PROSPECTIVE INVESTIGATION OF PULMONARY EMBOLISM DIAGNOSIS
HOSPITAL STAY FORM

Clinic No.						
ID No.						
Form Type	H	S	0	1		

PART I: Identifying Information.

1. Patient's NAME CODE:

___ ___ ___ ___ ___

2. Date ending period covered on this form:

___ ___ - ___ ___ - ___ ___
Month Day Year

3. Person completing this evaluation:

A. Certification number:

___ ___ - ___ ___

B. Signature:

_____

PART II: Hospital Course.

4. A. Were there complications in the hospital course after PIOPED $\dot{V}/\dot{Q}$ scan? ---------- (1) Yes (2) No F224A

If NO, proceed to Item 5.

Complications:	(1) Yes	(1) No	(2) Date Month	Day	Year	(3) Time 24 hour clock
B. Hematoma at puncture site ----------	(1) F224B1	(2)	___ ___	___ ___	___ ___	___ ___ : ___ ___
C. Contrast reaction, specify ---------- _____	(1) F224C1	(2)	___ ___	___ ___	___ ___	___ ___ : ___ ___
D. Arrhythmia ----------	(1) F224D	(2)	___ ___	___ ___	___ ___	___ ___ : ___ ___

If NO, proceed to Item 4E.

1. Bradycardia ----------	(1)	(2) F224D1	___ ___	___ ___	___ ___	___ ___ : ___ ___
E. Pulmonary edema ----------	(1)	(2) F224E1	___ ___	___ ___	___ ___	___ ___ : ___ ___
F. Myocardial perforation --	(1)	(2) F224F1	___ ___	___ ___	___ ___	___ ___ : ___ ___
G. Respiratory decompensation or arrest --------	(1)	(2) F224G1	___ ___	___ ___	___ ___	___ ___ : ___ ___
H. Cardiac arrest ----------	(1)	(2) F224H1	___ ___	___ ___	___ ___	___ ___ : ___ ___
I. Convulsions or loss of consciousness --------	(1)	(2) F224I1	___ ___	___ ___	___ ___	___ ___ : ___ ___
J. Death ----------	(1)	(2) F224J1	___ ___	___ ___	___ ___	___ ___ : ___ ___
K. Renal failure ----------	(1)	(2) F224K1	___ ___	___ ___	___ ___	___ ___ : ___ ___
L. Other, specify ---------- _____	(1)	(2) F224L1	___ ___	___ ___	___ ___	___ ___ : ___ ___

5. After PIOPED diagnostic imaging studies the Clinical Scientist's diagnoses included:

	Yes	No	
A. Pneumonia	(1)	(2)	F225A
B. Congestive heart failure	(1)	(2)	F225B
C. Unexplained pleurisy	(1)	(2)	F225C
D. Unexplained chest pain	(1)	(2)	F225D
E. Arrhythmia	(1)	(2)	F225E
F. Exacerbation of chronic obstructive lung disease	(1)	(2)	F225F
G. Pericarditis	(1)	(2)	F225G
H. Adult respiratory disorders syndrome (ARDS)	(1)	(2)	F225H
I. Atelectasis	(1)	(2)	F225I
J. Pulmonary emboli	(1)	(2)	F225J
K. Other, specify	(1)	(2)	F225K

_____

_____

6. A. Was therapy for pulmonary embolism instituted after PIOPED diagnostic studies? (1) Yes (2) No F226A

If NO, proceed to Item 7.

B. Therapy instituted (check all that apply):

1. Full dose heparin (1) F226B1
2. Thrombolytic agents (1) F226B2
3. Inferior vena cava interruption (1) F226B3
4. Embolectomy (1) F226B4
5. Other, specify (1) F226B5

_____

C. Complications:

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

If NO, proceed to Item 7.

6. (Continued)

C. (Continued)

2. Category of complication(s):

a. Hemorrhagic (1) Yes (2) No F226C2A

If NO, proceed to Item 6C2b.

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

1. Major (1) F226C2A1
2. Minor (1) F226C2A2

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

	Yes	No	
b. Vascular	(1)	(2)	F226C2B
c. Perioperative	(1)	(2)	F226C2C
d. Other, specify	(1)	(2)	F226C2D

_____

_____

_____

7. Probability of pulmonary embolism from local hospital.

A. Official $\dot{V}/\dot{Q}$ scan interpretation on chart (check one): F227A

Normal (1)
Low (2)
Intermediate (3)
High (4)

B. Before PIOPED roster entry was there a $\dot{V}/\dot{Q}$ scan identical to the PIOPED $\dot{V}/\dot{Q}$ scan? (1) Yes (2) No

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

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

ID No. | | | | | | |

PART III: Arterial Blood Gases.

Arterial blood gas analyses from the time initial PIOPED diagnostic imaging studies were completed to end of the period covered on this form.

9. Room Air arterial blood gases (soonest after PIOPED diagnostic imaging studies):

A. Availability:

Done ---------- (1)
Not done ---------- (2)

If NOT DONE, proceed to Item 10.

B. Date and time: __ __ - __ __ - __ __ (Month / Day / Year) __ __ : __ __ (24 hour clock)

C. Tensions and activities:

1. pH ---------- __ . __ __ 2. P_aO_2 -------- __ __ __ mm Hg

3. P_aCO_2 -------- __ __ __ mm Hg

10. Worst arterial blood gases (lowest P_aO_2 after PIOPED diagnostic imaging studies):

A. Availability:

Done, not recorded above --------- (1)
Recorded in Item 9 ---------- (2)
Not done ---------- (3)

If NOT DONE or RECORDED IN ITEM 9, proceed to Item 11.

