

My OA/TOF Health Record

Hello, my name is:

I like to be called:

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I was born with: *(see following page for examples)*

OA with a distal TOF - (Gross type C)	Pure OA - (Gross type A)
OA with a proximal TOF - (Gross type B)	OA with a proximal TOF - (Gross type B)
OA with double TOF - (Gross type D)	H-TOF - (Gross type E)

My other diagnoses include:

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Things I like:

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Things I don't like or that scare me:

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Things that make me feel safe and comfortable:

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Things that will make my time in hospital/ in an ambulance/at the GPs/in a clinic better:

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I have the following allergies:

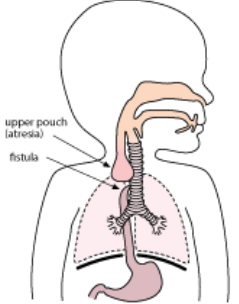
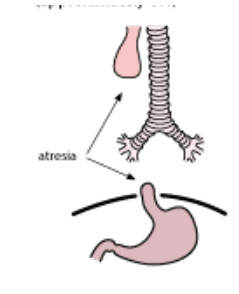
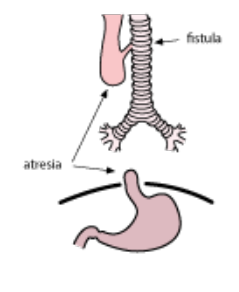
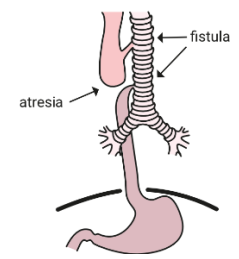
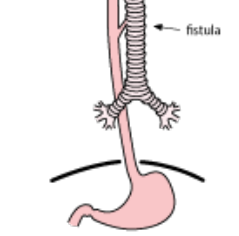
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My main medical team's contacts:

My current medications are:

Other things you should know about me:

Types of OA/TOF

<p>OA with a distal TOF - (Gross type C)</p> <ul style="list-style-type: none"> ▪ The upper oesophagus (food pipe) ends in a blind pouch. ▪ There is no connection from the upper oesophagus to the stomach. ▪ There is an abnormal connection (TOF) between the trachea (windpipe) and lower oesophagus. 	 <p>The diagram shows a sagittal view of the human neck and chest. The upper oesophagus is shown as a blind pouch (labeled 'upper pouch (atresia)'). The trachea is shown below it. An abnormal connection (labeled 'fistula') is shown between the lower part of the trachea and the lower part of the oesophagus. The stomach is shown below the oesophagus.</p>
<p>Pure OA - (Gross type A)</p> <ul style="list-style-type: none"> ▪ The upper oesophagus (food pipe) ends in a blind pouch. ▪ There is a long gap between the ends of the oesophagus. ▪ There is no connection from the upper oesophagus to the stomach. ▪ There is no TOF (Tracheo-Oesophageal Fistula) i.e. no abnormal connection between oesophagus and trachea/windpipe. 	 <p>The diagram shows a sagittal view of the human neck and chest. The upper oesophagus is shown as a blind pouch (labeled 'atresia'). The lower oesophagus is shown as a separate structure, with a long gap between the two ends. There is no connection between the upper and lower oesophagus, and no connection to the trachea or stomach.</p>
<p>OA with a proximal TOF - (Gross type B)</p> <ul style="list-style-type: none"> ▪ The upper oesophagus (food pipe) ends in a blind pouch. ▪ There is a long gap between the ends of the oesophagus. ▪ There is no connection from the upper oesophagus to the stomach. ▪ There is an abnormal connection Trachea-Oesophageal Fistula/TOF) between the trachea/windpipe and upper oesophagus. 	 <p>The diagram shows a sagittal view of the human neck and chest. The upper oesophagus is shown as a blind pouch (labeled 'atresia'). The lower oesophagus is shown as a separate structure. An abnormal connection (labeled 'fistula') is shown between the upper part of the trachea and the upper part of the oesophagus. There is no connection between the upper and lower oesophagus, and no connection to the stomach.</p>
<p>OA with double TOF - (Gross type D)</p> <ul style="list-style-type: none"> ▪ The upper oesophagus/ food pipe ends in a blind pouch. ▪ There is no connection from the upper oesophagus to the stomach. ▪ There is an abnormal connection (Trachea-Oesophageal Fistula/ TOF) from both the upper and lower oesophagus to trachea/ windpipe. 	 <p>The diagram shows a sagittal view of the human neck and chest. The upper oesophagus is shown as a blind pouch (labeled 'atresia'). The lower oesophagus is shown as a separate structure. Two abnormal connections (labeled 'fistula') are shown: one between the upper part of the trachea and the upper part of the oesophagus, and another between the lower part of the trachea and the lower part of the oesophagus. There is no connection between the upper and lower oesophagus, and no connection to the stomach.</p>
<p>H-TOF - (Gross type E)</p> <ul style="list-style-type: none"> ▪ The oesophagus/ food pipe has developed normally and connects to the stomach (there is no blind pouch). ▪ There is an abnormal connection (trachea-oesophageal fistula/TOF) between the oesophagus and trachea/windpipe. 	 <p>The diagram shows a sagittal view of the human neck and chest. The oesophagus is shown as a single tube that connects normally to the stomach. An abnormal connection (labeled 'fistula') is shown between the trachea and the oesophagus. There is no blind pouch at the top of the oesophagus.</p>

