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Form 3: Initial Immunosuppression

Question Year/Info

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Not Started

Transplant Date
MM/DD/YYYY

Question Added: 01 JAN 1993

Induction Therapy

Induction Therapy is defined as the prescribed use of lymphocyte cytolytic antibody or IL2-R antagonist therapy (e.g., ATGAM, Thymoglobulin, Basiliximab, Daclizumab) given soon after transplant (started within 3 days), not used to specifically treat a known or suspected rejection episode).

The use of non-cytolytic agents pre or intraoperatively is not considered to be induction therapy.

1 Is Patient on Induction Therapy Yes
 No
 Unknown

Question Added: 01 JAN 1993

Induction Agents

Induction Agent Details

1a Induction Immunosuppression Agent Alemtuzumab (Campath)
 Basiliximab (Simulect)
 Bortezomib (Velcade)
 Daclizumab (Zenapax)
 OKT3
 Rituximab (Rituxan)
 Thymoglobulin (ATG)
 Unknown
 Other, specify

Question Added: 01 January 1993

1b Start Date
MM/DD/YYYY

Missing Reason:
 Unknown

Question Added: 01 January 1993

1c End Date
MM/DD/YYYY

Missing Reason:
 Unknown

Question Added: 01 January 1993

2

Azathioprine (Imuran) Yes
 No
 Unknown

Question Added: 01 JAN 1993

2a

Specify date of first post-op dose
MM/DD/YYYY

Question Added: 01 JAN 1999

2b

Was patient on medication at 30 days? Yes
 No
 Unknown

Question Added: 01 SEPT 2015

2b.i

If patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

Question Added: 01 SEPT 2015

3

Cyclosporine Yes
 No
 Unknown

Question Added: 01 JAN 1993

3a

Specify date of first post-op dose
MM/DD/YYYY

Question Added: 01 JAN 1993

3b

Was patient on medication at 30 days? Yes
 No
 Unknown

Question Added: 01 JAN 2005

3b.i

If patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

Question Added: 01 SEPT 2015

4

Mycophenolate (Cellcept, Myfortic) Yes
 No
 Unknown

Question Added: 01 JAN 1999

4a Specify date of first post-op dose
MM/DD/YYYY

Question Added: 01 JAN 1999

4b Was patient on medication at 30 days? Yes
 No
 Unknown

Question Added: 01 JAN 2005

4b.i If patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

Question Added: 01 SEPT 2015

5 Sirolimus (Rapamycin) Yes
 No
 Unknown

Question Added: 01 JAN 2005

5a Specify date of first post-op dose
MM/DD/YYYY

Question Added: 01 JAN 2005

5b Was patient on medication at 30 days? Yes
 No
 Unknown

Question Added: 01 JAN 2005

5b.i If patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

Question Added: 01 SEPT 2015

6 Tacrolimus (Prograf, FK506) Yes
 No
 Unknown

Question Added: 01 JAN 1996

6a Specify date of first post-op dose
MM/DD/YYYY

Question Added: 01 JAN 1996

6b Was patient on medication at 30 days? Yes
 No
 Unknown

Question Added: 01 JAN 2005

6b.i If patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

Question Added: 01 SEPT 2015

7

Everolimus Yes
 No
 Unknown

Question Added: 01 SEPT 2015

7a Specify date of first post-op dose
MM/DD/YYYY

Question Added: 01 SEPT 2015

7b Was patient on medication at 30 days? Yes
 No
 Unknown

Question Added: 01 SEPT 2015

7b.i If patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

Question Added: 01 SEPT 2015

8

Cyclophosphamide (Cytoxan) Yes
 No
 Unknown

Question Added: 01 SEPT 2015

8a Specify date of first post-op dose
MM/DD/YYYY

Question Added: 01 SEPT 2015

8b Was patient on medication at 30 days? Yes
 No
 Unknown

Question Added: 01 SEPT 2015

8b.i If patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

Question Added: 01 SEPT 2015

9a Was patient given pre-operative steroids? Yes
 No
 Unknown

Question Added: 01 JAN 1993

9b Was patient given intra-operative steroids? Yes
 No
 Unknown

Question Added: 01 JAN 1993

9c Was patient given post-operative steroids? Yes
 No
 Unknown

Question Added: 01 JAN 1993

9c.i Date of first post-op dose
MM/DD/YYYY

Missing Reason:
 Unknown

Question Added: 01 JAN 1993

9c.ii Daily dose at 30 days mg

Missing Reason:
 No Steroids at 30 days
 Unknown

Question Added: 01 JAN 1993

9d Planned Maintenance Steroids Yes
 No
 Unknown

Question Added: 01 JAN 2005

9d.i If no, please specify End Date of steroid use
MM/DD/YYYY

Missing Reason:
 Unknown

Question Added: 01 JAN 2005

10 Was patient given other immunosuppressants? Yes
 No
 Unknown

Question Added: 01 JAN 1993

Other immunosuppressant details

Other immunosuppressant details

10a Specify other immunosuppressant

10b Specify date of first post op dose
MM/DD/YYYY

Missing Reason:
 Unknown

10c Patient on medication at 30 days
 Yes
 No
 Unknown

10c.i If patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

Prophylactic Antibiotics/Antivirals started Pre-op through 30 days post op

Infection Prophylaxis: Started during the first 30 days post-transplant (not used to treat known infection).

11 Prophylactic Antibiotics/Antivirals started Pre-op through 30 days post op
Check all that apply

- Acyclovir
- Antifungal
- CMV Immunoglobulin (Cytogam)
- Dapsone
- Ganciclovir or Valganciclovir
- Immunoglobulin (IV Ig)
- Pentamidine
- Trimethaprim-Sulfamethoxazole
- Valacyclovir
- Unknown
- Other, specify

Question Added: 01 JAN 1993

11a If antifungal, please specify
Check all that apply

- Fluconazole
- Nystatin
- Unspecified
- Other, specify

Question Added: 01 JAN 1993

11b If ganciclovir or valganciclovir, please specify
Check all that apply

- IV
- PO

Question Added: 01 SEPT 2015

12

Date of Hospital Discharge

MM/DD/YYYY

Missing Reason:

- Still In Hospital
- Unknown

Question Added: 01 JAN 2005

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