

Comprehensive Sickle Cell Centers	Follow-up II Assessment	Follow-up II Page: 16
Dexamethasone for ACS		CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

Complete this form at the **second follow-up visit**.

Was the assessment completed? (VTL2:COMPLET) Yes (VTL2:COMPLET) No

If No, indicate the reason (check one):

- | | |
|---|---|
| <input type="checkbox"/> (VTL2:REASON) Subject is still an in-patient at the hospital | <input type="checkbox"/> (VTL2:REASON) Lost to follow-up |
| <input type="checkbox"/> (VTL2:REASON) Serious Adverse Event | <input type="checkbox"/> (VTL2:REASON) Other, specify <input type="text" value="VTL2:OTHSP"/> |
| <input type="checkbox"/> (VTL2:REASON) Subject or parent/guardian decision | |

Date of Assessment: / /
DD MMM YYYY

Time of Assessment: :
(24-hour clock) Hour Min

Vitals

Temperature (°C) <input type="text" value="VTL2:TEMP"/>	Heart Rate (BPM) <input type="text" value="VTL2:RATE"/>	Respirations (RR) <input type="text" value="VTL2:RESP"/>	Blood Pressure (mm Hg) <input type="text" value="VTL2:SYS"/> / <input type="text" value="VTL2:DIA"/> Systolic Diastolic
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Per protocol, hypertension indicated by the following results should be reported as Adverse Events:

- A single blood pressure in which the systolic pressure is ≥ 140 mmHg **and** the diastolic pressure is ≥ 90 mmHg;
- A systolic pressure ≥ 140 mmHg on 2 more occasions in a rolling 24 hour period regardless of diastolic pressure;
- A diastolic pressure ≥ 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)? (VTL2:HYPER) Yes (VTL2:HYPER) No

If Yes, enter this on AE form.

If Yes, what is the suspected reason?

(VTL2:REASON2) Crying or irritated

(VTL2:REASON2) Severe pain

(VTL2:REASON2) Fluid overload

(VTL2:REASON2) Unknown

(VTL2:REASON2) Other, specify

If Yes, did this require treatment?

(VTL2:TREAT) Yes (VTL2:TREAT) No

Weight (kg):

Comments for page:

[Form Completion Help](#)