



## ChiLDReNLink: PROBE

## Form 13 Discharge Medications PROBE

## A: VISIT

A1	Was the participant hospitalized? (Complete this form only if the participant was hospitalized.)	<input type="radio"/> No → <b>Done</b>	<input type="radio"/> Yes
A2	Discharge date:	____ / ____ / ____	

## B: DIET

Feeding type(s) at discharge:

B1a	Human milk?	<input type="radio"/> No → <b>go to B2a</b>	<input type="radio"/> Yes
B1b	Specify human milk type:	<input type="checkbox"/> Breast milk	<input type="checkbox"/> Banked milk
B2a	Cow's milk based formula?	<input type="radio"/> No → <b>go to B3a</b>	<input type="radio"/> Yes
B2b	Specify cow's milk based formula type:	<input type="checkbox"/> Standard infant formula	<input type="checkbox"/> Follow-on formula
B3a	Soy formula?	<input type="radio"/> No → <b>go to B4a</b>	<input type="radio"/> Yes
B3b	Specify soy formula type:	<input type="checkbox"/> Prosobee <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Isomil
B4a	Specialized formula?	<input type="radio"/> No → <b>go to B5a</b>	<input type="radio"/> Yes
B4b	Specify specialized formula type:	<input type="checkbox"/> Alimentum <input type="checkbox"/> Neocate <input type="checkbox"/> Nutramigen <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Pregestimil <input type="checkbox"/> Low lactose
B5a	Parenteral nutrition?	<input type="radio"/> No → <b>go to B6</b>	<input type="radio"/> Yes
B5b	Specify parenteral nutrition type:	<input type="checkbox"/> Total	<input type="checkbox"/> Partial
B6	Solid food?	<input type="radio"/> No	<input type="radio"/> Yes
B7	Feeding route at discharge (check all that apply):	<input type="checkbox"/> Oral <input type="checkbox"/> Nasoenteric <input type="checkbox"/> Gastrojejunostomy <input type="checkbox"/> Intravenous	<input type="checkbox"/> Nasogastric <input type="checkbox"/> Gastrostomy <input type="checkbox"/> Jejunostomy <input type="checkbox"/> Not specified

**C: VITAMINS AND DIETARY SUPPLEMENTS**

C1	Vitamins or dietary supplements at discharge?	<input type="radio"/> No → go to D1a	<input type="radio"/> Yes
C2a	Multivitamin?	<input type="radio"/> No → go to C3a	<input type="radio"/> Yes
C2b	Multivitamin route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C2c	Multivitamin type:	<input type="checkbox"/> Poly-vi-sol <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> AquADEK
C2d	Multivitamin, total daily dose:	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> ml <input type="radio"/> tablet <input type="radio"/> Not Done
C3a	Vitamin A?	<input type="radio"/> No → go to C4a	<input type="radio"/> Yes
C3b	Vitamin A route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C3c	Vitamin A type:	<input type="checkbox"/> Aquasol A <input type="checkbox"/> Other (specify): _____	
C3d	Vitamin A, total daily dose:	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> µg <input type="radio"/> IU <input type="radio"/> Not Done
C4a	Vitamin E?	<input type="radio"/> No → go to C5a	<input type="radio"/> Yes
C4b	Vitamin E route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C4c	Vitamin E type:	<input type="checkbox"/> TPGS (Liqui-E) <input type="checkbox"/> Other (specify): _____	
C4d	Vitamin E, total daily dose:	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> > _____	<input type="radio"/> mg <input type="radio"/> IU <input type="radio"/> ml <input type="radio"/> Not Done
C5a	Vitamin D?	<input type="radio"/> No → go to C6a	<input type="radio"/> Yes
C5b	Vitamin D route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C5c	Vitamin D type:	<input type="checkbox"/> D2 or D3 (Drisdol) <input type="checkbox"/> 1,25 OH 2 Vit D (Rocaltrol) <input type="checkbox"/> Other (specify): _____	

