

<p align="center"><b>Comprehensive Sickle Cell Centers</b></p>	<p align="center"><b>ACS Assessment</b></p>	<p align="center"><b>Follow-up I</b> <b>Page: 11</b></p>
<p align="center"><b>Dexamethasone for ACS</b></p>		<p>CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}</p>

Complete this form at the **first follow-up visit**, if the subject was discharged from the hospital.

**Was the assessment completed?**  (ACF1:COMPLET) Yes  (ACF1:COMPLET) No

If No, indicate the reason (check one):

(ACF1:REASON) Subject is still an in-patient at the hospital

(ACF1:REASON) Subject or parent/guardian decision

(ACF1:REASON) Serious Adverse Event

(ACF1:REASON) Other, specify

<p><b>Date of Assessment:</b></p>	<input type="text" value="ACF1:ASSDA"/> /	<input type="text" value="ACF1:ASSMO"/> /	<input type="text" value="ACF1:ASSYR"/>	<p><b>Time of Assessment:</b></p>	<input type="text" value="ACF1:ASSHR"/> :	<input type="text" value="ACF1:ASSMI"/>
	DD	MMM	YYYY	(24-hour clock)	Hour	Min

Element of Index	Value
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<b>1. Respiratory Rate</b>	
<b>A. Current Rate (breaths per minute):</b>	<input type="text" value="ACF1:RESPRAT"/>

<b>2. Work of breathing</b>	
<b>A. Retractions</b>	<input type="checkbox"/> (ACF1:RETRAC) Yes <input type="checkbox"/> (ACF1:RETRAC) No
<b>B. Nasal flaring</b>	<input type="checkbox"/> (ACF1:NASAL) Yes <input type="checkbox"/> (ACF1:NASAL) No
<b>C. Use of accessory muscles</b>	<input type="checkbox"/> (ACF1:MUSC) Yes <input type="checkbox"/> (ACF1:MUSC) No

<b>3. Pain</b>
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**A. Current thoracic pain scale<sup>2</sup>**

**B. Non-thoracic body pain**

Pain scale:  (ACF1:SCALE) Oucher Scale

(ACF1:SCALE) Numeric Rating Scale

of pain:  (ACF1:PAIN1) Back  (ACF1:PAIN2) Extremities  (ACF1:PAIN3) Neck  
(check   
all that   
apply)  (ACF1:PAIN4) Abdomen  (ACF1:PAIN5) Lower   
Extremities

#### 4. SpO<sub>2</sub> (off oxygen = 1 minute)<sup>1</sup>

A. Current Value (%):  or  (ACF1:SPO2NA) N/A  
(in room air)

#### 5. Medical intervention

A. Supplemental O<sub>2</sub>  (ACF1:SUPO2) Yes  (ACF1:SUPO2) No  
B. Invasive or noninvasive ventilatory support  (ACF1:VENTSUP) Yes  (ACF1:VENTSUP) No

<sup>1</sup> If subject is ventilated or if it is deemed unsafe to trial subject off O<sub>2</sub>, check 'N/A' for "Current Value (%)".

<sup>2</sup> Enter value of 10 point numeric rating scale or the Oucher.

Comments for page:

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