Patient Information

Patient ID	
I. Patient Information	
1. Enrollment Date	
	(mm-dd-yyyy)
2. Orientation date (Education about the protocol)	
	(mm-dd-yyyy)
3. Date of IPP review with provider	
	
4. Method of IPP review	○ In-person
	phone call from providervia letter in myCHART or other EHR
5. Date of Birth	
or back or birdi	
6. Sex	○ Female
	○ Male○ Intersex
	 None of these describe me
	 Prefer not to answer
Sex- please describe:	
7. Race	American Indian or Alaska Native Asian
	AsianNative Hawaiian or Other Pacific Islander
	 Black or African American
	WhiteMore than one race
	Unknown
	Prefer not to answer
8. Ethnicity	Hispanic or Latino
	Not Hispanic or LatinoUnknown
	Prefer not to answer
9. Genotype:	○ SS
	○ SC ○ SB+
	SBO
	Other
Other, please specify	
	

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02/07/2023 6:03pm

10. Registry Subject ID - If participant is not enrolled in the registry, please ask them about enrolling:	
II. Patient Pain Plan Log	
11. Date IPP created	
	(mm-dd-yyyy)
12. Date IPP revised after enrollment, if applicable (patients already had pain plans before enrollment)	(mm-dd-yyyy)
13. Check the components of the plan (SELECT ALL THAT APPLY)	☐ Genotype ☐ Pain Plan ☐ Name of hematologist ☐ Contact of hematologist
b. The Pain Plan contains	☐ i. Drug name ☐ ii. Drug dose ☐ iii. Drug route ☐ iv. Last update date
14. Check if the IPP includes the following additional content (SELECT ALL THAT APPLY)	 □ a. Allergies □ b. Significant past medical history specific to SCD (i.e., acute chest syndrome, stroke, renal disease) □ c. Significant other history relative to an ED visit (i.e., patient is ultrasensitive to morphine or dilaudid) □ Other
Other, please specify	
15. IPP Order	
Drug 1	Morphine sulfate
a. Drug name	○ Hydromorphone○ Fentanyl○ Other (specify below)
Please specify the other drug	
b. Drug dose ordered:	
d. Drug unit	○ mg ○ mcg

e. Drug route	○ Intravenous○ Intramuscular○ Subcutaneous○ Oral○ Intranasal fentanyl○ Other:	
Drug 2	Morphine sulfate	
a. Drug name	HydromorphoneFentanylOther (specify below)	
Please specify the other drug		
b. Drug dose ordered:		
d. Drug unit	○ mg ○ mcg	
e. Drug route	○ Intravenous○ Intramuscular○ Subcutaneous○ Oral○ Intranasal fentanyl○ Other:	
Drug 3	Morphine sulfate	
a. Drug name	HydromorphoneFentanylOther (specify below)	
Please specify the other drug		
b. Drug dose ordered:		
d. Drug unit	○ mg ○ mcg	
e. Drug route	○ Intravenous○ Intramuscular○ Subcutaneous○ Oral○ Intranasal fentanyl○ Other:	
Drug 4	Morphine sulfate	
a. Drug name	HydromorphoneFentanylOther (specify below)	
Please specify the other drug		

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b. Drug dose ordered:		
d. Drug unit	○ mg ○ mcg	
e. Drug route	 ○ Intravenous ○ Intramuscular ○ Subcutaneous ○ Oral ○ Intranasal fentanyl ○ Other: 	
Drug 5	Morphine sulfate	
a. Drug name	HydromorphoneFentanylOther (specify below)	
Please specify the other drug		
b. Drug dose ordered:		
d. Drug unit	○ mg ○ mcg	
e. Drug route	○ Intravenous○ Intramuscular○ Subcutaneous○ Oral○ Intranasal fentanyl○ Other:	
Drug 6	Morphine sulfate	
a. Drug name	HydromorphoneFentanylOther (specify below)	
Please specify the other drug		
b. Drug dose ordered:		
d. Drug unit	○ mg ○ mcg	
e. Drug route	○ Intravenous○ Intramuscular○ Subcutaneous○ Oral○ Intranasal fentanyl○ Other:	

III. Baseline EHR retrieval data

(past 12 months from enrollment, VOE visits, enrolled patients)

Visit 1 1. ED visited Methodist University Hospital O Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago, Illinois 60612) UCSF Children's Oakland ED O 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 2. ED visit date (mm-dd-yyyy) 3. Reason of ED visit is VOE Yes \bigcirc No 4. Time of arrival (hh:mm) 5. Time of first opioid administration (hh:mm) ○ Yes 6. Admission ○ No Visit 2 1. ED visited Methodist University Hospital O Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago, Illinois 60612) O UCSF Children's Oakland ED O UCSF Children's Mission Bay ED ○ UCSF Parnassus ED UCSF Zuckerberg San Francisco General Hospital ED O UC Davis The Mount Sinai Hospital Emergency Department Barnes Hospital Augusta University Medical Center Emergency Department MUSC Emergency Department 2. ED visit date

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(mm-dd-yyyy)

3. Reason of ED visit is VOE	○ Yes
5. Reason of ED visit is VOL	○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes
	○ No
Visit 3	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	o, Illinois 60612)
Augusta University Medical Center Emergency DepartmentMUSC Emergency Department	
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No

Visit 4	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No
Visit 5	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No

4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	YesNo
Visit 6	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No

Visit 7 1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No
Visit 8	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No



4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	YesNo
Visit 9	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	o, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	YesNo
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No



Visit 10	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	YesNo
Visit 11	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No



4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No
Visit 12	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	o, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No



Visit 13	
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 	
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	YesNo
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	YesNo
Visit 14	
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 	
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No



4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No
Visit 15	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	o, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No



Visit 16	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	YesNo
Visit 17 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 	
2. ED visit date	(many alal yours)
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No



4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No
Visit 18	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	o, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No



Visit 19 1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	
Visit 20	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No

4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No
Visit 21	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	o, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No



Visit 22	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	YesNo
Visit 23	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	YesNo



4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No
Visit 24	
1. ED visited	
 Methodist University Hospital Duke University Hospital Emergency Department UI Health Emergency Department (1740 W. Taylor in Chicago 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 	o, Illinois 60612)
2. ED visit date	
	(mm-dd-yyyy)
3. Reason of ED visit is VOE	○ Yes ○ No
4. Time of arrival	
	(hh:mm)
5. Time of first opioid administration	
	(hh:mm)
6. Admission	○ Yes ○ No



Visit 25 1. ED visited Methodist University Hospital O 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 2. ED visit date (mm-dd-yyyy) 3. Reason of ED visit is VOE Yes \bigcirc No 4. Time of arrival (hh:mm) 5. Time of first opioid administration (hh:mm) 6. Admission Yes O No Total number of ED VOE visits - 12 months prior to enrollment Total number of ED VOE visits - 12 months prior to enrollment (Calculated) Total number of hospitalizations - 12 months prior to enrollment



enrollment (Calculated)

Total number of hospitalizations - 12 months prior to