

A1. Site/Study ID #: _____ / _____

A2. Discharge Date: _____ / _____ / _____
Month Day Year

A3. Staff Initials: _____

To DCC

SECTION B: DIET

B1. Feeding type at discharge (*check all that apply*)

| Feeding Type | Specify (<i>check all that apply</i>): |
|---|---|
| a. <input type="checkbox"/> Human milk DMEB01AM V2(2) | ai. <input type="checkbox"/> Breast milk DMEB01AI V2(2) aii. <input type="checkbox"/> Banked milk DMEB1AII V2(2) |
| b. <input type="checkbox"/> Cow's milk based formula DMEB01BC V2(2) | bi. <input type="checkbox"/> Standard infant formula DMEB01BI V2(2) bii. <input type="checkbox"/> Follow-on formula DMEB1BII V2(2) |
| d. <input type="checkbox"/> Soy formula DMEB01DS V2(2) | di. <input type="checkbox"/> Prosobee DMEB01DI V2(2) dii. <input type="checkbox"/> Isomil DMEB1DII V2(2) diii. <input type="checkbox"/> DMEBDIII V2(2) Other_ DMEBIIS V2(300) _____ |
| e. <input type="checkbox"/> Specialized formula DMEB01ES V2(2) | ei. <input type="checkbox"/> Alimentum DMEB01EI V2(2) eii. <input type="checkbox"/> Pregestimil DMEB1EII V2(2) eiii. <input type="checkbox"/> Neocate DMEBEIII V2(2) eiv. <input type="checkbox"/> Low lactose DMEB1EIV V2(2) ev. <input type="checkbox"/> Nutramigen DMEB01EV V2(2) evi. <input type="checkbox"/> Other DMEB1EVI V2(2) DMEBEVIS V2(300) |
| f. <input type="checkbox"/> Parenteral nutrition DMEB01FP 2(2) | fi. <input type="checkbox"/> Total DMEB01FI V2(2) fii. <input type="checkbox"/> Partial DMEB1FII V2(2) |
| g. <input type="checkbox"/> Solid food DMEB01GS V2(2) | |
| h. <input type="checkbox"/> Not specified DMEB01HN V2(2) | |

B2. Feeding route at discharge (*check all that apply*)?

- a. Oral DMEB02AO V2(2)
- b. Nasogastric DMEB02BN V2(2)
- c. Nasoenteric DMEB02CN V2(2)
- d. Gastrostomy DMEB02DG V2(2)
- e. Gastrojejunostomy DMEB02EG V2(2)
- f. Jejunostomy DMEB02FJ V2(2)
- g. Intravenous DMEB02GI V2(2)
- h. Not specified DMEB02HN V2(2)

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SECTION C: VITAMINS AND DIETARY SUPPLEMENTS - *DO NOT REPORT VITAMINS PRESCRIBED IN P004C1. Vitamins or dietary supplements at discharge (check all that apply): None → Go to D1 DMEC01ME V2(2)

| Vitamin/Supplement | Oral or Parenteral | Type | Total Daily Dose |
|--|--|--|--|
| a. <input type="checkbox"/> Multivitamin* DMEC01AM V2(2) | 1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parenteral DMEC01AP V2(2) | 1. <input type="checkbox"/> Poly-vi-sol 2. <input type="checkbox"/> ADEK 3. <input type="checkbox"/> Other DMEC01AT V2(2) DMEC01AO V2(300) | DMEC01AD V2(10) ___ ml OR ___ . ___ tablet DMEC1ATB V2(10) |
| b. <input type="checkbox"/> Vitamin A* DMEC01BA V2(2) | 1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parenteral DMEC01BP V2(2) | 1. <input type="checkbox"/> Aquasol A 2. <input type="checkbox"/> Other _____ DMEC01BT V2(2) DMEC01BO V2(300) | DMEC01BD V2(10) <input type="checkbox"/> µg OR <input type="checkbox"/> IU DMEC01BU V2(10) |
| c. <input type="checkbox"/> Vitamin E* DMEC01CE V2(2) | 1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parenteral DMEC01CP V2(2) | 1. <input type="checkbox"/> TPGS (Liqui-E) 2. <input type="checkbox"/> Other _____ DMEC01CT V2(2) DMEC01CO V2(300) | DMEC01CD V2(10) <input type="checkbox"/> mg OR <input type="checkbox"/> IU DMEC01CU V2(10) |
| d. <input type="checkbox"/> Vitamin D* DMEC01DV V2(2) | 1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parenteral DMEC01DP V2(2) | 1. <input type="checkbox"/> D ₂ or D ₃ (Drisdol) 2. <input type="checkbox"/> 1,25 OH ₂ Vit D (Rocaltrol) 3. <input type="checkbox"/> Other _____ DMEC01DT V2(2) DMEC01DO V2(300)_ | DMEC01DD V2(10) <input type="checkbox"/> µg OR <input type="checkbox"/> IU DMEC01DU V2(10) |
| e. <input type="checkbox"/> Vitamin K* DMEC01EK V2(2) | 1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parentera DMEC01EP V2(2) | 1. <input type="checkbox"/> Mephyton 2. <input type="checkbox"/> Other _____ DMEC01ET V2(2) DMEC01EO V2(300)_ | DMEC01ED V2(10) mg |
| f. <input type="checkbox"/> Calcium DMEC01FC V2(2) | 1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parenteral DMEC01FP V2(2) | | DMEC01FD V2(10) <input type="checkbox"/> mg OR <input type="checkbox"/> mequ DMEC01FU V2(10) |
| g. <input type="checkbox"/> Duocal or Polycose DMEC01GP V2(2) | 1. <input type="checkbox"/> Oral DMEC01GO V2(2) | | |
| h. <input type="checkbox"/> Branch chain amino acids DMEC01HB V2(2) | 1. <input type="checkbox"/> Oral 2. <input type="checkbox"/> Parenteral DMEC01HP V2(2) | | |

