



24123

Complete this form:

- For all hospitalized patients whether discharged alive or dead.

Data Sources: Hospital Records & patient/family



Notification of Hospital Discharge

page 1 of 1

FAX to CTC within 24 hours: 1-888-437-4767

1. Date of Final Hospital Discharge: *(includes transfers)*

date40

		/			/				
(month)		(day)		(year)					

Patient ID: patid40

(site)	(patient)		(chk)	(acrostic)					
patsit40	patnum40		patchk40	patacr40					

2. Disposition: *(check one only)*

1 Home

2 Nursing Home

3 Rehabilitation

4 Died

5 Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(e.g. relative's home) othdsp40

3. Final Diagnosis for Initiating Event Prompting Hospitalization

1 Presumed or Suspected Cardiac Arrest (i.e., CA could not be ruled out)

2 Hospitalized due to a serious adverse CPR or AED (i.e. PAD study related) effect

3 Not Cardiac Arrest

→ Complete the **Hospitalization** form

diag40

What was the final diagnosis?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 spdiag40

Were any Adverse Events related to volunteer activities uncovered during hospitalization? *(e.g., rib fractures, hemothorax, pneumothorax, head trauma, etc)*

1 Yes → Complete the **Adverse Situation** and the **Hospitalization** forms

0 No → Do not complete the **Hospitalization** form

vadvev40

4. a) Was informed consent obtained before discharge?

1 Yes → Complete the **Patient Information Sheet** and FAX as soon as possible to the CTC

2 No, Patient/Family refused to participate

3 No → Other Reason:

 whynt140

whynt240

ptinfo40 b) Was the Patient Information Sheet completed? Yes No

medrec40 c) Was a "Release of Medical Records" form signed? Yes No

bilrec40 d) Was a "Release of Billing Records" form signed? Yes No *(Please collect an itemized copy of the hospital bill and mail it to the CTC)*

code40

Code Number			

For CTC Use Only

<input type="radio"/> Yes	<input type="radio"/> No				

Signature of person filling out this form
FAX (1-888-437-4767)