**Heart-Lung Candidate Summary**

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| **OSOTC Patient Number:** |       |

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| **PATIENT DEMOGRAPHICS** |
| **Initials:**       | **Birth Date:**       | **Height:**       |  **Weight:**       |  |
| **Gender:** M [ ]  F [ ]  | **ABO:** A [ ]  B [ ]  AB [ ]  O [ ]  | **Race:**       | **Transplant#:**       |  |

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| **PATIENT STATUS** |
| **MEDICAL DIAGNOSIS:**       | **NY CHF Functional Class:**       |
| **MEDICAL HISTORY** (Please indicate nutritional status, infection, ascites, variceal hemorrhage, encephalopathy, etc.):      |

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| **Laboratory Data** |
| **Renal** | Patient | Lab Date | Normal Range |
| BUN |       |       |       |
| Creatinine |       |       |       |
| **Hepatic** | Patient | Lab Date | Normal Range |
| AST (SGOT) |       |       |       |
| ALT (SGPT |       |       |       |
| Alk Phos |       |       |       |
| Bilirubin |       |       |       |
| Albumin |       |       |       |
| Protein |       |       |       |

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| **Cardiac Catheterization** |
| Right Atrium |       |
| Right Ventricle |       |
| Pulmonary Artery (sys/dias/mean) |       |
| Pulmonary Artery Wedge (mean) |       |
| Woods Units |       |
| Left Ventricle |       |
| Left Ventricular end diastolic pressure |       |
| Aortic Pressure |       |
| Cardiac Output |       |
| Cardiac Index |       |
| LV Ejection |       |
| Pressures: | Baseline: |       | With Vasodilators: |       |
| Previous CABG | Yes [ ]  No [ ]  |
| Coronary Artery Disease | Yes [ ]  No [ ]  |

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| **Pertinent ECHO or MUGA Results** |
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| **Pertinent Chest X-Ray Results** |
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| **Electrocardiogram** |
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| **Pulmonary Function Test** |
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| **6 Minute Walk Test** |
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| **Quantitative Perfusion Scan** |
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| **Cancer Screenings**(PSA, colonoscopy, mammogram, pap) |
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| **Smoking History & Length of Abstinence** |
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| **Psychosocial Evaluation/Quality of Life**(Support system, informed consent, attitude about transplant, aftercare, complications, etc.): |
|       |

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| **Ohio Medicaid Insurance**The Ohio Medicaid Required Information Form should be submitted along with this summary. |
| **Select Type:**  | Standard Medicaid [ ]   | Medicaid Managed Care Plan [ ]   |