Adult Heart and HeartLung Status 2 Criteria 4 Extension Justification F

Fields to be completed by members

Form Section	Field Label
Status 2 Extension Criteria 4	Percutaneous endovascular mechanical circulatory support device
Status 2 Extension Criteria 4	Hemodynamic measurements were obtained and within 24 hour period
Status 2 Extension Criteria 4	Cardiac index
Status 2 Extension Criteria 4	Cardiac index - Test Date
Status 2 Extension Criteria 4	Cardiac index - Test Time
Status 2 Extension Criteria 4	Pulmonary capillary wedge pressure
Status 2 Extension Criteria 4	Pulmonary capillary wedge pressure - Test Date
Status 2 Extension Criteria 4	Pulmonary capillary wedge pressure - Test Time
Status 2 Extension Criteria 4	Systolic blood pressure
Status 2 Extension Criteria 4	Systolic blood pressure - Test Date
Status 2 Extension Criteria 4	Systolic blood pressure - Test Time
Status 2 Extension Criteria 4	Select one of the following, the candidate either
Status 2 Extension Criteria 4	Was being supported by inotropic therapy according to either of the following qualifying doses
Status 2 Extension Criteria 4	A continuous infusion of at least one high dose intravenous inotrope
Status 2 Extension Criteria 4	A continuous infusion of at least two intravenous inotropes
Status 2 Extension Criteria 4	Developed ventricular tachycardia lasting at least 30 seconds or required cardioversion, defibrillation, or antitachycardia pacing after inotropic therapy was initiated in an attempt to reach the qualifying doses

Status 2 Extension Criteria 4	Hemodynamic measurements were not obtained. However, within 24 hours prior to percutaneous endovascular mechanical support
Status 2 Extension Criteria 4	Date of administration of CPR
Status 2 Extension Criteria 4	Date of administration of CPR - Test Time
Status 2 Extension Criteria 4	Systolic blood pressure
Status 2 Extension Criteria 4	Systolic blood pressure - Test Date
Status 2 Extension Criteria 4	Systolic blood pressure - Test Time
Status 2 Extension Criteria 4	Arterial lactate
Status 2 Extension Criteria 4	Arterial lactate - Test Date
Status 2 Extension Criteria 4	Arterial lactate - Test Time
Status 2 Extension Criteria 4	Aspartate transaminase
Status 2 Extension Criteria 4	Aspartate transaminase - Test Date
Status 2 Extension Criteria 4	Aspartate transaminase - Test Time
Status 2 Extension Criteria 4	Alanine transaminase
Status 2 Extension Criteria 4	Alanine transaminase - Test Date
Status 2 Extension Criteria 4	Alanine transaminase - Test Time
Status 2 Extension Criteria 4	Clinical Narrative
Status 2 Extension Criteria 4	Select one of the following
Status 2 Extension Criteria 4	Mean arterial pressure
Status 2 Extension Criteria 4	Mean arterial pressure - Test Date
Status 2 Extension Criteria 4	Mean arterial pressure - Test Time

Status 2 Extension Criteria 4	Cardiac index
Status 2 Extension Criteria 4	Cardiac index - Test Date
Status 2 Extension Criteria 4	Cardiac index - Test Time
Status 2 Extension Criteria 4	Pulmonary capillary wedge pressure
Status 2 Extension Criteria 4	Pulmonary capillary wedge pressure - Test Date
Status 2 Extension Criteria 4	Pulmonary capillary wedge pressure - Test Time
Status 2 Extension Criteria 4	SvO2
Status 2 Extension Criteria 4	SvO2 - Test Date
Status 2 Extension Criteria 4	SvO2 - Test Time
Status 2 Extension Criteria 4	Within 48 hours prior to the status expiring, the candidate was being supported by inotropic therapy according to either of the following qualifying doses:
Status 2 Extension Criteria 4	A continuous infusion of at least one high dose intravenous inotrope
Status 2 Extension Criteria 4	A continuous infusion of at least two intravenous inotropes

OMB No. 0915-0157; Expiration Date: XX/XX/20XX

PUBLIC BURDEN STATEMENT:

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this informa functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not requ unless it displays a currently valid OMB control number. The OMB control number for this information XX/XX/202X. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit Contractor's security features. The Contractor's security system meets or exceeds the requirements a Security of Federal Automated Information Systems, and the Departments Automated Information Sy reporting burden for this collection of information is estimated to average 0.27 hours per response, ir searching existing data sources, and completing and reviewing the collection of information. Send cor other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Form Medical Urgency Data

Notes
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ıtion in order to perform the following OPTN
; and to monitor compliance of member
uired to respond to, a collection of information
ı collection is 0915-0157 and it is valid until
)(2). All data collected will be subject to Privacy
OPTN also are well protected by a number of the
ıs prescribed by OMB Circular A-130, Appendix III,
ystems Security Program Handbook. The public
ıcluding the time for reviewing instructions,
ımments regarding this burden estimate or any
Information Collection Clearance Officer, 5600