis D-1664
Single coronary artery system D-1667
Subaortic stenosis D-1657
Supravalvar pulmonary stenosis D-1667
Total anomalous pulmonary venous return D-1668
Tricuspid valve prolapse D-1669
Ventricular septal defect D-1613

If other cardiovascular abnormalities are found, please refer to the cardiac diagnosis code book in the BABY HUG Follow-Up II Procedures Manual, Exhibit 5-4.

ID Number   Visit   Seq

If "Yes," indicate the diagnosis code and status, where applicable.

19. Sequence Number	20. DX Code	21. Status
1	D-___ ___ ___ ___ P18_DX1	New .... 1 Persistent ..... 2 P18_STATUS1
2	D-___ ___ ___ ___	New .... 1 Persistent 2
3	D-___ ___ ___ ___	New .... 1 Persistent 2
4	D-___ ___ ___ ___	New .... 1 Persistent 2
5	D-___ ___ ___ ___	New .... 1 Persistent 2
6	D-___ ___ ___ ___	New .... 1 Persistent 2

IF MORE THEN 6 DIAGNOSES ARE REPORTED, USE A PHOTO COPY OF THIS PAGE OR A BLANK PIECE OF PAPER AND LIST THE ADDITIONAL DIAGNOSES.

ID Number   Visit   Seq

PART V: BRAIN NATRIURETIC PEPTIDE (BNP) TESTING (Performed Locally)

1.   BNP Result   ___ ___ ___   ng/L   **BNP**

PART VI: COORDINATION

1.   Checked for completeness and accuracy:

    A.   Certification number: ___ ___ - ___ ___   **CERT_NO**

    B.   Signature: _____   **CERT_SIG**

    C.   General Comments:

        GEN_CMNT

    _____

    _____

    _____

ID Number	Visit	Seq