Comprehensive Sickle Cell Centers	Acute Chest Syndrome	Pulmonary CRF Page 1 of 3
Protocol # 2 Collaborative Data Project	Form Completed by PUL1:COMPINT	CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

How many times has this subject had acute chest syndrome during the report period? PUL1:EPISODE

Date of diagnosis: PUL2:DIAGDA / PUL2:DIAGMO / PUL2:DIAGYR Delete Event
DD **MMM** **YYYY**

Was there radiographic evidence of a new segmental or lobar pulmonary infiltrate at the time of diagnosis? ☐ (PUL2:PULQ1) Yes ☐ (PUL2:PULQ1) No ☐ (PUL2:PULQ1) Not Done

Did the subject have tachypnea (per age-adjusted normal values) at the time of diagnosis? ☐ (PUL2:PULQ2) Yes ☐ (PUL2:PULQ2) No ☐ (PUL2:PULQ2) Unknown

Highest temperature at diagnosis: PUL2:TEMP °C

PaO_2: PUL2:PAO2 mmHg **or** ☐ (PUL2:PAO2ND) Not Done

SpO_2 at the time of diagnosis: PUL2:SPO2DIA %

O_2 at the time of SpO_2: ☐ (PUL2:ROOM1) Room Air **or** PUL2:OTIME1 % **or** PUL2:LFLOW1 Liter flow

SpO_2 at the most recent non-acute exam: PUL2:SPO2EXA %

O_2 at the time of SpO_2: ☐ (PUL2:ROOM2) Room Air **or** PUL2:OTIME2 % **or** PUL2:LFLOW2 Liter flow

Mark all symptoms reported/experienced by the subject:

☐ (PUL2:SYM1) Cough ☐ (PUL2:SYM2) Chest pain ☐ (PUL2:SYM3) Wheezing ☐ (PUL2:SYM4) Rales
☐ (PUL2:SYM5) Intracostal retractions ☐ (PUL2:SYM6) Nasal flaring ☐ (PUL2:SYM7) Use of accessory muscles for respiration
☐ (PUL2:SYM8) None

Was mechanical ventilation required? ☐ (PUL2:VENTYN)Yes ☐ (PUL2:VENTYN)No

Did the event result in death? ☐ (PUL2:DEATH)Yes ☐ (PUL2:DEATH)No

Add Event

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