

**Section A: KEY IDENTIFYING INFORMATION**

A1. Study Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

A2. Acrostic Identifier \_\_\_\_\_

A3. Date of hospital **admission** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 M M D D Y Y Y Y

A4. Date of hospital **discharge** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 M M D D Y Y Y Y

A5. Name of person completing form \_\_\_\_\_  
 PRINT FULL NAME

**Section B: CLINICAL ASSESSMENT**

B1. Height or Length at assessment \_\_\_\_\_ . \_\_\_\_\_ cm

B2. Weight at assessment \_\_\_\_\_ . \_\_\_\_\_ kg

B3. Number of associated findings and events in 10 days preceding study enrollment  
**(See Code List E)** \_\_\_\_\_

**Findings/Event Code**  
 [Code required for data entry]

**Specify**

a. \_\_\_\_\_ - \_\_\_\_\_

a.1 Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 M M D D Y Y Y Y

b. \_\_\_\_\_ - \_\_\_\_\_

b.1 Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 M M D D Y Y Y Y

c. \_\_\_\_\_ - \_\_\_\_\_

c.1 Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 M M D D Y Y Y Y

d. \_\_\_\_\_ - \_\_\_\_\_

d.1 Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 M M D D Y Y Y Y

e. \_\_\_\_\_ - \_\_\_\_\_

e.1 Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 M M D D Y Y Y Y

**Findings/Event Code**  
[Code required for data entry]

**Specify**

f. \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

--

f.1 Date

\_\_\_ / \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
M M D D Y Y Y Y

g. \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

--

g.1 Date

\_\_\_ / \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
M M D D Y Y Y Y

h. \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

--

h.1 Date

\_\_\_ / \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
M M D D Y Y Y Y

i. \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

--

i.1 Date

\_\_\_ / \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
M M D D Y Y Y Y

j. \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

--

j.1 Date

\_\_\_ / \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
M M D D Y Y Y Y

B4. Number of medications used in 10 days preceding study enrollment  
(See Code List D)

**Medication Code**  
[Code required for data entry]

**Medication Name Worksheet**

a. \_\_\_ . \_\_\_

b. \_\_\_ . \_\_\_

c. \_\_\_ . \_\_\_

d. \_\_\_ . \_\_\_

e. \_\_\_ . \_\_\_

f. \_\_\_ . \_\_\_

g. \_\_\_ . \_\_\_

h. \_\_\_ . \_\_\_

i. \_\_\_ . \_\_\_

j. \_\_\_ . \_\_\_


**Section C: HOSPITAL MEDICATIONS**

C1. Number of medications during hospitalization  
 [Excluding study protocol drugs IVIG, Study Drug, Aspirin, Benadryl®]  
 (See Code List D)

Medication Code [Code required for data entry]	Medication Name Worksheet
a. ____ . ____	
b. ____ . ____	
c. ____ . ____	
d. ____ . ____	
e. ____ . ____	
f. ____ . ____	
g. ____ . ____	
h. ____ . ____	
i. ____ . ____	
j. ____ . ____	

**Section D: ASPIRIN THERAPY DURING HOSPITALIZATION**

D1. Patient received aspirin therapy YES ..... 1 NO ..... 2 (E1)

D2. Date daily aspirin **started** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_  
 M M D D Y Y Y Y

D3. Total daily aspirin dose **started** \_\_\_\_ \_\_\_\_ \_\_\_\_ mg

D4. Aspirin dose **modified** YES ..... 1 NO ..... 2 (D5)

a. Number of modifications \_\_\_\_

a.1.a Date of modification 1 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_  
 M M D D Y Y Y Y

a.1.b Modified daily aspirin dose \_\_\_\_ \_\_\_\_ \_\_\_\_ mg

- a.1.c Reason for modification
- VOMITING ..... 1
  - GASTRITIS ..... 2
  - ELEVATED ALT/AST ..... 3
  - DEFERESCENCE ..... 4
  - OTHER ..... 99

a.1.c.i. Specify: \_\_\_\_\_



**Section E: ANTITHROMBOTIC THERAPY**

E1. Antithrombotic therapy [other than aspirin] YES ..... 1 NO ..... 2 (F1)

a. Number of antithrombotic medications \_\_\_\_  
 (See Code List D)

**Medication Code**  
 [Code required for data entry]

**Specify Medication**

b. Antithrombotic medication 1 \_\_\_\_ . \_\_\_\_

b.1. Date **started**            /       /              
    M M D D Y Y Y Y

b.2. Date **stopped**            /       /              
    M M D D Y Y Y Y

c. Antithrombotic medication 2 \_\_\_\_ . \_\_\_\_

c.1. Date **started**            /       /              
    M M D D Y Y Y Y

c.2. Date **stopped**            /       /              
    M M D D Y Y Y Y

d. Antithrombotic medication 3 \_\_\_\_ . \_\_\_\_

d.1. Date **started**            /       /              
    M M D D Y Y Y Y

d.2. Date **stopped**            /       /              
    M M D D Y Y Y Y

**Section F: ASSOCIATED FINDINGS AND EVENTS**

F1. Number of associated findings and events during hospitalization  
 [Excluding Kawasaki Disease diagnostic criteria]  
 (See Code List E)

Findings/Event Code [Code required for data entry]	Specify																
a. ___ - ___ ___ ___ ___	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>																
a.1 Date	<table border="0" style="margin: auto;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>									M	M	D	D	Y	Y	Y	Y
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M	M	D	D	Y	Y	Y	Y										

**Findings/Event Code**  
[Code required for data entry]

**Specify**

i. \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_

i.1 Date

\_\_\_ / \_\_\_ / \_\_\_ - \_\_\_ - \_\_\_  
M M D D Y Y Y Y

j. \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_

j.1 Date

\_\_\_ / \_\_\_ / \_\_\_ - \_\_\_ - \_\_\_  
M M D D Y Y Y Y

**Continue to form K004B to complete the remaining sections of the  
Inpatient Hospital Form**