



Does the subject have new onset hypertension (per protocol)?  (DASS:HYPER) Yes  (DASS:HYPER) No

If Yes, enter this on AE form.

If Yes, what is the suspected reason?

(DASS:REASON) Crying or irritated

(DASS:REASON) Severe pain

(DASS:REASON) Fluid overload

(DASS:REASON) Unknown

(DASS:REASON) Other, specify

If Yes, did this require treatment?

(DASS:TREAT) Yes  (DASS:TREAT) No

Does the subject have fluid overload?

(DASS:FLUID) Yes  (DASS:FLUID) No

Did the subject receive any blood transfusions in this 24 hour period?

(DASS:TRAN) Yes  (DASS:TRAN) No

If Yes, which type (mark all that apply)?

(DASS:TRANTYP) Simple

(DASS:TRANTYP) Exchange

If Simple is marked, how many simple transfusions?

Did the subject start using supplemental O<sub>2</sub> in this 24 hour period?

(DASS:SUPO2) Yes  (DASS:SUPO2) No

If Yes, time started:  :   
Hour Min

Did the subject start a fever  $\geq 38.5^{\circ}\text{C}$  in this 24 hour period?

(DASS:FEVER) Yes  (DASS:FEVER) No

If Yes, time started:  :   
Hour Min

Did the subject become hypoxemic (O<sub>2</sub> saturation < 92% in room air) in this 24 hour period?

(DASS:HYPOX) Yes  (DASS:HYPOX) No

If Yes, time started:  :   
Hour Min

Comments for page:

DASS:COMMENT

Submit Query

Cancel

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