B. Date and time: __ __ - __ __ - __ __ (Month / Day / Year) __ __ : __ __ (24 hour clock)

C. Delivery apparatus and O_2 delivered (complete one line):

(1)		(2)
None ----------	(01)	Room Air
Mask ----------	(02)	__ __ __ % O_2
Tent ----------	(03)	__ __ __ % O_2
Endotracheal tube ---------	(04)	__ __ __ % O_2
Nasal prongs ----------	(05)	__ __ . __ liters O_2/minute
Hyperbaric chamber --------	(06)	__ . __ atmospheres O_2
Other, specify ----------	(07)	_____

_____

D. Tensions and activities:

1. pH ---------- __ . __ __ 2. P_aO_2 -------- __ __ __ mm Hg

3. P_aCO_2 -------- __ __ __ mm Hg

ID No. | | | | | | |

11. Best arterial blood gases (most nearly normal after PIOPED diagnostic imaging studies):

A. Availability:

Done, not recorded above --------- (1)
Recorded in Item 9 ---------- (2)
Recorded in Item 10 ---------- (3)
Not done ---------- (4)

If NOT DONE, RECORDED IN ITEM 9 or RECORDED IN ITEM 10, proceed to Item 12.

B. Date and time: __ __ - __ __ - __ __ (Month / Day / Year) __ __ : __ __ (24 hour clock)

C. Delivery apparatus and O_2 delivered (complete one line):

(1)		(2)
None	(01)	Room Air
Mask	(02)	__ __ __ % O_2
Tent	(03)	__ __ __ % O_2
Endotracheal tube	(04)	__ __ __ % O_2
Nasal prongs	(05)	__ __. __ liters O_2/minute
Hyperbaric chamber	(06)	__ . __ atmospheres O_2
Other, specify	(07)	_____

_____

D. Tensions and activities:

1. pH ---------- __. __ __
2. P_aO_2 --------- __ __ __ mm Hg
3. P_aCO_2 -------- __ __ __ mm Hg

12. Last arterial blood gases (up to the end of the period covered on this form):

A. Availability:

Done, not recorded above --------- (1)
Recorded in Item 9 ---------- (2)
Recorded in Item 10 ---------- (3)
Recorded in Item 11 ---------- (4)
Not done ---------- (5)

If NOT DONE, RECORDED IN ITEM 9, RECORDED IN ITEM 10, or RECORDED IN ITEM 11, proceed to Part IV.

B. Date and time: __ __ - __ __ - __ __ (Month / Day / Year) __ __ : __ __ (24 hour clock)

ID No.						

12. (Continued)

C. Delivery apparatus and O_2 delivered (complete one line):

(1)		(2)
None	(01)	Room Air
Mask	(02)	___ ___ ___ % O_2
Tent	(03)	___ ___ ___ % O_2
Endotracheal tube	(04)	___ ___ ___ % O_2
Nasal prongs	(05)	___ ___. ___ liters O_2/minute
Hyperbaric chamber	(06)	___ . ___ atmospheres O_2
Other, specify	(07)	_____

_____

D. Tensions and activities:

1. pH ---------- ___. ___ ___
2. P_aO_2 --------- ___ ___ ___ mm Hg
3. P_aCO_2 -------- ___ ___ ___ mm Hg

PART IV: Discharge.

13. Has patient been discharged? ---------- (1) Yes (2) No

If NO, proceed to Part V. At time of hospital discharge complete PIOPED Form 23 (EXTENDED HOSPITAL STAY).

14. Date of discharge:

Used to calculate HOSPTIME

___ ___ - ___ ___ - ___ ___
Month Day Year

15. Disposition (check one): F2215

- Deceased ---------- (1)
- Acute care hospital ---------- (2)
- Nursing home care ---------- (3)
- Rehabilitation hospital -------- (4)
- Home or other private residence ---------- (5)
- Other, specify ---------- (6)

_____

If DECEASED, proceed to Item 18.

16. Activity status (check one): F2216

- Bedridden ---------- (1)
- Up in chair only ---------- (2)
- Limited ambulation ---------- (3)
- Full ambulation ---------- (4)

17. Discharge medications:

	Yes	No	
A. Was the patient discharged on anticoagulant or anti-platelet agents? --------	(1)	(2)	MEDA

If NO, proceed to Item 18.

B. Platelet active agents —	(1)	(2)	MEDB
C. Full dose heparin -------	(1)	(2)	MEDC
D. Adjusted dose heparin ---	(1)	(2)	MEDD
E. Mini dose heparin -------	(1)	(2)	MEDE
F. Oral anticoagulants -----	(1)	(2)	MEDF

ID No. | | | | | | |

18. Pulmonary angiography

A. Did this patient undergo pulmonary angiography at any time during this hospitalization? -------- (1) Yes (2) No

If NO, proceed to Item 19.

18. (Continued)

B. When was the pulmonary angiography performed?

1. Date

__ __ - __ __ - __ __
Month Day Year

2. Time

__ __ : __ __
24 hour clock

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19. Discharge diagnoses (from hospital chart front sheet):

		(A)	(B) ICD-9 Code
Primary -------	1.	_____	__ __ __ __ . __
Seconary ------	2.	_____	__ __ __ __ . __
	3.	_____	__ __ __ __ . __
	4.	_____	__ __ __ __ . __
	5.	_____	__ __ __ __ . __
	6.	_____	__ __ __ __ . __
	7.	_____	__ __ __ __ . __

PART V: Coordination.

20. Checked for completeness and accuracy:

A. Certification number:

__ __ - __ __

B. Signature:

_____

C. Date:

__ __ - __ __ - __ __
Month Day Year

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:

Maryland Medical Research Institute
PIOPED Data and Coordinating Center
600 Wyndhurst Avenue
Baltimore, Maryland 21210

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