

## PUI Registry

[Codebook](#)

### Data Dictionary Codebook

05/07/2020 3:01pm

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)														
Instrument: <b>Demographics</b> (demographics) <a href="#">^ Collapse</a>																	
1	<b>record_id</b>	Record ID	text, Required														
2	<b>mrn</b>	MRN	text (number), Required, Identifier														
3	<b>encounternumber</b>	Encounter Number	text (number), Required, Identifier														
4	ethnicity	Ethnicity	radio, Required <table border="1"> <tr><td>1</td><td>Hispanic/Latino</td></tr> <tr><td>2</td><td>Not Hispanic/Latino</td></tr> <tr><td>3</td><td>Unknown/Not Reported</td></tr> </table>	1	Hispanic/Latino	2	Not Hispanic/Latino	3	Unknown/Not Reported								
1	Hispanic/Latino																
2	Not Hispanic/Latino																
3	Unknown/Not Reported																
5	race	Race	radio, Required <table border="1"> <tr><td>1</td><td>Caucasian</td></tr> <tr><td>2</td><td>African American</td></tr> <tr><td>3</td><td>Asian</td></tr> <tr><td>4</td><td>American Indian/Alaska Native</td></tr> <tr><td>5</td><td>Native Hawaiian or Other Pacific Islander</td></tr> <tr><td>6</td><td>More than One Race</td></tr> <tr><td>7</td><td>Unknown/Not Reported</td></tr> </table>	1	Caucasian	2	African American	3	Asian	4	American Indian/Alaska Native	5	Native Hawaiian or Other Pacific Islander	6	More than One Race	7	Unknown/Not Reported
1	Caucasian																
2	African American																
3	Asian																
4	American Indian/Alaska Native																
5	Native Hawaiian or Other Pacific Islander																
6	More than One Race																
7	Unknown/Not Reported																
6	domicile	Domicile	radio, Required <table border="1"> <tr><td>1</td><td>Private Home</td></tr> <tr><td>2</td><td>Assisted Living/Skilled Nursing Facility</td></tr> <tr><td>3</td><td>Veterans Home</td></tr> <tr><td>4</td><td>Group Home</td></tr> </table>	1	Private Home	2	Assisted Living/Skilled Nursing Facility	3	Veterans Home	4	Group Home						
1	Private Home																
2	Assisted Living/Skilled Nursing Facility																
3	Veterans Home																
4	Group Home																
7	<b>facility_name</b> Show the field ONLY if: {domicile}='2' or {domicile}='3' or {domicile}='4'	What is the name of the facility where the patients live?	notes, Required														
8	demographics_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>Symptoms At Presentation</b> (symptoms_at_presentation) <a href="#">^ Collapse</a>																	
9	date_of_presentation	Date of Presentation	text (date_mdy)														
10	onset_known	Is approximate date of symptom onset known?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
11	<b>date_symptom_onset</b> Show the field ONLY if: [onset_known] = '1'	Date of Symptom Onset	text (date_mdy), Required														