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i. Medium chain
triglyceride (MCT) oil
DMEC01IM V2(2)

1. Oral
DMEC01IO
V2(2)

j. Protein
supplements
DMEC01JP V2(2)

1. Oral
DMEC01JO
V2(2)

k. Milk thistle
DMEC01KM V2(2)

1. Oral
DMEC01KO
V2(2)

l. Herbal
remedies or
supplements
DMEC01LH V2(2)

1. Oral Specify _____
DMEC01LO _____
V2(2) DMEC1TLS V2(300)

m. Other
DMEC01MO V2(2)

1. Oral Specify _____
2. Parenteral DMEC1TMS V2(300)
DMEC01MP
V2(2)

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SECTION D: OTHER PRESCRIPTION MEDICATIONS — *DO NOT REPORT MEDICATIONS PRESCRIBED IN P004D1. Ursodeoxycholic acid (e.g. Urso, ursodiol or Actigall) 1. No → **Go to D2** DMED01UA V2(2)

| Medication | Total Daily Dose |
|--|-----------------------|
| a. <input type="checkbox"/> Ursodeoxycholic acid* DMED01AU V2(2) | DMED01TD V2(10) mg |

D2. Other antibiotics 1. No → **Go to D3** DMED02AN V2(2)

| Medication | Total Daily Dose |
|--|---------------------------|
| a. <input type="checkbox"/> Trimethoprim/sulfamethoxazole* DMED02AT v2(2) | DMED2ATD V2(10) mg TMP |
| b. <input type="checkbox"/> Other : ___ DMED02BO V2(2)_ DMED02BS V2(300) | DMED2BTD V2(10) mg |
| c. <input type="checkbox"/> Other : ___ DMED02CO V2(2)_ DMED02CS V2(300) | DMED2CTD V2(10) mg |
| d. <input type="checkbox"/> Other : ___ DMED02DO V2(2)_ DMED02DS V2(300) | DMED2DTD V2(10) mg |
| e. <input type="checkbox"/> Other : ___ DMED02EO V2(2)_ DMED02ES V2(300) | DMED2ETD V2(10) mg |

D3. Diuretics 1. No → **Go to D4** DMED03DI V2(2)

| Medication | Total Daily Dose |
|--|---------------------------|
| a. <input type="checkbox"/> Furosemide (e.g. Lasix) DMED03AF V2(2) | _ DMED3ATD V2(10) mg |
| b. <input type="checkbox"/> Spironolactone (e.g. Aldactone) DMED03BS V2(2) | DMED3BTD V2(10) ___ mg |
| c. <input type="checkbox"/> Other : _____ DMED03CO V2(2) DMED03CS V2(300)_ | DMED3CTD V(10) _ mg |

D4. Other steroids 1. No → **Go to D5** DMED04ST V2(2)

| Medication | Total Daily Dose |
|--|---------------------------|
| a. <input type="checkbox"/> Prednisone DMED04AP V2(2) | _ DMED4ATD V2(10) mg |
| b. <input type="checkbox"/> Prednisolone DMED04BP V2(2) | DMED4BTD V2(10)_ mg |
| c. <input type="checkbox"/> Methylprednisolone (e.g. Solumedrol) DMED04CM V2(2) | DMED4CTD V2(10) ___ mg |
| d. <input type="checkbox"/> Other : DMED04DO V2(2) DMED04DS V2(300) | DMED4DTD V2(10)_ mg |

D5. Prescription medications to treat pruritus 1. No → **Go to D6** DMED05PR V2(2)

| Medication |
|--------------------------------------|
| a. <input type="checkbox"/> Rifampin |

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DMED05AR V2(2)

b. Antihistamines

DMED05BA V2(2)

c. Cholestyramine (e.g. Questran)

DMED05CC V2(2)

d. Other : DMED05DO V2(2)

DMED05DS V2(300)

D6. Any other prescription medications

1. No → END DMED06AO V2(2)

| Medication |
|---------------------|
| a. DMED06AM V2(300) |
| b. DMED06BM V2(300) |
| c. DMED06CM V2(300) |
| d. DMED06DM V2(300) |
| e. DMED06EM V2(300) |
| f. DMED06FM V2(300) |
| g. DMED06GM V2(300) |
| h. DMED06HM V2(300) |
| i. DMED06IM V2(300) |
| j. DMED06JM V2(300) |
| k. DMED06KM V2(300) |
| l. DMED06LM V2(300) |
| m. DMED06MA V2(300) |
| n. DMED06NM V2(300) |
| o. DMED06OM V2(300) |
| p. DMED06PM V2(300) |
| q. DMED06QM V2(300) |
| r. DMED06RM V2(300) |
| s. DMED06SM V2(300) |
| t. DMED06TM V2(300) |

DMECMNT4 V2(800) Comment

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Inactive Variables

| | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|
| DMEB01CC | DMEB1CII | DMEB03OZ | DMEB03BK | DMEINSIG | DMESIGDD | DMESIGDT |
| DMEB01CI | DMEBCIII | DMEB03HM | DMEB03BU | DMESIGMM | DMESIGYY | |