

<p align="center">Comprehensive Sickle Cell Centers</p>	<h1 align="center">Hospital Discharge</h1>	<p align="right">Discharge Page: 10</p>
<p align="center">Dexamethasone for ACS</p>		<p>CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}</p>

Complete this form **at hospital discharge**.

<p>Date of Discharge:</p>	<input type="text" value="HDIS:DISCDA"/> /	<input type="text" value="HDIS:DISCMO"/> /	<input type="text" value="HDIS:DISCYR"/>	<p>Time of Discharge:</p>	<input type="text" value="HDIS:DISCHR"/> :	<input type="text" value="HDIS:DISCMI"/>
	DD	MMM	YYYY	(24-hour clock)	Hour	Min
<p>Is the subject using supplemental O₂ at hospital discharge?</p>				<input type="checkbox"/> (HDIS:SUP02) Yes <input type="checkbox"/> (HDIS:SUP02) No		
<p>If No, date and time that supplemental O₂ was discontinued:</p>	<input type="text" value="HDIS:SUP02DA"/> /	<input type="text" value="HDIS:SUP02MO"/> /	<input type="text" value="HDIS:SUP02YR"/>	<input type="text" value="HDIS:SUP02HR"/> :	<input type="text" value="HDIS:SUP02MI"/>	
	DD	MMM	YYYY	Hour	Min	
<p>OR <input type="checkbox"/> (HDIS:NOSUP02) Subject did not use supplemental O₂ between study enrollment and hospital discharge</p>						
<p>Does the subject have a temperature = 38.5 °C at hospital discharge?</p>				<input type="checkbox"/> (HDIS:FEVER) Yes <input type="checkbox"/> (HDIS:FEVER) No		
<p>If No, date and time that fever stopped:</p>	<input type="text" value="HDIS:FEVERDA"/> /	<input type="text" value="HDIS:FEVERMO"/> /	<input type="text" value="HDIS:FEVERYR"/>	<input type="text" value="HDIS:FEVERHR"/> :	<input type="text" value="HDIS:FEVERMI"/>	
	DD	MMM	YYYY	Hour	Min	
<p>OR <input type="checkbox"/> (HDIS:NOFEVER) Subject did not have a fever between study enrollment and hospital discharge</p>						
<p>Reminder: Be sure to also complete the ACS Assessment at Hospital Discharge.</p>						

Comments for page: