

Intermacs

# 1 Year Post Cessation of Mechanical Support

## Enter Information you are reporting

**Date of Event**

## Death

**Is the patient deceased ?**

- Yes  
 No

**Death Date**

**Primary cause of death**

- Respiratory: Venous Thromboembolism Event  
 Respiratory: Respiratory Failure  
 Respiratory: Pulmonary: Other, specify  
 Circulatory: Arterial Non-CNS Thromboembolism  
 Circulatory: Myocardial Infarction  
 Circulatory: Myocardial Rupture  
 Circulatory: Ruptured Aortic aneurysm  
 Circulatory: Right Heart Failure  
 Circulatory: Major Bleeding  
 Circulatory: Cardiac Arrhythmia  
 Circulatory: Hemolysis  
 Circulatory: Hypertension  
 Circulatory: Other, Specify  
 Circulatory: Sudden unexplained death  
 Circulatory: CHF  
 Circulatory: Heart Disease  
 Circulatory: End Stage Cardiomyopathy  
 Circulatory: End Stage Ischemic Cardiomyopathy  
 Circulatory: Pericardial Fluid Collection (effusion)  
 Digestive (Intestinal or GI/GU): Hepatic Dysfunction  
 Digestive (Intestinal or GI/GU): Renal Dysfunction  
 Digestive (Intestinal or GI/GU): GI Disorder  
 Digestive (Intestinal or GI/GU): Fluid/Electrolyte Disorder  
 Digestive (Intestinal or GI/GU): Pancreatitis  
 Nervous System: Neurological Dysfunction  
 Psychiatric Episode/Suicide  
 Major Infection  
 Device Malfunction  
 Multiple System Organ Failure (MSOF)  
 Withdrawal of Support, specify  
 Cancer  
 Wound Dehiscence  
 Trauma/accident, specify  
 Endocrine  
 Hematological  
 Other, specify

- Cancer**
- CNS
  - GI
  - Lymph
  - ENT
  - Pulmonary
  - Renal
  - Breast
  - Reproductive
  - Skin
  - Other
  - Unknown

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**Specify support withdrawn**

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**Specify**

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## Transplant

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**Was the patient transplanted ?**

- Yes
- No

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**Transplant date**