

Patient Information 12 Month Follow Up Additional

Patient ID _____

1. ED visited

- Methodist University Hospital
 - Duke University Hospital Emergency Department
 - UI Health Emergency Department (1740 W. Taylor in Chicago, Illinois 60612)
 - UCSF Children's Oakland ED
 - UCSF Children's Mission Bay ED
 - UCSF Parnassus ED
 - UCSF Zuckerberg San Francisco General Hospital ED
 - UC Davis
 - The Mount Sinai Hospital Emergency Department
 - Barnes Hospital
 - Augusta University Medical Center Emergency Department
 - MUSC Emergency Department
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2. ED visit date

(mm-dd-yyyy)

3. Reason of ED visit is VOE

- Yes
 - No
-

4. Time of arrival (24 hour clock with date format)

(mm-dd-yyyy hh:mm)

5. Time of first opioid administration (24 hour clock with date format)

(mm-dd-yyyy hh:mm)

5a. Pain management data, first dose

a. Drug name

- Morphine sulfate
 - Hydromorphone
 - Fentanyl
 - Other
-

Other, please specify _____

b. Drug dose _____

c. Drug unit

- mg
- mcg

d. Drug route

- Intravenous
- Intramuscular
- Subcutaneous
- Oral
- Intranasal fentanyl
- Other: _____

6. Admission

- Yes
- No