



Complete this form:
 • For all hospitalized patients whether discharged alive or dead.
 Data Sources: Hospital Records & patient/family



Notification of Hospital Discharge

FAX to CTC within 24 hours: 1-888-437-4767

1. Date of Final Hospital Discharge: *(includes transfers)*

date40 / /

(month) (day) (year)

Patient ID: **patid40**

- -

(site) (patient) (chk) (acrostic) **patacr40**

patsit40 patnum40 patchk40

disp40 2. Disposition: *(check one only)*

- 1 Home
- 2 Nursing Home
- 3 Rehabilitation
- 4 Died
- 5 Other: **othdsp40**
(e.g. relative's home)

3. Final Diagnosis for Initiating Event Prompting Hospitalization

- 1 Presumed or Suspected Cardiac Arrest
(i.e., CA could not be ruled out)
 - 2 Hospitalized due to a serious adverse CPR
or AED *(i.e. PAD study related) effect*
 - 3 Not Cardiac Arrest
- Complete the **Hospitalization** form

diag40

vadvev40 **spdiag40**

What was the final diagnosis?

Were any Adverse Events related to volunteer activities uncovered during hospitalization? *(e.g., rib fractures, hemothorax, pneumothorax, head trauma, etc)*

- 1 Yes → Complete the **Adverse Situation** and the **Hospitalization** forms
- 0 No → Do not complete the **Hospitalization** form

4. a) Was informed consent obtained before discharge?

- 1 Yes → Complete the **Patient Information Sheet** and FAX as soon as possible to the CTC
- 2 No, Patient/Family refused to participate
- 3 No → Other Reason:

infcon40

whynt140

whynt240

ptinfo40 b) Was the Patient Information Sheet completed? Yes No

medrec40 c) Was a "Release of Medical Records" form signed? Yes No

bilrec40 d) Was a "Release of Billing Records" form signed? Yes No *(Please collect an itemized copy of the hospital bill and mail it to the CTC)*

code40

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Code Number

For CTC Use Only

Yes No

Signature of person filling out this form
FAX (1-888-437-4767)