12	symptoms	Symptoms (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>symptoms__1</td><td>Fever (patient reported)</td></tr> <tr><td>2</td><td>symptoms__2</td><td>Cough</td></tr> <tr><td>3</td><td>symptoms__3</td><td>SOB</td></tr> <tr><td>4</td><td>symptoms__4</td><td>Fatigue</td></tr> <tr><td>5</td><td>symptoms__5</td><td>Sputum</td></tr> <tr><td>6</td><td>symptoms__6</td><td>Myalgia</td></tr> <tr><td>7</td><td>symptoms__7</td><td>Diarrhea</td></tr> <tr><td>8</td><td>symptoms__8</td><td>Nausea or vomiting</td></tr> <tr><td>10</td><td>symptoms__10</td><td>Sore throat</td></tr> <tr><td>11</td><td>symptoms__11</td><td>Runny nose/nasal congestion</td></tr> <tr><td>12</td><td>symptoms__12</td><td>Loss of smell</td></tr> <tr><td>13</td><td>symptoms__13</td><td>Loss of taste</td></tr> <tr><td>14</td><td>symptoms__14</td><td>Headache</td></tr> <tr><td>15</td><td>symptoms__15</td><td>chest discomfort, chest pain</td></tr> <tr><td>9</td><td>symptoms__9</td><td>Asymptomatic</td></tr> </table>	1	symptoms__1	Fever (patient reported)	2	symptoms__2	Cough	3	symptoms__3	SOB	4	symptoms__4	Fatigue	5	symptoms__5	Sputum	6	symptoms__6	Myalgia	7	symptoms__7	Diarrhea	8	symptoms__8	Nausea or vomiting	10	symptoms__10	Sore throat	11	symptoms__11	Runny nose/nasal congestion	12	symptoms__12	Loss of smell	13	symptoms__13	Loss of taste	14	symptoms__14	Headache	15	symptoms__15	chest discomfort, chest pain	9	symptoms__9	Asymptomatic
1	symptoms__1	Fever (patient reported)																																														
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11	symptoms__11	Runny nose/nasal congestion																																														
12	symptoms__12	Loss of smell																																														
13	symptoms__13	Loss of taste																																														
14	symptoms__14	Headache																																														
15	symptoms__15	chest discomfort, chest pain																																														
9	symptoms__9	Asymptomatic																																														
13	covid_at_presentation	Is the patient presenting with a known positive COVID 19 test result?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																									
1	Yes																																															
0	No																																															
14	travel_yn	Recent Travel?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																									
1	Yes																																															
0	No																																															
15	travel_where Show the field ONLY if: [travel_yn] = '1'	Where did patient travel?	radio, Required <table border="1"> <tr><td>1</td><td>China</td></tr> <tr><td>2</td><td>South Korea</td></tr> <tr><td>3</td><td>Asia (besides China &amp; South Korea)</td></tr> <tr><td>4</td><td>Iran</td></tr> <tr><td>5</td><td>Italy</td></tr> <tr><td>6</td><td>Europe besides Italy</td></tr> <tr><td>7</td><td>Other</td></tr> <tr><td>8</td><td>Domestic Travel</td></tr> </table>	1	China	2	South Korea	3	Asia (besides China & South Korea)	4	Iran	5	Italy	6	Europe besides Italy	7	Other	8	Domestic Travel																													
1	China																																															
2	South Korea																																															
3	Asia (besides China & South Korea)																																															
4	Iran																																															
5	Italy																																															
6	Europe besides Italy																																															
7	Other																																															
8	Domestic Travel																																															
16	othertravellocation Show the field ONLY if: [travel_where] = '7'	If Other, please specify:	text																																													
17	sickcontacts	Sick Contacts?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																									
1	Yes																																															
0	No																																															
18	exposure	Exposure to someone with confirmed COVID-19 infection?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																									
1	Yes																																															
0	No																																															
19	healthcare_worker	Does the patient work in a healthcare facility?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																									
1	Yes																																															
0	No																																															
20	symptoms_at_presentation_c complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																							
0	Incomplete																																															
1	Unverified																																															
2	Complete																																															

21	smoking_history	Smoking History	radio, Required <table border="1"> <tr><td>1</td><td>Current Smoker</td></tr> <tr><td>2</td><td>Former Smoker</td></tr> <tr><td>3</td><td>Never Smoker</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table>	1	Current Smoker	2	Former Smoker	3	Never Smoker	4	Unknown
1	Current Smoker										
2	Former Smoker										
3	Never Smoker										
4	Unknown										
22	vaping_history	Vaping History?	radio, Required <table border="1"> <tr><td>1</td><td>Current</td></tr> <tr><td>2</td><td>Former</td></tr> <tr><td>3</td><td>Never</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table>	1	Current	2	Former	3	Never	4	Unknown
1	Current										
2	Former										
3	Never										
4	Unknown										
23	pregnancy	Is the patient pregnant?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
24	hypertensionhx	History of Hypertension?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
25	diabeteshx	History of Diabetes?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
26	asthmahx	History of Asthma?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
27	coronaryheartdiseasehx	History of coronary heart disease?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
28	copdhx	History of COPD?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
29	heartfailurehx	History of Heart Failure?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
30	carcinomahx	History of carcinoma?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
31	immunosuppressionhx	History of Immunosuppression?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
32	ckdhx	History of Chronic Kidney Disease?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
33	medhxother	Other significant medical history?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
34	othermedhxspecify Show the field ONLY if: [medhxother] = '1'	Please specify:	text, Required								

