**CONGENITAL DIAPHRAGMATIC HERNIA FORM**

**(To be used for patients born on or after 1/1/2007)**

Year of Birth: Center #:  Patient #:

Date of Birth:  Time of Birth:

Inborn

Outborn: Admission Date:  Time:

Sex:  M  F

Race:  Asian  Black  Hispanic  Native American  White   
  Other:

Birthweight:  kg EGA (at birth):  weeks

APGARs (1/5/10): //

CPR in Delivery Room:  Yes  No

Method of Delivery:  Vaginal (Spontaneous)  Vaginal (Induced)

C-section (Elective)  C-section (Urgent/Non-elective)

If C-Section, reason:

If urgent/non-elective C-Section, what was intended method of delivery:

Vaginal (Spontaneous)  Vaginal (Induced)  C-section (Elective)

Prenatal diagnosis of CDH:  Yes  No

If Yes, diagnosis made at  weeks gestation

Prenatal steroids given:  Yes  No  Unknown

If Yes, steroids given at gestational ages (in wks): ///

Associated Non-Cardiac Anomalies (Check all that apply and please provide DX if known):

Chromosomal – If Yes, please describe:

Other Anomalies – If Yes, please describe:

**Associated Structural Cardiac Anomalies (Check all that apply):**

ASD

VSD

AVSD (AV Canal)

Pulmonic Stenosis

Pulmonary Atresia

TOF (Tetralogy of Fallot)

Coarctation of Aorta

TOGV (Transposition of Great Vessels or Transposition of Great Arteries)

### Truncus Arteriosus

Complex biventricular anatomy (i.e. heterotaxy syndrome)

Anomalous Pulmonary Venous Return

Single Ventricle Variant (hypoplastic left heart syndrome)

Other (provide details in Comments)

(You may explain or elaborate on cardiac diagnosis and /or treatment in the Comments section at the end of the form)

Pharmacologic Data:

Surfactant given:  Yes  No

If Yes, 1st dose given at date:  time: # doses of surfactant given:

Pulmonary Hypertension (PHTN):

First ECHO done on date:

PHTN:  None  < 2/3 systemic  between 2/3 and systemic  > systemic

Ductus:  Open  Closed

Ductal shunt:  L to R  Bidirectional  R to L

Atrial shunt:  Yes  No

Tricuspid regurgitation:  Yes  No

Last ECHO done on date:

PHTN:  None  < 2/3 systemic  between 2/3 and systemic  > systemic

Ductus:  Open  Closed

Ductal shunt:  L to R  Bidirectional  R to L

Atrial shunt:  Yes  No

Tricuspid regurgitation:  Yes  No

Treatment of Pulmonary Hypertension (PHTN):

|  |  |  |  |
| --- | --- | --- | --- |
| Check if Used | | Date Started | Date Ended |
|  | Inhaled Nitric Oxide –  Maximum dose:  ppm |  |  |
|  | Sildenafil  Oral  iv |  |  |
|  | Endothelial Receptor Blockade |  |  |
|  | Prostacyclin |  |  |
|  | Alprostadil (PGE1) |  |  |
|  | Milrinone |  |  |
|  | Other (specify): |  |  |

**Ventilation:**

Intubated at: Date:  Time:

Extubated at: Date:   Never extubated

Actual Values in the first 24 hours of life (pre-ECMO):

|  |  |
| --- | --- |
| Highest **pre**-ductal PaO2:  mm Hg  O2 sat: %  Not available | Highest **post**-ductal PaO2:  mm Hg  O2 sat: %  Not available |
| Highest PaCO2:  mm Hg  Not available | Lowest PaCO2:  mm Hg  Not available |
| Highest Lactate in first 24 hours:    mmol/L) | Highest Lactate in first 72 hours:   mmol/L) |

**Side of Diaphragmatic Hernia:**  Left  Right  Bilateral/Central

**No Repair:** Reasons repair not done (select best):

Unable to stabilize patient

Patient felt to be non-survivable / not candidate for ECMO:

PaO2 never greater than mm Hg

PaCO2 never lower than mm Hg

Anomaly: Cardiac / Chromosomal / Other

Parents requested no further therapy

Other:

Patient felt to be survivable / not candidate for ECMO:

Prematurity / low birth weight

IVH or cerebral hemorrhage pre-ECMO

Parents requested no further therapy

Other:

Patient felt to be survivable / placed on ECMO but no repair done:

IVH or cerebral hemorrhage on ECMO

Other ECMO complication:

Parents requested no further therapy

Unable to wean off ECMO

Late diagnosis of anomaly: Cardiac / Chromosomal / Other

Other:

Patient came off ECMO but was not repaired:

