

Dexamethasone for ACS

CSCC ID: {subject.name}

Center Code: {center.name}

Hospital Code: {center.hospital.name}

DIAGNOSTIC X-RAY

Record information for the subject's **diagnostic** x-ray.

Date of X-Ray	Time of X-Ray	Pulmonary Infiltrate?	If Yes,	Comments
<input type="text" value="XRAY:XRAYDA"/> / <input type="text" value="XRAY:XRAYMO"/> / <input type="text" value="XRAY:XRAYYR"/> DD MMM YYYY	<input type="text" value="XRAY:XRAYHR"/> : <input type="text" value="XRAY:XRAYMI"/> Hour Min (24-hour clock)	<input type="checkbox"/> (XRAY:PULYN) Yes <input type="checkbox"/> (XRAY:PULYN) No	<input type="checkbox"/> (XRAY:IFYES) New <input type="checkbox"/> (XRAY:IFYES) Existing	<input type="text" value="XRAY:COMM"/>

CLINICALLY INDICATED

Press the "Add" button to record information for each **clinically indicated** x-ray performed while subject is admitted in hospital.

Delete Clinically Indicated X-Ray				
Date of X-Ray	Time of X-Ray	Pulmonary Infiltrate?	If Yes,	Comments
<input type="text" value="CIXR:CRAYDA"/> / <input type="text" value="CIXR:CRAYMO"/> / <input type="text" value="CIXR:CRAYYR"/> DD MMM YYYY	<input type="text" value="CIXR:CRAYHR"/> : <input type="text" value="CIXR:CRAYMI"/> Hour Min (24-hour clock)	<input type="checkbox"/> (CIXR:CPULYN) Yes <input type="checkbox"/> (CIXR:CPULYN) No	<input type="checkbox"/> (CIXR:CIFYES) New <input type="checkbox"/> (CIXR:CIFYES) Existing	<input type="text" value="CIXR:CCOMM"/>

Add Clinically Indicated X-Ray

FOLLOW-UP II

Record information for the subject's **Follow-up II** visit x-ray.

Delete Follow-up II X-Ray				
Date of X-Ray	Time of X-Ray	Pulmonary Infiltrate?	If Yes,	Comments
<input type="text" value="FXRA:XRAY2DA"/> / <input type="text" value="FXRA:XRAY2MO"/> / <input type="text" value="FXRA:XRAY2YR"/> DD MMM YYYY	<input type="text" value="FXRA:XRAY2HR"/> : <input type="text" value="FXRA:XRAY2MI"/> Hour Min (24-hour clock)	<input type="checkbox"/> (FXRA:PULYN2) Yes <input type="checkbox"/> (FXRA:PULYN2) No	<input type="checkbox"/> (FXRA:IFYES2) New <input type="checkbox"/> (FXRA:IFYES2) Existing	<input type="text" value="FXRA:COMM2"/>
or <input type="checkbox"/> (FXRA:XRAY2ND) Not Done				

Add Follow-up II X-Ray

Comments for page:

XRAY:COMMENT

Submit Query

Cancel

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