35	medical_history_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Lab Results At Presentation** (lab\_results\_at\_presentation)

[^ Collapse](#)

36	labs_ordered	Was COVID testing ordered?	checkbox, Required <table border="1"> <tr> <td>4</td> <td>labs_ordered__4</td> <td>Yes (Coronavirus (SARS-Cov-2 by PCR) )</td> </tr> <tr> <td>15</td> <td>labs_ordered__15</td> <td>No COVID testing ordered</td> </tr> </table>	4	labs_ordered__4	Yes (Coronavirus (SARS-Cov-2 by PCR) )	15	labs_ordered__15	No COVID testing ordered
4	labs_ordered__4	Yes (Coronavirus (SARS-Cov-2 by PCR) )							
15	labs_ordered__15	No COVID testing ordered							

37	covid_19_result Show the field ONLY if: [labs_ordered(4)] = '1'	COVID-19 Test Result	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>2</td><td>Negative</td></tr> <tr><td>3</td><td>Indeterminate result</td></tr> </table>	1	Positive	2	Negative	3	Indeterminate result
1	Positive								
2	Negative								
3	Indeterminate result								

38	lab_results_at_presentation_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Imaging Results At Presentation** (imaging\_results\_at\_presentation)

[^ Collapse](#)

39	imaging_ordered	Imaging Ordered	checkbox, Required <table border="1"> <tr> <td>1</td> <td>imaging_ordered__1</td> <td>Chest AP Portable</td> </tr> <tr> <td>2</td> <td>imaging_ordered__2</td> <td>CT Chest</td> </tr> <tr> <td>3</td> <td>imaging_ordered__3</td> <td>No Imaging Ordered</td> </tr> </table>	1	imaging_ordered__1	Chest AP Portable	2	imaging_ordered__2	CT Chest	3	imaging_ordered__3	No Imaging Ordered
1	imaging_ordered__1	Chest AP Portable										
2	imaging_ordered__2	CT Chest										
3	imaging_ordered__3	No Imaging Ordered										

40	chest_xray_result Show the field ONLY if: [imaging_ordered(1)] = '1'	Chest X-Ray Result (only consider infectious findings)	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>2</td><td>Negative</td></tr> </table>	1	Positive	2	Negative
1	Positive						
2	Negative						

41	findings_chest_ap Show the field ONLY if: [chest_xray_result] = '1'	Were positive findings unilateral or bilateral?	radio <table border="1"> <tr><td>1</td><td>Unilateral</td></tr> <tr><td>2</td><td>Bilateral</td></tr> </table>	1	Unilateral	2	Bilateral
1	Unilateral						
2	Bilateral						

42	ct_chest_result Show the field ONLY if: [imaging_ordered(2)] = '1'	CT Chest Result (only consider infectious findings)	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>2</td><td>Negative</td></tr> </table>	1	Positive	2	Negative
1	Positive						
2	Negative						

43	findings_ct_chest Show the field ONLY if: [ct_chest_result] = '1'	Were positive findings unilateral or bilateral?	radio <table border="1"> <tr><td>1</td><td>Unilateral</td></tr> <tr><td>2</td><td>Bilateral</td></tr> </table>	1	Unilateral	2	Bilateral
1	Unilateral						
2	Bilateral						

44	imaging_results_at_presentation_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Treatments** (treatments)

[^ Collapse](#)