**C: VITAMINS AND DIETARY SUPPLEMENTS**

C5d	Vitamin D, total daily dose:	O = O < O > _____	O µg O IU O Not Done
C6a	Vitamin K?	O No → go to C7a	O Yes
C6b	Vitamin K route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C6c	Vitamin K type:	<input type="checkbox"/> Mephyton <input type="checkbox"/> Other (specify): _____	
C6d	Vitamin K, total daily dose:	O = O < O > _____	O mg O Not Done
C7a	Calcium?	O No → go to C8a	O Yes
C7b	Calcium route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C7c	Calcium, total daily dose:	O = O < O > _____	O mg O mequ O Not Done
C7d	Duocal or Polycose route:	O Oral	O Not Done
C8a	Branch Chain Amino Acids?	O No → go to C8c	O Yes
C8b	Branch chain amino acids route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
C8c	Medium chain triglyceride (MCT) oil route:	O Oral	O Not Done
C8d	Protein supplements route:	O Oral	O Not Done
C9a	Other?	O No → go to D1a O Yes (specify): _____	
C9b	Other route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral

**D: OTHER PRESCRIPTION MEDICATIONS**

D1a	Ursodeoxycholic acid (Urso, ursodiol or Actigall)	O No → go to D2	O Yes
D1b	If Yes, total daily dose:	O = O < O > _____	O mg O Not Done

**D: OTHER PRESCRIPTION MEDICATIONS**

D2	Trimethoprim/sulfamethoxazole total daily dose:	O = O < O >	_____	O mg TMP O Not Done
D3a	Other antibiotics?	O No → go to D6a O Yes (specify): _____		
D3b	Total daily dose:	O = O < O >	_____	O mg O Not Done
D4a	Other antibiotics to report?	O No → go to D6a O Yes (specify): _____		
D4b	Total daily dose:	O = O < O >	_____	O mg O Not Done
D5a	Other antibiotics to report?	O No → go to D6a O Yes (specify): _____		
D5b	Total daily dose:	O = O < O >	_____	O mg O Not Done
D6a	Diuretics?	O No → go to D10		O Yes
D6b	Specify diuretics:	<input type="checkbox"/> Furosemide (e.g. Lasix) <input type="checkbox"/> Spironolactone (e.g. Aldactone) <input type="checkbox"/> Other		
D7	Furosemide (e.g. Lasix) total daily dose:	O = O < O >	_____	O mg O Not Done
D8	Spironolactone (e.g. Aldactone) total daily dose:	O = O < O >	_____	O mg O Not Done
D9a	Other?	O No → go to D10 O Yes (specify): _____		
D9b	Total other daily dose:	O = O < O >	_____	O mg O Not Done

**D: OTHER PRESCRIPTION MEDICATIONS**

D10	Other steroids?	<input type="radio"/> No → go to D15	<input type="radio"/> Yes
D11	Prednisone total daily dose:	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> >	<input type="radio"/> mg <input type="radio"/> Not Done
D12	Prednisolone total daily dose:	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> >	<input type="radio"/> mg <input type="radio"/> Not Done
D13	Methylprednisolone (e.g. Solumedrol) total daily dose:	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> >	<input type="radio"/> mg <input type="radio"/> Not Done
D14a	Other?		
D14b	Total other daily dose:	<input type="radio"/> = <input type="radio"/> < <input type="radio"/> >	<input type="radio"/> mg <input type="radio"/> Not Done
D15	Prescription medications to treat pruritus?	<input type="radio"/> No → go to D17	<input type="radio"/> Yes
D16	Specify prescription medications:	<input type="checkbox"/> Rifampin <input type="checkbox"/> Antihistamines <input type="checkbox"/> Cholestyramine (e.g., Questran) <input type="checkbox"/> Other (specify): _____	
D17	Is the subject taking any other prescription medications?	<input type="radio"/> No <input type="radio"/> Yes (specify): _____	