EXTENDED HOSPITAL STAY

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

Clinic No.					
ID No.			×		
Form Type	E	H	0	1	J

PART	I: Identifying Information.	6.	Comp	plications
1.	Patient's NAME CODE:			Were there any compli- cations of therapy for pulmonary embolism? (1) (2) Yes No
2.	Discharge date:			If NO, proceed to Item 7.
	Month Day Year		В.	Category of compli- cation(s):
3.	Individual responsible for completing this form:			1. Hemorrhagic (1) (2) F226C2 Yes No
	A. Certification number:			If NO, proceed to Item 6B2.
	B. Signature:			Severity of hemor- rhagic complica- tion(s) (check all that apply):
PART	II: Events During Extended Hospital Stay.			a. Major (1) F226C2 b. Minor (1) F226C2
4.	Was therapy for pulmonary embolism instituted after PIOPED diagnostic studies? (1) (2) Yes No			If MAJOR, complete PIOPED Form 31 (OUTCOME REPORT).
	If <u>NO</u> , proceed to Item 7.			Yes No 2. Vascular
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	7.		e new or recurrent pul-
	D. Embolectomy (1)F226B4		monary emboli suspected between the time initial PIOPED imaging studies were	
	E. Other, specify (1) F226B5		com; peri	cle imaging studies were bleted to the end of the- lod covered on this 1?(1) (2) Yes No
				YES, complete PIOPED Form 31

A. Availability:	
Done	(¹) (2)
If <u>NOT DONE</u> , proceed to Item 9.	
B. Date and time:	:
Month Day	
C. Delivery apparatus and O2 delivered (
(1)	(2)
None (01)	
Mask (02)	5 0 ₂
Tent (03)	\$ 0 ₂
Endotracheal tube (04)	\$ 0 ₂
Nasal prongs (05)	liters 0 ₂ /minute
Hyperbaric chamber (06)	atmospheres 02
Other, specify (07)	
D. Tensions and activities:	2. Pa ^O 2 man Hg 3. Pa ^{CO} 2 man Hg
1. pH	3. PaCO2
1. pH	3. PaCO2
1. pH	3. PaCO2 — Hg 10. Activity status (check one): F22 Bedridden — (1) Up in chair only — (2)
1. pH	3. PaCO2 — Hg 10. Activity status (check one): F22 Bedridden — (1)
1. pH	3. PaCO2 — mm Hg 10. Activity status (check one): F22 Bedridden — (1) Up in chair only — (2) Limited ambulation — (3) Full ambulation — (4)
1. pH	3. PaCO2 — mm Hg 10. Activity status (check one): F22 Bedridden — (1) Up in chair only — (2) Limited ambulation — (3) Full ambulation — (4) 11. Discharge medications:
1. pH	3. PaCO2 mm Hg 10. Activity status (check one): F22 Bedridden (1) Up in chair only (2) Limited ambulation (3) Full ambulation (4) 11. Discharge medications: Yes No A. Was the patient dis-
1. pH	3. PaCO2 mm Hg 10. Activity status (check one): F22 Bedridden (1) Up in chair only (2) Limited ambulation (3) Full ambulation (4) 11. Discharge medications:
1. pH	3. PaCO2 — mm Hg 10. Activity status (check one): F22 Bedridden — (1) Up in chair only — (2) Limited ambulation — (3) Full ambulation — (4) 11. Discharge medications: Yes No A. Was the patient discharged on anticoagulant or antiplatelet agents? — (1) (2)
1. pH	3. PaCO2 mm Hg 10. Activity status (check one): F22 Bedridden (1) Up in chair only (2) Limited ambulation (3) Full ambulation (4) 11. Discharge medications: Yes No A. Was the patient discharged on anticoagulant or antiplatelet agents? - (1) (2) If NO, proceed to Item 12.
1. pH	3. PaCO2 mm Hg 10. Activity status (check one): Bedridden
1. pH	3. PaCO2 — mm Hg 10. Activity status (check one): Bedridden — (1) Up in chair only — (2) Limited ambulation — (3) Full ambulation — (4) 11. Discharge medications: Yes No A. Was the patient discharged on anticoagulant or antiplatelet agents? — (1) (2) If NO, proceed to Item 12. B. Platelet active agents — (1) (2) MEI C. Full dose heparin — (1) (2) MEI
1. pH	3. PaCO2 — mm Hg 10. Activity status (check one): Bedridden — (1) Up in chair only — (2) Limited ambulation — (3) Full ambulation — (4) 11. Discharge medications: Yes No A. Was the patient discharged on anticoagulant or antiplatelet agents? — (1) (2) If NO, proceed to Item 12. B. Platelet active agents — (1) (2) MEI C. Full dose heparin — (1) (2) MEI D. Adjusted dose heparin — (1) (2) MEI
1. pH	3. PaCO2 — mm Hg 10. Activity status (check one): Bedridden — (1) Up in chair only — (2) Limited ambulation — (3) Full ambulation — (4) 11. Discharge medications: Yes No A. Was the patient discharged on anticoagulant or antiplatelet agents? — (1) (2) If NO, proceed to Item 12. B. Platelet active agents — (1) (2) MEI C. Full dose heparin — (1) (2) MEI

12. Pulmonary angiography	12. (Continued)				
A. Did this patient undergo pulmonary angiography at any time during this	B. When was the pulmonary angiography performed?				
hospitalization? (1) (2) Yes No	1. Date				
	Month Day Year				
If NO, proceed to Item 13.	2. Time				
	24 hour clock				
13. Discharge diagnoses (from hospital chart fro	nt sheet):				
(4)	ICD-9 Code				
Primary 1.					
Seconary 2.					
3					
4.					
5					
6.					
7.					
PART IV: Coordination.	·				
14. Checked for completeness and accuracy: A. Certification number:	Retain a copy of this form for your files. Send the original of this form to the PIOPED Data and Coordinating Center. Use PIOPED mailing labels:				
B. Signature:	Maryland Medical Research Institute PIOPED Data and Coordinating Center 600 Wyndhurst Avenue Baltimore, Maryland 21210				
C. Date:					
Month Day Year					

ID No.