PALF
Pediatric Acute Liver Failure

Patient Initialization Form

Patient ID __ __ - __ __ __ __ - __ __ __

Date of evaluation *(mm/dd/yy):* ___ /___ /___

SECTION I: HOSPITALIZATION HISTORY

1. Date of initial hospitalization *(mm/dd/yy):* ___ /___ /___ ☐ Unknown
2. Date of hospital transfer, if applicable *(mm/dd/yy):* ___ /___ /___ ☐ N/A
3. Date of PALF enrollment *(mm/dd/yy):* ___ /___ /___
4. Time of PALF enrollment *(24 hour time):* ____ : ____ ☐ Unknown
5. Was the child recently admitted to and discharged from a hospital for symptoms of ALF immediately prior to this episode? ☐ No ☐ Yes ☐ Unknown

   5.1 If yes, Date of admission *(mm/dd/yy):* ___ /___ /___ ☐ Unknown

   Date of discharge *(mm/dd/yy):* ___ /___ /___ ☐ Unknown

SECTION II: DEMOGRAPHICS

1. Child's date of birth *(mm/dd/yyyy):* ___ /___ /_____
2. Highest level of school of child *(check one)*:

   0 ☐ None
   1 ☐ Day care
   2 ☐ Preschool
   3 ☐ Some grade school
   4 ☐ Grade school
   5 ☐ Some high school
   6 ☐ High school diploma or equivalent (GED)
   7 ☐ Some college, no degree
   8 ☐ Vocational or Technical School
   9 ☐ Other degree: _____
   10 ☐ Prefer not to answer
   ☐ Unknown

3. Number of parents who reside in the household with the child: ____ ☐ Unknown
4. Highest level of parental education in household *(check one)*:

   1 ☐ Some high school or less
   2 ☐ High school diploma/GED
   3 ☐ Some college or certification course
   4 ☐ College degree
   5 ☐ Professional or graduate degree
   6 ☐ Other degree: _____
   7 ☐ Prefer not to answer
   ☐ Unknown
   ☐ N/A

5. Marital status of each parent:

   5.1 Mother (or person who best meets the role of mother):

   1 ☐ Single
   2 ☐ Married
   3 ☐ Separated
   4 ☐ Living with someone
   5 ☐ Divorced
   6 ☐ Widowed
   ☐ Unknown

   5.2 Father (or person who best meets the role of father):

   1 ☐ Single
   2 ☐ Married
   3 ☐ Separated
   4 ☐ Living with someone
   5 ☐ Divorced
   6 ☐ Widowed
   ☐ Unknown

SECTION III: MEDICAL HISTORY

1. Patient blood type:

   1 ☐ A
   2 ☐ A +
   3 ☐ A -
   4 ☐ B
   5 ☐ B +
   6 ☐ B -
   7 ☐ AB
   8 ☐ AB +
   9 ☐ AB -
   10 ☐ O
   11 ☐ O +
   12 ☐ O –
   ☐ Unknown

SECTION III: MEDICAL HISTORY (continued)

2. Symptoms that prompted patient or parent to seek medical attention:

2.1 Fever	☐ No	☐ Yes	☐ Unknown
2.2 Nausea/Vomiting	☐ No	☐ Yes	☐ Unknown
2.3 Diarrhea	☐ No	☐ Yes	☐ Unknown
2.4 Jaundice	☐ No	☐ Yes	☐ Unknown
2.5 Seizures	☐ No	☐ Yes	☐ Unknown

3. Date of onset of jaundice *(mm/dd/yy)*: ___ /___ /___ ☐ Unknown ☐ N/A, patient not jaundiced

4. Patient has been diagnosed with or told by a doctor that they have:

4.1 Seizure Disorder	☐ No	☐ Yes	☐ Unknown
4.2 Mental retardation (MR)	☐ No	☐ Yes	☐ Unknown
4.3 Learning disability (LD)	☐ No	☐ Yes	☐ Unknown
4.4 Attention Deficit Hyperactivity Disorder (ADHD) *(with or without hyperactivity)*	☐ No	☐ Yes	☐ Unknown

SECTION IV: MEDICATION HISTORY

1. Has the patient taken any medications, OTC drugs, toxins or herbs within the last 1 month prior to PALF enrollment? ☐ No ☐ Yes (*Complete Medication Log)*

2. Acetaminophen use within the 7 days prior to PALF enrollment *(check one)*:

0 ☐ None

1 ☐ Single dose (or over a single day)

a. Total dose: _____mg 1 ☐ Actual 2 ☐ Estimate ☐ Unknown

b. Date taken *(mm/dd/yy):* ___/___/___ ☐ Unknown

c. Time taken *(24 hr.):* ___:___ ☐ Unknown

d. Toxicity: 1 ☐ Suicide attempt ☐ Unknown
2 ☐ Accidental overdose ☐ N/A, dosage not considered toxic

2 ☐ Chronic use

a. Average daily dose: _____ mg ☐ Unknown

b. Number of days taken: _____ ☐ Unknown

c. Date first taken *(mm/dd/yy):* ___/___/___ ☐ Unknown

d. Number of days when a dose of >100 mg/kg/day was taken during the 7 days prior to PALF enrollment (0-7 days)? _____ ☐ Unknown

1. Date last dose of > 100 mg/kg/day was taken *(mm/dd/yy):* ___/___/___ ☐ Unknown

e. Reason taken: 1 ☐ Fever 2 ☐ Pain 3 ☐ Other _____ ☐ Unknown

f. Toxicity: 1 ☐ Suicide attempt ☐ Unknown
2 ☐ Accidental overdose ☐ N/A, dosage not considered toxic