45	oxygen	Oxygen Therapy?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						

46	oxygentype Show the field ONLY if: [oxygen] = '1'	Specify what type of oxygen therapy was provided (check all that apply)	checkbox, Required <table border="1"> <tr> <td>1</td> <td>oxygentype__1</td> <td>nasal cannula</td> </tr> <tr> <td>2</td> <td>oxygentype__2</td> <td>nonrebreather</td> </tr> <tr> <td>3</td> <td>oxygentype__3</td> <td>ventimask</td> </tr> <tr> <td>4</td> <td>oxygentype__4</td> <td>blow-by oxygen</td> </tr> <tr> <td>5</td> <td>oxygentype__5</td> <td>trach collar</td> </tr> </table>	1	oxygentype__1	nasal cannula	2	oxygentype__2	nonrebreather	3	oxygentype__3	ventimask	4	oxygentype__4	blow-by oxygen	5	oxygentype__5	trach collar
1	oxygentype__1	nasal cannula																
2	oxygentype__2	nonrebreather																
3	oxygentype__3	ventimask																
4	oxygentype__4	blow-by oxygen																
5	oxygentype__5	trach collar																
47	invmech_ventilation	Did the patient require invasive mechanical ventilation?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
48	ems_intubation Show the field ONLY if: [invmech_ventilation] = '1'	Was the patient intubated in the field by EMS?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
49	ed_intubation Show the field ONLY if: [invmech_ventilation] = '1'	Was the patient intubated in the ED?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
50	start_invmech_vent Show the field ONLY if: [invmech_ventilation] = '1'	Start time of invasive mechanical ventilation	text (datetime_mdy), Required															
51	stop_invmech_vent Show the field ONLY if: [invmech_ventilation] = '1'	Stop Time of Invasive Mechanical Ventilation	text (datetime_mdy), Required															
52	invmech_vent_time Show the field ONLY if: [invmech_ventilation] = '1'	Time of Invasive Mechanical Ventilation	calc Calculation: datediff([stop_invmech_vent], [start_invmech_vent], "d", "mdy")															
53	re_intubated Show the field ONLY if: [invmech_ventilation] = '1'	Was the patient re-intubated during their hospital stay?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
54	start_reintubation Show the field ONLY if: [re_intubated] = '1'	Start time of re-intubation	text (datetime_mdy), Required															
55	stop_reintubation Show the field ONLY if: [re_intubated] = '1'	Stop Time of re-intubation	text (datetime_mdy), Required															
56	time_reintubation Show the field ONLY if: [re_intubated] = '1'	Time of Re-Intubation (days)	calc, Required Calculation: datediff([stop_reintubation], [start_reintubation], "d", "mdy")															
57	re_intubated_third Show the field ONLY if: [re_intubated] = '1'	Was the patient re-intubated a third time during their hospital stay?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
58	start_reintubation_2 Show the field ONLY if: [re_intubated_third] = '1'	Start time of re-intubation	text (datetime_mdy), Required															
59	stop_reintubation_2 Show the field ONLY if: [re_intubated_third] = '1'	Stop Time of re-intubation	text (datetime_mdy), Required															
60	time_reintubation_2 Show the field ONLY if: [re_intubated_third] = '1'	Time of Re-Intubation (days)	calc, Required Calculation: datediff([stop_reintubation_2], [start_reintubation_2], "d", "mdy")															
61	noninv_mech_ventilation	Did the patient require non-invasive mechanical ventilation?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	

62	ed_noninv_mech_vent Show the field ONLY if: [noninv_mech_ventilation] = '1'	Was non-invasive mechanical ventilation initiated in the ED?	yesno, Required 1 Yes 0 No
63	noninv_mech_vent_type Show the field ONLY if: [noninv_mech_ventilation] = '1'	What type of non-invasive mechanical ventilation did the patient receive? (check all that apply)	checkbox, Required 1 noninv_mech_vent_type__1 CPAP 2 noninv_mech_vent_type__2 Bipap 3 noninv_mech_vent_type__3 High-flow nasal O2
64	start_noninvmech_vent Show the field ONLY if: [noninv_mech_ventilation] = '1'	Start Time of non-invasive mechanical ventilation	text (datetime_mdy), Required
65	stop_noninvmech_vent Show the field ONLY if: [noninv_mech_ventilation] = '1'	Stop Time of non-invasive mechanical ventilation	text (datetime_mdy), Required
66	time_noninvmech_vent Show the field ONLY if: [noninv_mech_ventilation] = '1'	Time of non-invasive mechanical ventilation (days)	calc, Required Calculation: datediff([stop_noninvmech_vent], [start_noninvmech_vent], "d", "mdy")
67	tracheostomy	Did the patient have a tracheostomy while they were hospitalized?	yesno, Required 1 Yes 0 No
68	tracheostomy_date Show the field ONLY if: [tracheostomy] = '1'	Tracheostomy Date	text (date_mdy), Required
69	anticoag_prior	Section Header: <i>Anticoagulation- Complete this section at time of discharge</i> Was the patient taking an anticoagulant prior to this visit (as a home med)?	yesno, Required 1 Yes 0 No
70	anticoag_type_prior Show the field ONLY if: [anticoag_prior] = '1'	What anticoagulant were they taking at home?	radio, Required 1 eliquis/apixaban 2 xarelto/rivaroxiban 3 dabigatran/pradaxa 4 warfarin/coumadin 5 enoxaparin/lovenox
71	anticoag_indication Show the field ONLY if: [anticoag_prior] = '1'	Indication for anticoagulation at home	checkbox, Required 1 anticoag_indication__1 atrial fibrillation 2 anticoag_indication__2 PE 3 anticoag_indication__3 DVT 4 anticoag_indication__4 stroke 5 anticoag_indication__5 mechanical heart valve 6 anticoag_indication__6 other
72	anticoag_indication_other Show the field ONLY if: [anticoag_indication(6)] = '1'	If other, please specify	text, Required
73	anticoagulants	Did the patient receive any medications for anticoagulation during their visit?	yesno, Required 1 Yes 0 No

