

<p align="center"><b>Comprehensive Sickle Cell Centers</b></p>	<p align="center"><b>ACS Assessment</b></p>	<p align="center"><b>Screening/Baseline</b> <b>Page: 05</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 immediately prior to first dose of study drug.

<p><b>Date of Assessment:</b></p>	<input type="text" value="ACSA:ASSDA"/> DD	<input type="text" value="ACSA:ASSMO"/> MMM	<input type="text" value="ACSA:ASSYR"/> YYYY	<p><b>Time of Assessment:</b></p>	<input type="text" value="ACSA:ASSHR"/> Hour	<input type="text" value="ACSA:ASSMI"/> Min
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Element of Index	Value
<b>1. Respiratory Rate</b>	
<p><b>A. Current Rate (breaths per minute):</b></p>	<input type="text" value="ACSA:RESPRAT"/>

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

<b>3. Pain</b>	
<p><b>A. Current thoracic pain scale<sup>2</sup></b></p>	<input type="text" value="ACSA:THORAC"/>
<p><b>B. Non-thoracic body pain</b></p>	<input type="text" value="ACSA:OVERALL"/>
<p>Pain scale:    <input type="checkbox"/> (ACSA:SCALE) <small>Oucher Scale</small></p>	<input type="checkbox"/> (ACSA:SCALE) <small>Numeric Rating Scale</small>
<p>Location of pain: (check all that apply)    <input type="checkbox"/> (ACSA:PAIN1) <small>Lower Back</small></p>	<input type="checkbox"/> (ACSA:PAIN2) <small>Upper Extremities</small> <input type="checkbox"/> (ACSA:PAIN3) <small>Head &amp; Neck</small>
<p><input type="checkbox"/> (ACSA:PAIN4) <small>Abdomen</small></p>	<input type="checkbox"/> (ACSA:PAIN5) <small>Lower Extremities</small>

<b>4. SpO<sub>2</sub> (off oxygen = 1 minute)<sup>1</sup></b>
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A. Current Value (%):  
(in room air)

(ACSA:SPO2VAL) or  (ACSA:SPO2NA) N/A

### 5. Medical intervention

A. Supplemental O<sub>2</sub>

(ACSA:SUPO2) Yes  (ACSA:SUPO2) No

B. Invasive or noninvasive ventilatory support

(ACSA:VENTSUP) Yes  (ACSA: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:

ACSA:COMMENT



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