

UTSW CVICU and PICU: High Risk Clinical Indicators Checklist (check all that apply)*

Respiratory	<input type="checkbox"/> Mean airway pressure >16 cm H ₂ O <input type="checkbox"/> FiO ₂ >80% on invasive positive pressure ventilation <input type="checkbox"/> Pulmonary hypertension requiring iNO therapy <input type="checkbox"/> On continuous infusion of Treprostinil (Remodulin) or Epoprostenol (Flolan) <input type="checkbox"/> Intubation/Extubation of known difficult airway <input type="checkbox"/> Intubation / Extubation of patient with severe cardiac dysfunction, EF < 20% <input type="checkbox"/> Intubation or procedural sedation for anterior mediastinal mass. <input type="checkbox"/> Intubated patient being proned intermittently.
CVICU Specific Circulatory	<input type="checkbox"/> Bleeding requiring >20 mL/kg pRBCs or whole blood within last 24 hours <input type="checkbox"/> Hemodynamically significant arrhythmia within last 24 hours <input type="checkbox"/> Severe cardiac dysfunction (EF <20% or A-V O ₂ difference of >40%) <input type="checkbox"/> Use of any 2 vasoactive medications or single drug for shock (including dopamine > 10 or epi/norepi > 0.1 mcg/kg/min, any dose AVP/phenylephrine/dobutamine) <input type="checkbox"/> Life threatening event requiring code/emergency response activation including cardiac arrest/CPR within last 24 hours <input type="checkbox"/> Patient is on VA- or VV-ECMO or VAD <input type="checkbox"/> ECMO decannulation and/or circuit failure within last 24 hours <input type="checkbox"/> Post-operative Stage I/shunted palliation, truncus with IAA repair or neonate s/p tricuspid valve repositioning for Ebsteins within last 48 hours <input type="checkbox"/> First post-operative day: <ul style="list-style-type: none"> <input type="checkbox"/> Repair of Truncus arteriosus with interrupted arch <input type="checkbox"/> Heart transplant <input type="checkbox"/> Neonatal repair of Tetralogy of Fallot <input type="checkbox"/> Open chest; closure of open chest within last 24 hours (after heart surgery with delayed sternal closure) <input type="checkbox"/> Single ventricle physiology; any shunt (PDA stent, BT shunt, s/p Norwood, etc.) <input type="checkbox"/> Tetralogy of Fallot having significant & prolonged Tet spells <input type="checkbox"/> Pulmonary atresia w/ intact vent. septum and RV-dependent coronary circ.
Neurologic	<input type="checkbox"/> Elevated ICP requiring blood pressure augmentation to support CPP (sustained elevated ICP >20 cm H ₂ O)
Metabolic	<input type="checkbox"/> Initiation of any extracorporeal circuit <input type="checkbox"/> K >7.0, Mg < 1 , or iCa < 0.9 <input type="checkbox"/> pH <7.10 <input type="checkbox"/> Lactate >8mmol/L, or increase in lactate by more than 4mmol/L in 2 hours
High Risk Procedure	<input type="checkbox"/> Intubation or procedural sedation for anterior mediastinal mass, developing tamponade physiology or heart failure
Provider Intuition	<input type="checkbox"/> Provider intuition (e.g., patient being prone or too unstable for routine daily care)
Other	<input type="checkbox"/> Patient not tolerating routine daily nursing care <input type="checkbox"/> Initiation of continuous renal replacement therapy <input type="checkbox"/> Risk factor other than what is listed above. Describer further here:

***Any one or combination of risks may indicate that patient is at high risk for cardiopulmonary arrest. Other criteria may apply and confirmation should be made with patients' clinical management team.**