

Comprehensive Sickle Cell Centers	Inclusion Criteria	Screening/Baseline Page: 01
Dexamethasone for ACS		CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}

For the subject to be considered eligible for this study, Questions 1 through 6 must be answered Yes.

1. Is the subject \geq 5 years of age at the time of consent? (INCL:INCL1) Yes (INCL:INCL1) No
2. Has there been a confirmed diagnosis of either sickle cell anemia (Hgb SS) or sickle- β^0 -thalassemia (Hgb S β^0)? (INCL:INCL2) Yes (INCL:INCL2) No
3. Is the subject currently experiencing ACS defined as a new lobar or segmental pulmonary infiltrate seen on a chest radiograph **and two** or more of the following findings in the 24 hours preceding enrollment (signing consent)? (INCL:INCL3) Yes (INCL:INCL3) No

Which of these symptoms is the subject experiencing in the 24 hours preceding enrollment?

If Inclusion Criteria #3 = Yes, at least two symptoms must be checked below.

- (Check all that apply) (INCL:INCL3A) Temperature \geq 38.5°C
- (INCL:INCL3B) Tachypnea
- (INCL:INCL3C) Dyspnea or increased work of breathing
- (INCL:INCL3D) Chest wall pain
- (INCL:INCL3E) Oxygen saturation of < 90% in room air by pulse oximetry

4. Is the subject experiencing one or more of these findings at the time of enrollment? (INCL:INCL4NW) Yes (INCL:INCL4NW) No

Which of these symptoms is the subject experiencing at the time of enrollment?

If Inclusion Criteria #4 = Yes, at least one symptom must be checked below.

- (Check all that apply) (INCL:INCL4A) Temperature \geq 38.5°C
- (INCL:INCL4B) Tachypnea
- (INCL:INCL4C) Dyspnea or increased work of breathing
- (INCL:INCL4D) Chest wall pain
- (INCL:INCL4E) Oxygen saturation of < 90% in room air by pulse oximetry

5. Is the subject currently experiencing an episode of ACS that was diagnosed within the preceding 24 hours? (INCL:INCL4) Yes (INCL:INCL4) No

6. Is the subject able to take medication in capsule form?

(INCL:INCL5)

Yes

(INCL:INCL5)

No

7. Was written, informed consent provided by the subject and/or parents or guardians before study entry?

(INCL:INCL6)

Yes

(INCL:INCL6)

No

Date of informed consent:

/

/

DD

MMM

YYYY

Comments for page:



[Form Completion Help](#)