Data Supplement 1. Mandatory survey completed by clinicians for emergency patients with venous thromboembolism to be eligible for home treatment with rivaroxaban

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Survey		Page 1 of 2
Please complete these questions		
Thank you!		
Date of diagnosis	(click on the clock icon)	
Diagnosis	 Deep venous thrombosis Pulmonary embolism 	
Where is the DVT?	 left leg right leg left arm right arm axillary vein calf vein femoral vein saphenous vein other vein (choose all that apply) 	
Where is the PE?	 Left lung Right lung (choose all that apply) 	
Size of PE	 subsegmental only segmental or multiple segmental lobar or larger (Choose the size that fits best) 	

Eligibility criteria for patients without active malignancy--all buttons must be checked

	Elibility criteria
Age>17	
Systolic always>100 mm Hg in absence of history of low blood pressure	
No contraindication to anticoagulation treatment (active bleeding or high risk postoperative status, creatinine clearance < 30 ml/min, history of heparin induced thrombocytopenia or warfarin skin necrosis):	
No other medical condition requiring hospital treatment (sepsis, new or decompensated existing organ failure, intractable pain);	



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No social condition requiring hospital treatment (homelessness with history of non-adherence to treatment, suspected neglect or abuse, incarceration, untreated psychosis, severe alcohol or drug dependency);		
No coagulopathy or current anticoagulant resulting in an INR>1.7, or thrombocytopenia (platelet count < 50,000/uL);		
No need for supplemental oxygen (no respiratory distress and pulse ox always >94%)		
Does patient have active cancer?	☐ True ☐ False (Under care of oncologist, or any metasta cancer)	atic
POMPE-C criteria must be filled out for patients with		
active cancer (recommended safe value < 6%) http://www.studymaker.com/projects/pompe/index.php)	0% 50%	100%
	(Place a mark on the sca	le above)
Patient last name:		
Patient first name		
Where are you working?	☐ Methodist ☐ University ☐ West ☐ Wishard	
Medical Record Number		
Accurate phone number for the patient		
Where do you want the patient to follow-up? Patients follow up at the location they were diagnosed.	 KLOT Klinic Methodist (Second Friday of KLOT Klinic Wishard (Fourth Friday eac Patient's own physician 	
What date do you want the patient to follow up at the Eskenazi 4th Floor Outpatient Clinic? (between 2-5 weeks after today's date)?	 □ Dec 20, 2013 □ Jan 24, 2014 □ Feb 28, 2014 □ Mar 28, 2014 □ Apr 25, 2014 □ May 23, 2014 □ Jun 27, 2014 	
What date do you want the patient to follow up at the Methodist EMTC KLOT clinic? (Between 2-5 weeks after today's date)	 □ Dec 13, 2013 □ Jan 10, 2014 □ Feb 14, 2014 □ Mar 14, 2014 □ Apr 11, 2014 □ May 9, 2014 □ Jun 13, 2014 	
Please enter your name	(last name, first name)	

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