

HALF-PINT Form 6: Discharge

Note: Complete Form 6 at hospital discharge, transfer to another hospital's ICU, death, or Study Day 90 (whichever comes first).

Section: Study Withdrawal

1.	Was the subject withdrawn early from the study?	<input type="radio"/> Yes, date withdrawn: <input type="text"/> / <input type="text"/> / <input type="text"/> Reason subject was withdrawn early: <input type="radio"/> Withdrawal of consent - Data should not be collected after withdrawal of consent. <input type="radio"/> Family/team have decided to limit/redirect from aggressive ICU technological support <input type="radio"/> Subject had new cardiac surgery <input type="radio"/> Other, specify: <input type="text"/> <input type="radio"/> No
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Section: Date Verification

2.	Date/time of extubation (for at least 24 consecutive hours)	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> 24-hour clock <input type="checkbox"/> Subject discharged with tracheostomy <input type="checkbox"/> Subject still intubated on transfer to another hospital <input type="checkbox"/> Subject still intubated on Study Day 90 <input type="checkbox"/> Subject died in your hospital by Study Day 90 <input type="checkbox"/> Never intubated
3.	Date/time of discontinuation of non-invasive ventilation [including BiPAP, Humidified High Flow Nasal Cannula (HHFNC \geq 5 L/min of Oxygen flow), or CPAP \geq 5 cm H ₂ O] (for at least 24 consecutive hours)	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> 24-hour clock <input type="checkbox"/> Subject still on non-invasive ventilation on hospital discharge <input type="checkbox"/> Subject still on non-invasive ventilation on Study Day 90 <input type="checkbox"/> Subject died in your hospital by Study Day 90 <input type="checkbox"/> Never on non-invasive ventilation
4.	Date/time of discontinuation of vasopressors/inotropes for hypotension (for at least 24 consecutive hours)	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> 24-hour clock <input type="checkbox"/> Subject still on vasopressors/inotropes on hospital discharge <input type="checkbox"/> Subject still on vasopressors/inotropes on Study Day 90 <input type="checkbox"/> Subject died in your hospital by Study Day 90 <input type="checkbox"/> Never on vasopressors/inotropes

Section: ICU Discharge

5.	Date/time subject left ICU	<input type="text"/> / <input type="text"/> / <input type="text"/>
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		<div> <div>▼</div> <div>:</div> <div>▼</div> <div>24-hour clock</div> </div>
6.	Location of ICU discharge	<input type="radio"/> Inpatient non-ICU area <input type="radio"/> Home <input type="radio"/> Another ICU (your hospital) <input type="radio"/> Another hospital's ICU <input type="radio"/> Chronic care or rehabilitation facility <input type="radio"/> Subject deceased <input type="radio"/> Other, specify: <input type="text"/>
7.	Did the subject have any surgical procedures during this ICU stay?	<input type="radio"/> Yes <input type="radio"/> No
8.	Did the subject provide assent for HALF-PINT?	<input type="radio"/> Yes, at the time of parent/guardian consent <input type="radio"/> Yes, after parent/guardian consent <input type="radio"/> No, subject unable to give assent If No, reason assent was not obtained: <input type="radio"/> Subject too young <input type="radio"/> Subject has baseline PCPC > 3 <input type="radio"/> Subject not off sedatives for 72 hours before Study Day 28 or hospital discharge <input type="radio"/> Other, specify: <input type="text"/>
Section: Hospital Discharge		
9.	Date of hospital discharge	<div> <div>▼</div> <div>/</div> <div>▼</div> <div>/</div> <div>▼</div> </div>
10.	Location of hospital discharge	<input type="radio"/> Home <input type="radio"/> Another hospital <input type="radio"/> Chronic care or rehabilitation facility <input type="radio"/> Subject deceased <input type="radio"/> Other, specify: <input type="text"/>
11.	Pediatric Cerebral Performance Category (PCPC) at hospital discharge	<input type="radio"/> (1) Normal <input type="radio"/> (2) Mild disability <input type="radio"/> (3) Moderate disability <input type="radio"/> (4) Severe disability <input type="radio"/> (5) Coma or vegetative state <input type="radio"/> (6) Brain death
12.	Pediatric Overall Performance Category (POPC) at	<input type="radio"/> (1) Good overall performance

hospital discharge

- ☐ (2) Mild overall disability
- ☐ (3) Moderate overall disability
- ☐ (4) Severe overall disability
- ☐ (5) Coma or vegetative state
- ☐ (6) Brain death

Section: Subject Death

13. Did the subject die in your hospital?

☐ Yes

If Yes, date of death:

| / | / |

Primary cause of death:

- ☐ Respiratory failure
- ☐ Cardiovascular failure
- ☐ Multisystem organ failure
- ☐ Central nervous system failure
- ☐ Sepsis
- ☐ Trauma
- ☐ Cancer, specify type:

☐ Other, specify:

Secondary cause of death:

- ☐ Not applicable
- ☐ Respiratory failure
- ☐ Cardiovascular failure
- ☐ Multisystem organ failure
- ☐ Central nervous system failure
- ☐ Sepsis
- ☐ Trauma
- ☐ Cancer, specify type:

☐ Other, specify:

Which of these circumstances applied?

- ☐ Failed resuscitation
- ☐ Associated with limitation/redirection of care
- ☐ Brain death

☐ Unknown

Was organ recovery performed?

☐ Yes

☐ No

☒ No