74	anticoagulation_type Show the field ONLY if: [anticoagulants] = '1'	What type of anticoagulation did the patient receive?  Prophylactic- heparin subcutaneous, enoxaparin/lovenox at a dose of 40 mg bid  Therapeutic- any heparin drip, eliquis/apixiban, xarelto/rivaroxiban, dabigatran/pradaxa, warfarin/coumadin, enoxaparin/lovenox at a dose of 1 mg/kg bid or 1.5 mg/kg qdaily	checkbox, Required <table border="1"> <tr> <td>1</td> <td>anticoagulation_type__1</td> <td>prophylactic</td> </tr> <tr> <td>2</td> <td>anticoagulation_type__2</td> <td>therapeutic</td> </tr> </table>	1	anticoagulation_type__1	prophylactic	2	anticoagulation_type__2	therapeutic												
1	anticoagulation_type__1	prophylactic																			
2	anticoagulation_type__2	therapeutic																			
75	anticoag_prophylactic Show the field ONLY if: [anticoagulation_type(1)] = '1'	What was given for prophylactic anticoagulation?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>anticoag_prophylactic__1</td> <td>heparin</td> </tr> <tr> <td>2</td> <td>anticoag_prophylactic__2</td> <td>enoxaparin/lovenox</td> </tr> </table>	1	anticoag_prophylactic__1	heparin	2	anticoag_prophylactic__2	enoxaparin/lovenox												
1	anticoag_prophylactic__1	heparin																			
2	anticoag_prophylactic__2	enoxaparin/lovenox																			
76	anticoag_prophylactic_start Show the field ONLY if: [anticoagulation_type(1)] = '1'	Start date of prophylactic anticoagulation	text (date_mdy), Required																		
77	anticoag_prophylactic_stop Show the field ONLY if: [anticoagulation_type(1)] = '1'	Stop Date of prophylactic anticoagulation	text (date_mdy), Required																		
78	anticoag_therapeutic Show the field ONLY if: [anticoagulation_type(2)] = '1'	What was given for therapeutic anticoagulation?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>anticoag_therapeutic__1</td> <td>heparin</td> </tr> <tr> <td>2</td> <td>anticoag_therapeutic__2</td> <td>eliquis/apixaban</td> </tr> <tr> <td>3</td> <td>anticoag_therapeutic__3</td> <td>xarelto/rivaroxiban</td> </tr> <tr> <td>4</td> <td>anticoag_therapeutic__4</td> <td>dabigatran/pradaxa</td> </tr> <tr> <td>5</td> <td>anticoag_therapeutic__5</td> <td>warfarin/coumadin</td> </tr> <tr> <td>6</td> <td>anticoag_therapeutic__6</td> <td>enoxaparin/lovenox</td> </tr> </table>	1	anticoag_therapeutic__1	heparin	2	anticoag_therapeutic__2	eliquis/apixaban	3	anticoag_therapeutic__3	xarelto/rivaroxiban	4	anticoag_therapeutic__4	dabigatran/pradaxa	5	anticoag_therapeutic__5	warfarin/coumadin	6	anticoag_therapeutic__6	enoxaparin/lovenox
1	anticoag_therapeutic__1	heparin																			
2	anticoag_therapeutic__2	eliquis/apixaban																			
3	anticoag_therapeutic__3	xarelto/rivaroxiban																			
4	anticoag_therapeutic__4	dabigatran/pradaxa																			
5	anticoag_therapeutic__5	warfarin/coumadin																			
6	anticoag_therapeutic__6	enoxaparin/lovenox																			
79	anticoag_thera_start Show the field ONLY if: [anticoagulation_type(2)] = '1'	Start Date of Therapeutic Anticoagulation	text (date_mdy), Required																		
80	anticoag_thera_stop Show the field ONLY if: [anticoagulation_type(2)] = '1'	Stop Date of Therapeutic Anticoagulation	text (date_mdy), Required																		
81	steroids	Section Header: <i>Steroids- complete at time of discharge</i> Was the patient given steroids during this visit?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
82	steroid_type Show the field ONLY if: [steroids] = '1'	What steroid was the patient given?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>steroid_type__1</td> <td>prednisone</td> </tr> <tr> <td>2</td> <td>steroid_type__2</td> <td>methylprednisolone/solumedrol</td> </tr> <tr> <td>3</td> <td>steroid_type__3</td> <td>dexamethasone/decadron</td> </tr> <tr> <td>4</td> <td>steroid_type__4</td> <td>hydrocortisone/soul-cortef</td> </tr> </table>	1	steroid_type__1	prednisone	2	steroid_type__2	methylprednisolone/solumedrol	3	steroid_type__3	dexamethasone/decadron	4	steroid_type__4	hydrocortisone/soul-cortef						
1	steroid_type__1	prednisone																			
2	steroid_type__2	methylprednisolone/solumedrol																			
3	steroid_type__3	dexamethasone/decadron																			
4	steroid_type__4	hydrocortisone/soul-cortef																			
83	start_steroids Show the field ONLY if: [steroids] = '1'	Start Date of Steroids	text (date_mdy), Required																		
84	stop_steroids Show the field ONLY if: [steroids] = '1'	Stop Date of Steroids	text (date_mdy), Required																		
85	treatments_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				

