

# S24r0 Serious Adverse Event Reporting

Ad Hoc Event ID \_\_\_\_\_

Event Date (yyyy/mm/dd): \_\_\_\_\_

Correction:  Yes  
 No

1. Event Name (choose one):  Transient Ischemic Attack  
 Overt Stroke  
 Hemorrhagic  
 Progressive Silent Infarct

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## 2. Did the patient present with the following symptoms at the time of this CVA event? (answer each item)

2A. Aphasia  Yes  
 No

2B. Loss of consciousness  Yes  
 No

2C. Change in mental status  Yes  
 No

2D. Seizure  Yes  
 No

2E. Difficulty swallowing  Yes  
 No

2F. Headache  Yes  
 No

2G. Motor/Coordination deficit  Yes  
 No

2H. Visual deficit  Yes  
 No

2I. Sensory deficit  Yes  
 No

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## 3. Did any of the following occur the week (7 days) prior to the CVA event? (answer each item)

3A. Acute febrile illness  Yes  
 No

3B. Painful event (VOC)  Yes  
 No

3C. Acute chest syndrome  Yes  
 No

3D. Acute chest syndrome (requiring PICU admit)  Yes  
 No

3E. Infection (with known source)  Yes  
 No

3F. Infection (unknown source)  Yes

No

3G. Acute anemia (hypoplastic crisis)  Yes

No

3H. Priapism  Yes

No

3I. Surgery (general anesthesia)  Yes

No

4. Was this event a complication of blood transfusion therapy?  Yes

No

5. Was this event a complication of chelation therapy? (Deferoxamine administration)  Yes

No

If YES, complete Form S36r0, Chelation Therapy Complication.

6. Was this event unexpected?  Yes

No

7. Did the patient die as a result of this event?  Yes

No

If YES, complete Form S29r0: Cause of Death

8. Did symptoms resolve within 24 hours?  Yes

No

8A. If YES, was this considered a transient ischemic attack (TIA)?  Yes

No (If symptoms resolve within 24 hours and MRI is positive, indicating a new vascular lesion that could explain a neurological deficit, a TIA may be considered a silent stroke.)

9. Did symptoms persist > 24 hours?  Yes

No

9A. If YES, was this considered an overt stroke?  Yes (Positive MRI, indicating new vascular lesion that could explain a neurological deficit, or negative MRI or vascular lesion does not explain a neurological deficit)

No

9B. If NO, was this considered a transient ischemic attack (TIA)?  Yes

No

## 10. Last Transfusion:

10A. Date of last transfusion (yyyy/mm/dd): \_\_\_\_\_

10B. Start time (24-hour clock): \_\_\_\_\_

10C. Stop time (24-hour clock): \_\_\_\_\_

10D. Volume (xxxxx cc): \_\_\_\_\_

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**11. Results of imaging tests: (answer each item)**

11A. MRI:

- Normal
- Abnormal-Stable
- Abnormal-Progressive Disease
- Not Done

11B. MRA:

- Normal
- Abnormal-Stable
- Abnormal-Progressive Disease
- Not Done

11C. CT Scan:

- Normal
- Abnormal-Stable
- Abnormal-Progressive Disease
- Not Done

11D. TCD

- Normal (Velocity < 200 cm/sec)
- Abnormal (Velocity > 200 cm/sec)
- Not Done

12. Date this form completed (yyyy/mm/dd):

\_\_\_\_\_

Staff I.D. #:

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