I was born at	weeks of pregnancy	
My repair occurred when I was: (specify days/weeks/months old)		
I had the following surgery:		
This was performed at: (name of hospital)		
I was in SCBU/neonatal unit for: (specify days/weeks/months)		
During my hospital stay I needed (if any applicable):		
<input type="checkbox"/> Tube feeding	<input type="checkbox"/> Assistance to support my breathing	<input type="checkbox"/> Chest drain
<input type="checkbox"/> Nasogastric tube	<input type="checkbox"/> Oxygen via nasal cannula	<input type="checkbox"/> Tracheostomy for (specify weeks/months)
<input type="checkbox"/> Gastrostomy (Feeding tube)	<input type="checkbox"/> Oxygen via a facemask	<input type="checkbox"/> Oesophogostomy for (specify weeks/months)
<input type="checkbox"/> Jejunostomy	<input type="checkbox"/> CPAP/BiPAP	
I had the following complications (if any):		
I have also been diagnosed with the following other health conditions:		



My hospital admissions after repair (if any)

Date of admission:	
Length of admission:	
Hospital:	
Responsible doctor:	
Reason for admission:	
Notes:	

Date of admission:	
Length of admission:	
Hospital:	
Responsible doctor:	
Reason for admission:	
Notes:	

What can I eat and drink safely?

My oesophagus/food pipe doesn't work properly, and I may be unable to eat some foods and textures without it getting stuck. I may also choke on foods and drinks when eating, and my swallowing may not work properly.

 I can eat and drink these things safely:
 I cannot eat or drink these things safely:
Things that help me to eat and drink safely include: (e.g. quiet place, no distractions, small pieces, extra time etc)

Some children born with OA/TOF have extra trouble eating and drinking, if this is your child, please fill in below.

These are the signs that mean my food might be stuck:
What you should do if my food might be stuck:
What you should do if I start to choke:

I had these problems with eating and drinking in the past? (history of strictures, stickies etc):

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Some children with OA/TOF need pureed food - my IDSI level is:
(see: <https://iddsi.org/Framework>)

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What do I need to sleep well?

I go to sleep at night at:	
My nap times are:	
I need these items to help me sleep (dummy/blanket/toy etc):	

Some children born with OA/TOF have reflux and need to sleep in certain positions to help this. If this applies to your child, please fill in below:

I need to sleep:			
<input type="checkbox"/> On my left side	<input type="checkbox"/> On my right side	<input type="checkbox"/> On my back	<input type="checkbox"/> No preference
<input type="checkbox"/> With a wedge pillow	<input type="checkbox"/> With the head of the bed elevated	<input type="checkbox"/> With extra pillows	
<input type="checkbox"/> Other:			

When I need a procedure

If your child has had procedures in the hospital before, it may be helpful to fill this in so your health care professionals know how to make them most comfortable. Not everything will apply to every child or every procedure.

Things I like to happen before a general anaesthetic (being put to sleep): (e.g. bubbles, music, iPad, friends or family present)
Things that scare me most about a general anaesthetic that should be avoided if possible: (e.g. staff wearing gowns, masks)
I have had the following issues with general anaesthetic in the past: (please explain if applicable)
I am at increased risk of aspiration (saliva, food, drink going into my lungs) because:
<input type="checkbox"/> Not applicable _____
<input type="checkbox"/> I have an unsafe swallow _____
<input type="checkbox"/> I have severe reflux _____
<input type="checkbox"/> I have dysphagia (abnormal swallowing in the oesophagus)
Differences in my spine that may make spinal anaesthetics difficult or dangerous are: Please list if applicable (e.g. hemivertebrae, scoliosis)

Current Medical Care

My regular GP:

Name	
Practice	
Address	
Telephone	
Email	

My Paediatric Surgeon:

Name	
Hospital	
Address	
Telephone	
Email	
Last seen	
Recent investigations:	

Other medical specialists:

Some children may need other doctors or health care professionals to help look after their health - if your child sees any other specialists, please feel free to add their details below.

Name	
Specialism	
Hospital	
Contact info	
Notes	

Name	
Specialism	
Hospital	
Contact info	
Notes	

Name	
Specialism	
Hospital	
Contact info	
Notes	