Pediatric Heart Transplant Study
Form 03: Initial Immunosuppression & Antibiotics

ID# P			
P	Institution Code	Sequential Patient Number	Patient Initials

PRINT IN BLACK INK ONLY: USE THIS FORM FOR PATIENTS OR EVENTS FROM JANUARY 1, 1993.

A. Initial Immunosuppression: (complete and mail 30 days post transplant)

1. Induction Therapy (cytolytic therapy soon after transplant not used to specifically treat known rejection)

❑ **Yes (if yes complete this question)** ❑ **No (if no, skip to number 2)**

Specifics of Induction; indicate any dose or agent change on a new line:

AGENT*	Pre-Op Dose?	Intra-Op Dose?	Dose/Day & units	Start Date	Stop Date
	❑ Yes ❑ No	❑ Yes ❑ No		__-__-__	__-__-__
	❑ Yes ❑ No	❑ Yes ❑ No		__-__-__	__-__-__
	❑ Yes ❑ No	❑ Yes ❑ No		__-__-__	__-__-__
	❑ Yes ❑ No	❑ Yes ❑ No		__-__-__	__-__-__
	❑ Yes ❑ No	❑ Yes ❑ No		__-__-__	__-__-__

*Induction Agents:
OKT3
ALG
ATG.

If other, please specify.

2. Cyclosporine:

a. Pre-Op Dose ❑ Yes ❑ No (if yes, specify: ______ mg ❑ PO ❑ IV)

b. Date First Post Op Cyclosporine Dose: __-__-__

3. Azathioprine:

a. Pre-Op Dose ❑ Yes ❑ No (if yes, specify: ______ mg ❑ PO ❑ IV) ❑ Unknown (blinded therapy, per protocol)

4. Steroids:

Pre-Op: ❑ None ❑ Prednisone: ____ mg PO ❑ Solumedrol: ____ mg IV

Intra-Op: ❑ None ❑ Solumedrol: ____ mg IV

Post-Op: ❑ None

❑ Prednisone

❑ Other (specify:______________________)

Initial Dose: ______mg ❑ PO ❑ IV Date Started: __-__-__

Dose at 14 Days: ______mg ❑ PO ❑ IV (total dose per day)

Dose at 30 Days: ______mg ❑ PO ❑ IV (total dose per day)

5. FK-506:

a. Pre-Op Dose ❑ Yes ❑ No (if yes, specify: ______ mg ❑ PO ❑ IV)

b. Date First Post Op FK506 Dose: __-__-__

6. Other immunosuppression (specify:______________________):

a. Pre-Op Dose ❑ Yes ❑ No (if yes, specify: ______ mg ❑ PO ❑ IV)

b. Date First Post Op Dose (if any): __-__-__

7. List and describe any unusual pre-op or early (1st 30 days) immunosuppression:

____

____

____

B. Prophylactic Antibiotics/Antivirals started pre-op through 30 days post-op:

8. Infection Prophylaxis: started during first 30 days post transplant (not used to treat a known infection):

❑ Ganciclovir	Date Start: __-__-__	Days of Tx Intended: ____
❑ Acyclovir	Date Start: __-__-__	Days of Tx Intended: ____
❑ Trimethoprim/sulfa	Date Start: __-__-__	Days of Tx Intended: ____
❑ Antifungal (specify:____________)	Date Start: __-__-__	Days of Tx Intended: ____
❑ Other (specify:____________)	Date Start: __-__-__	Days of Tx Intended: ____
❑ Immune Globulin	Date Start: __-__-__	Days of Tx Intended: ____

❑ Peri-operative* antibiotics: Specify: ______________________

* Peri-operative includes: pre-operative, intra-operative, and started prophylactically immediately post-operative.

Person Completing this form:____________________

Date Original Form Mailed (do not send copy):____________