Instrument: **Disposition And Outcomes** (disposition\_and\_outcomes)

[^ Collapse](#)

86	disposition	Disposition	radio, Required <table border="1"> <tr><td>1</td><td>Discharged Home</td></tr> <tr><td>2</td><td>Regular Admission</td></tr> <tr><td>3</td><td>ICU Admission</td></tr> <tr><td>4</td><td>Expired in ED</td></tr> <tr><td>5</td><td>Transferred to another hospital</td></tr> </table>	1	Discharged Home	2	Regular Admission	3	ICU Admission	4	Expired in ED	5	Transferred to another hospital		
1	Discharged Home														
2	Regular Admission														
3	ICU Admission														
4	Expired in ED														
5	Transferred to another hospital														
87	ed_diagnosis	Final ED Diagnosis	checkbox, Required <table border="1"> <tr><td>1</td><td>ed_diagnosis__1</td><td>COVID-19 Infection</td></tr> <tr><td>2</td><td>ed_diagnosis__2</td><td>Respiratory Infection, not confirmed COVID</td></tr> <tr><td>3</td><td>ed_diagnosis__3</td><td>SOB not specified</td></tr> <tr><td>4</td><td>ed_diagnosis__4</td><td>Other</td></tr> </table>	1	ed_diagnosis__1	COVID-19 Infection	2	ed_diagnosis__2	Respiratory Infection, not confirmed COVID	3	ed_diagnosis__3	SOB not specified	4	ed_diagnosis__4	Other
1	ed_diagnosis__1	COVID-19 Infection													
2	ed_diagnosis__2	Respiratory Infection, not confirmed COVID													
3	ed_diagnosis__3	SOB not specified													
4	ed_diagnosis__4	Other													
88	ed_diagnosis_other Show the field ONLY if: [ed_diagnosis(4)] = '1'	If Other, please specify:	text, Required												
89	icu_upgrade Show the field ONLY if: [disposition] = '2'	Was the patient upgraded to the ICU during their hospitalization?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
90	time_icu_upgrade Show the field ONLY if: [icu_upgrade] = '1'	Date and Time of ICU Upgrade	text (datetime_mdy), Required												
91	hosp_diagnosis Show the field ONLY if: [disposition] = '2' or [disposition] = '3'	Final Hospital Diagnosis	checkbox, Required <table border="1"> <tr><td>1</td><td>hosp_diagnosis__1</td><td>COVID-19 Infection</td></tr> <tr><td>2</td><td>hosp_diagnosis__2</td><td>Respiratory Infection, not confirmed COVID</td></tr> <tr><td>3</td><td>hosp_diagnosis__3</td><td>SOB not specified</td></tr> <tr><td>4</td><td>hosp_diagnosis__4</td><td>Other</td></tr> </table>	1	hosp_diagnosis__1	COVID-19 Infection	2	hosp_diagnosis__2	Respiratory Infection, not confirmed COVID	3	hosp_diagnosis__3	SOB not specified	4	hosp_diagnosis__4	Other
1	hosp_diagnosis__1	COVID-19 Infection													
2	hosp_diagnosis__2	Respiratory Infection, not confirmed COVID													
3	hosp_diagnosis__3	SOB not specified													
4	hosp_diagnosis__4	Other													
92	hosp_diagnosis_other Show the field ONLY if: [hosp_diagnosis(4)] = '1'	If Other, please specify:	text, Required												
93	pulmonary_embolism	Was the patient diagnosed with a PE during this visit?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
94	pe_date Show the field ONLY if: [pulmonary_embolism] = '1'	Date of pulmonary embolism diagnosis	text (date_mdy), Required												
95	dvt	Was the patient diagnosed with a DVT during this visit?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
96	dvt_date Show the field ONLY if: [dvt] = '1'	Date of DVT diagnosis	text (date_mdy), Required												
97	limb_ischemia	Was the patient diagnosed with acute limb ischemia during this visit?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
98	date_limb_ischemia Show the field ONLY if: [limb_ischemia] = '1'	Date of acute limb ischemia diagnosis	text (date_mdy), Required												



