

# Respiratory Assessments

Dexamethasone for ACS

Date of assessment:  /  /   
DD MMM YYYY

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?  (RESP:COMPLET) Yes  (RESP:COMPLET) No

If No, indicate the reason (check one):

- (RESP:REASON) Subject is still an in-patient at the hospital  (RESP:REASON) Lost to follow-up
- (RESP:REASON) Serious Adverse Event  (RESP:REASON) Other, specify
- (RESP:REASON) Subject or parent/guardian decision

Was a 30-day chest radiograph taken?  (RESP:CHEST) Yes  (RESP:CHEST) No  
(record information on "Chest Radiograph", CRF p. 24)

## Pulmonary Function

| Test                      | Value   | Predicted Value   |
|---------------------------|---|---|
| FVC:                      | <input type="text" value="RESP:FVC1"/> L                      | <input type="text" value="RESP:FVC2"/> L                      |
| FEV <sub>1</sub> :        | <input type="text" value="RESP:FEV1"/> L                      | <input type="text" value="RESP:FEV2"/> L                      |
| (FEV <sub>1</sub> /FVC):  | <input type="text" value="RESP:FEVFVC1"/> %                   | <input type="text" value="RESP:FEVFVC2"/> %                   |
| (FEF <sub>25-75%</sub> ): | <input type="text" value="RESP:FEF1"/> %                      | <input type="text" value="RESP:FEF2"/> %                      |
| PEFR:                     | <input type="text" value="RESP:PEFR1"/> L/s                   | <input type="text" value="RESP:PEFR2"/> L/s                   |
| DLCO:                     | <input type="text" value="RESP:DLCO1"/>                       | <input type="text" value="RESP:DLCO2"/>                       |
|                           | <input type="checkbox"/> (RESP:CORHGB1) Corrected for HGB     | <input type="checkbox"/> (RESP:CORHGB2) Corrected for HGB     |
|                           | <input type="checkbox"/> (RESP:CORHGB1) Not corrected for HGB | <input type="checkbox"/> (RESP:CORHGB2) Not corrected for HGB |
|                           | <input type="checkbox"/> (RESP:ND1) Not Done                  | <input type="checkbox"/> (RESP:ND2) Not Done                  |

**Reminder: Fax the pulmonologist's report to the Protocol Chair, Charles Quinn, MD at 214-648-3122. Remove all subject identification except for the CSCC ID#. This is a confidential fax #.**

Comments for page:

RESP: COMMENT



Submit Query

Cancel

[Form Completion Help](#)

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