

OUTCOME CLASSIFICATION FORM

Clinic No.					
ID No.					
Form Type	O	C	O	1	

PART I: Identifying Information.

1. Patient's NAME CODE:

\_\_\_\_\_

2. Date ending period of outcome data collection:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

3. Outcome Committee member completing this form:

A. Certification number:

\_\_\_\_\_

B. Signature:

\_\_\_\_\_

PART II: Outcome Event.

4. Did the Outcome Committee consider the occurrence of pulmonary embolism for this event? \_\_\_\_\_ (1) (2) F324  
Yes No

If NO, proceed to Item 5.

A. History, physical examination and laboratory data available on this patient are (check one):

Characteristic of pulmonary emboli ----- (1) F324A

Equivocal for pulmonary emboli ----- (2)

Uncharacteristic of pulmonary emboli ----- (3)

Insufficient information ----- (4)

4. (Continued)

B. Outcome images

1. Outcome Committee V/Q scan interpretation (check one):

No scan ----- (1) F324B1

Normal ----- (2)

Very low probability -- (3)

Low probability ----- (4)

Intermediate probability ----- (5)

High probability ----- (6)

2. Outcome Committee event angiogram interpretation:

No angiogram ----- (1) F324B2

Embolus(i) present ---- (2)

Embolus(i) absent ---- (3)

Uncertain ----- (4)

C. Was there a pathology department (autopsy) examination of the lungs? \_\_\_\_\_ (1) (2) F324C  
Yes No

If NO, proceed to Item 4D.

C1. Were pulmonary emboli found on pathology? - (1) (2) F324C1  
Yes No



5. (Continued)

\*B. How does the Outcome Committee evaluate this PIOPED patient for having experienced a complication of anticoagulation therapy? (check all that apply):

Major bleeding ----- ( 1 ) F325B  
 Minor bleeding ----- ( 2 )  
 Other complication, specify ----- ( 3 )

C. Whether Outcome Committee concludes there was a complication of anticoagulation therapy or not, provide diagnoses for condition reported as complication of anticoagulation therapy:

	(1) DIAGNOSES	(2) ICD-9 CODES
a.	_____	F325C2A . ____
b.	_____	F325C2B . ____
c.	_____	F325C2C . ____
d.	_____	F325C2D . ____
e.	_____	F325C2E . ____

Proceed to Item 6.

\*D. Specify data to be obtained for further review:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Did the patient die? ----- ( 1 ) ( 2 ) F326  
 Yes No

If NO, proceed to Item 7.

Cause of Death:

	(A) DIAGNOSES	(B) ICD-9 CODES
1. Immediate	_____	F326B1 . ____
2. Underlying	_____	F326B2 . ____
3. Contributing	_____	F326B3 . ____
4.	_____	F326B4 . ____
5. Incidental conditions	_____	F326B5 . ____
6.	_____	F326B6 . ____
7.	_____	F326B7 . ____

ID No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

