

<p><b>Comprehensive Sickle Cell Centers</b></p>	<h1 style="text-align: center;">Follow-up I Assessment</h1>	<p style="text-align: right;"><b>Follow-up I Page: 12</b></p>
<p><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?**  (VTL1:COMPLET) Yes  (VTL1:COMPLET) No

**If No**, indicate the reason (**check one**):

- |   |   |
|---|---|
| <input type="checkbox"/> (VTL1:REASON) Subject is still an in-patient at the hospital | <input type="checkbox"/> (VTL1:REASON) Lost to follow-up                                      |
| <input type="checkbox"/> (VTL1:REASON) Serious Adverse Event                          | <input type="checkbox"/> (VTL1:REASON) Other, specify <input type="text" value="VTL1:OTHSP"/> |
| <input type="checkbox"/> (VTL1:REASON) Subject or parent/guardian decision            |   |

<b>Date of Assessment:</b>	<input type="text" value="VTL1:ASSDA"/> / <input type="text" value="VTL1:ASSMO"/> / <input type="text" value="VTL1:ASSYR"/>	<b>Time of Assessment:</b>	<input type="text" value="VTL1:ASSHR"/> : <input type="text" value="VTL1:ASSMI"/>
	DD                      MMM                      YYYY	(24-hour clock)	Hour                      Min

### Vitals

<b>Temperature (°C)</b>	<b>Heart Rate (BPM)</b>	<b>Respirations (RR)</b>	<b>Blood Pressure (mm Hg)</b>	
<input type="text" value="VTL1:TEMP"/>	<input type="text" value="VTL1:RATE"/>	<input type="text" value="VTL1:RESP"/>	<input type="text" value="VTL1:SYS"/> / <input type="text" value="VTL1:DIA"/>	
			Systolic	Diastolic

**Per protocol, hypertension indicated by the following results should be reported as Adverse Events:**

- A single blood pressure in which the systolic pressure is  $\geq 140$  mmHg **and** the diastolic pressure is  $\geq 90$  mmHg;
- A systolic pressure  $\geq 140$  mmHg on 2 more occasions in a rolling 24 hour period regardless of diastolic pressure;
- A diastolic pressure  $\geq 90$  mmHg on 2 more occasions in a rolling 24 hour period regardless of systolic pressure.

Does the subject have new onset hypertension (per protocol)?  (VTL1:HYPER) Yes  (VTL1:HYPER) No

**If Yes**, enter this on AE form.

If Yes, what is the suspected reason?

(VTL1:REASON2) Crying or irritated

(VTL1:REASON2) Severe pain

(VTL1:REASON2) Fluid overload

(VTL1:REASON2) Unknown

(VTL1:REASON2) Other, specify

If Yes, did this require treatment?

(VTL1:TREAT) Yes

(VTL1:TREAT) No

**Reminder: Do not forget to enter data on the Study Drug Home Record.**

Comments for page:

VTL1:COMMENT

Submit Query

Cancel

[Form Completion Help](#)

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