

MEDCHANGE

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE
AASK STUDY
NEW OR CHANGE OF MEDICATION FORM # 40

This form should be *considered* at every Protocol visit after Randomization to record any new medications as well as any changes in medications.

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1. Identification Number... 2. Name Code..... 3. Visit Number..... 4. Visit Date: mm/dd/yyyy....

5. Medication adjustment record: Look at the last visit's medication flowsheet. List each drug being added or changed by code, current dosage of the drug and current frequency. A dropped drug should be listed with frequency (How Many?) = 0. You will be able to enter as many medications as you need.

For "Per What?", code 1=per day, 2=per week, 3=per month, and 4=as needed.

For "Reason for Change," code: *1 = BP Control (off of Form 4)*

2=Ischemic Heart Disease	5=Prophylaxis,	9=To raise MAP for compliance (or goal)
3=To treat other concomitant condition, not edema	6=Hyperkalemia	10=To lower MAP (for BP control)
4=To treat edema	7=Hypokalemia	11=Unacceptable side effects
	8=To raise MAP for hypotensive symptoms	12=Patient preference
		13=Physician preference

} lump to ESN = 2

Medication Code (from Code List)	Medication Name	How Many?	How Often?	Per What?	"Reason for Change"	Date of Prescription Change
NDC		How many 2 tabs	How often 1 time	Per what per day	REASON	MED - DT not required

201. Certification ID of person completing this form *Compl-by*
202. Certification ID of person entering this form *enter-by*

For Clinical Center Use Only

Date Entered ___/___/___ Verified? _____

** Reason Codes of 11, 12 & 13, for all antihypertensive meds will be analyzed to be used for BP control*