

EXTENDED HOSPITAL STAY

The variables from this form combined with those on the form 22, which is why the variable names refer to form 22 questions.

Clinic No.					
ID No.					
Form Type	E	H	O	I	

PART I: Identifying Information.

1. Patient's NAME CODE:

2. Discharge date:

____ - ____ - ____
Month Day Year

3. Individual responsible for completing this form:

A. Certification number:

B. Signature:

PART II: Events During Extended Hospital Stay.

4. Was therapy for pulmonary embolism instituted after PIOPED diagnostic studies? -- (1) (2) **F226A**
Yes No

If NO, proceed to Item 7.

5. Therapy instituted (check all that apply):

A. Full dose heparin _____ (1) **F226B1**

B. Thrombolytic agents _____ (1) **F226B2**

C. Inferior vena cava interpretation _____ (1) **F226B3**

D. Embolectomy _____ (1) **F226B4**

E. Other, specify _____ (1) **F226B5**

6. Complications

A. Were there any complications of therapy for pulmonary embolism? _____ (1) (2) **F226C1**
Yes No

If NO, proceed to Item 7.

B. Category of complication(s):

1. Hemorrhagic _____ (1) (2) **F226C2**
Yes No

If NO, proceed to Item 6B2.

Severity of hemorrhagic complication(s) (check all that apply):

a. Major _____ (1) **F226C2A1**
b. Minor _____ (1) **F226C2A2**

If MAJOR, complete PIOPED Form 31 (OUTCOME REPORT).

2. Vascular _____ Yes No (1) (2) **F226C2B**
3. Perioperative _____ (1) (2) **F226C2C**
4. Other, specify _____ (1) (2) **F226C2D**

7. Were new or recurrent pulmonary emboli suspected between the time initial PIOPED imaging studies were completed to the end of the period covered on this form? _____ (1) (2)
Yes No

If YES, complete PIOPED Form 31 (OUTCOME REPORT).

