HOSPITALIZATION

Clinical Study of IPPB

This form should be completed for each episode of hospitalization of a study patient as soon after discharge as possible.

Form [7][2][0][0] 1-4

Date of admission [ ][ ][ ] (Mo Day Yr) 5-10

A. PATIENT IDENTIFICATION

1. Treatment center number [ ] 11
2. Patient number [ ][ ][ ][ ] 12-15
3. Date of birth [ ][ ][ ] (Mo Day Yr) 16-21
4. Month of hospital admission (0-36) [ ][ ] Ø 22-23

B. HOSPITAL IDENTIFICATION

1. Name _____
2. Address _____

_____

3. Date of discharge [ ][ ][ ] (Mo Day Yr) 30-35

C. INFORMATION FROM HOSPITAL

1. Days in intensive care [ ][ ] Ø 36-37
2. Problem(s) causing admission:

	NO	YES	
a. Worsening airway obstruction with infection	1	2	38
b. Worsening airway obstruction without infection	1	2	39
c. Pneumonia	1	2	40
d. Acute myocardial infarction	1	2	41
e. Left ventricular failure	1	2	42
f. Right ventricular failure	1	2	43
g. Pneumothorax	1	2	44
h. Pulmonary embolism	1	2	45
i. Arrhythmia: atrial	1	2	46
j. Arrhythmia: ventricular	1	2	47
k. Other problem(s) possibly related to COPD	1	2	48

Specify _____

_____

l. Other problem(s) not related to COPD	1	2	49

Specify _____

_____

3. Medications used while hospitalized:

a. Bronchodilators	1	2	53
b. Expectorants	1	2	54
c. Antibiotics	1	2	55
d. Corticosteroids	1	2	56
e. Digitalis	1	2	57
f. Diuretics	1	2	58
g. Other (specify)_____	1	2	59

4. Mode of bronchodilator aerosol treatment in hospital:

a. IPPB	1	2	63
b. Compressor nebulizer or air nebulizer off wall	1	2	64
c. Hand bulb nebulizer	1	2	65
d. Cartridge inhaler	1	2	66

5. Complications that occurred during hospitalization:

	NO	YES	
a. Worsening airway obstruction with infection	1	2	70
b. Worsening airway obstruction without infection	1	2	71
c. Pneumonia	1	2	72
d. Acute myocardial infarction	1	2	73
e. Left ventricular failure	1	2	74
f. Right ventricular failure	1	2	75
g. Pneumothorax	1	2	76
h. Pulmonary embolism	1	2	77
i. Arrhythmia: atrial	1	2	78
j. Arrhythmia: ventricular	1	2	79
k. Other (specify)_____	1	2	80

6. Was intubation and assisted ventilation required? [1] NO [2] YES 81

If YES, how many days was assisted ventilation used? [ ][ ] 82-83

7. Was oxygen used during hospitalization? [1] NO [2] YES 84

If YES, how many days was oxygen used? [ ][ ] 85-86

8. Blood gases at admission *(999 if not done)*

a. PaO_2 (mmHg) [ ][ ][ ] 91-93

b. $PaCO_2$ (mmHg) [ ][ ][ ] 94-96

c. pH [ ].[ ][ ] 97-100

9. Blood gases at discharge *(999 if not done)*

a. PaO_2 (mmHg) [ ][ ][ ] 101-103

b. $PaCO_2$ (mmHg) [ ][ ][ ] 104-106

c. pH [ ].[ ][ ] 107-110

D. Person responsible for information recorded on this form:

_____ Date _____