99	mesenteric_ischemia	Was the patient diagnosed with mesenteric ischemia during this visit?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
100	mesenteric_ischemia_date Show the field ONLY if: [mesenteric_ischemia] = '1'	Date of mesenteric ischemia diagnosis	text (date_mdy), Required								
101	stroke	Was the patient diagnosed with a stroke during this visit?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
102	stroke_date Show the field ONLY if: [stroke] = '1'	Date of stroke diagnosis	text (date_mdy)								
103	mi	Was the patient diagnosed with a myocardial infarction during this visit?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
104	mi_date Show the field ONLY if: [mi] = '1'	Date of MI diagnosis	text (date_mdy)								
105	mi_type Show the field ONLY if: [mi] = '1'	Type of MI	radio, Required <table border="1"> <tr><td>1</td><td>Type I</td></tr> <tr><td>2</td><td>Type II</td></tr> <tr><td>3</td><td>Unknown</td></tr> </table>	1	Type I	2	Type II	3	Unknown		
1	Type I										
2	Type II										
3	Unknown										
106	otherclottingevent	Was the patient diagnosed with any other type of clotting event?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
107	otherclottingevent_date Show the field ONLY if: [otherclottingevent] = '1'	Date of other clotting event	text (date_mdy), Required								
108	otherclottingevent_specify Show the field ONLY if: [otherclottingevent] = '1'	Specify type of other clotting event	text								
109	quarantine	At discharge, was the patient told to self-quarantine?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
110	death	Did patient die during this encounter?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
111	code_status	Patient code status (check at discharge)	radio, Required <table border="1"> <tr><td>1</td><td>Full Code</td></tr> <tr><td>2</td><td>DNR</td></tr> <tr><td>3</td><td>DNR/DNI</td></tr> <tr><td>4</td><td>comfort care</td></tr> </table>	1	Full Code	2	DNR	3	DNR/DNI	4	comfort care
1	Full Code										
2	DNR										
3	DNR/DNI										
4	comfort care										
112	disposition_and_outcomes_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: <b>Followup</b> (followup)			<a href="#">^ Collapse</a>								
113	return_subjectid	Subject Number of Return Visit #1 in Redcap	text, Required								
114	return_subjectid_2	Subject Number of Return Visit #2 in Redcap	text								

	115	return_subjectid_3	Subject Number of Return Visit #3 in Redcap	text						
	116	return_subjectid_4	Subject Number of Return Visit #4 in Redcap	text						
	117	followup_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									