Refractory hypoxia

Refractory hypercarbia

Anomaly: Cardiac / Chromosomal / Other

Parents requested no further therapy

Multisystem organ failure

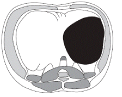
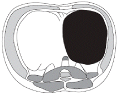
Sepsis

Other:

**Repair Done:**

Repair done on done on date:  time:

Diaphragm Defect:  A  B  C  D

(Have surgeon identify which diagram (A, B, C, D) most closely approximates defect noted intra-operatively. Orientation: diagram is drawn with the diaphragm (defect) on the patient’s left and you are looking up from the abdomen towards the chest)

Type of Diaphragm Repair:  Primary  Patch

If Patch, type patch:  PTFE  Alloderm  Dacron  Mesh plug

Muscle flap  Surgisis  Other:

Hernia Sac:  Yes  No

Liver:  Chest  Abdomen

Approach:  Subcostal  Thoracic  Thoracoscopic  Laparoscopic

Both subcostal and Thoracic  Other:

Abdominal Closure:  Primary  Ventral hernia  Silo  Patch  Other:  Chest Tube:  Yes  No

**ECMO Data:**

Placed on ECMO

Started ECMO: date:  time:

Ended ECMO: date:  time:

ECMO Mode:  VA  VA (+V)  VV (DL)  VV to VA

Main reason for starting ECMO:

Poor oxygenation  Poor ventilation  Hemodynamic instability

Data supporting decision:

|  |  |
| --- | --- |
| FiO2: **%** | PaCO2:  mm Hg |
| PaO2:  mm Hg Preductal Postductal | MAP: |
| O2 sat: % Preductal Postductal | PIP: |

Second ECMO run: started at date:  time:

ended at date:  time:

Mode:  VA  VA (+V)  VV (DL)  VV to VA

**Chylothorax**:

If Yes, Date of Dx:

Method of Dx- check all that apply:

Xray

Ultrasound

Examination of pleural fluid

Other:

Intervention (feeding) - check all that apply:

Special feeds started:

Date:  and type feeds:

TPN started: Date:

CT placed: Date:

Ligation of thoracic duct: Date:

Pleurodesis: Date:

Resolution (check all that apply):

CXR: Date:

CT removed: Date:

TPN stopped: Date:

**Other Surgical Procedures** (Check all that apply and provide dates):

Repair of recurrent CDH Date:

Gastrostomy tube (no fundoplication) Date:

Fundoplication (with or without G-tube) Date:

Lysis of adhesions/ surgery for SBO Date:

Closure of ventral hernia Date:

Cardiac surgery Date:

Details of cardiac surgery:

**Outcome:**

**Death** at date: , time:

Cause(s) of death (check all that apply):

PPHN

Sepsis/Infection

Hemorrhage

Multisystem organ failure

Chronic lung disease

Iatrogenic

Associated anomalies

Other

**Survived** to discharge home or transfer

Discharge home at date:

Transfer to another hospital at date:

Transfer to in-hospital service for long-term care at date:

Pulmonary Status at **30 Days of Age**:

Extubated and on room air

Extubated and on nasal cannula  l O2 and  % FiO2

Nasal CPAP  cm H2O and  % FiO2

On mechanical ventilation:

FiO2  %, Rate , PIP , PEEP

On ECMO

Pulmonary status at time of discharge/transfer:

Extubated and on room air

Extubated and on nasal cannula  l O2 and  % FiO2

Nasal CPAP  cm H2O and  % FiO2

On mechanical ventilation:

FiO2  % Rate  PIP  PEEP

Eye exam:  Normal  Abnormal  Not done

Head U/S:  Normal  Abnormal  Not done

Head CT:  Normal  Abnormal  Not done

Cranial MRI:  Normal  Abnormal  Not done

Hearing eval:  Normal  Abnormal  Not done

Discharge weight:  kg

**Feeding** at time of discharge/transfer:

po (primarily oral feeds)

ng (primarily gavage feeds)

GT (primarily G-tube feeds)

Date on full enteral feeds:

GER (Gastro-esophageal reflux) diagnosed:  Yes  No

If Yes, method of diagnosis:  Clinical  UGI  pH Probe  Nuclear

If Yes, method of treatment:  Medical  Surgical

**Discharge medications** (Check all that apply):

|  |  |
| --- | --- |
| Respiratory:  Diuretics  Inhaled bronchodilators  Inhaled steroids  iNO  Prostacyclin  Sildenafil  Oxygen  Theophylline  Antibiotics  Seizure medications  Sedatives/analgesics | Gastrointestinal:  Prokinetic agents  Antacids(ranitidine, proton pump inhibitors, etc.)  Erythromycin (used to increase motility)  Hyperalimentation  Cardiac:  Digoxin  Captopril  Aspirin  (Any medications not listed here, please list in comments section below) |

Additional Comments about this Patient: