ChiLDReNLink

Form 25D Ascites		
B: ASCITES		
B1a	Visit Date:	___ ___ / ___ ___ / ___ ___ ___ ___
B1b	Date of presentation/onset:	___ ___ / ___ ___ / ___ ___ ___ ___
B2	Ongoing?	O No O Yes → **go to B4**
B3	If No, date of resolution:	___ ___ / ___ ___ / ___ ___ ___ ___
B4	Was patient hospitalized?	O No → **go to B8** O Yes
B5	If Yes, date of admission:	___ ___ / ___ ___ / ___ ___ ___ ___
B6	Was patient discharged?	O No → **go to B8** O Yes
B7	If Yes, date of discharge:	___ ___ / ___ ___ / ___ ___ ___ ___
B8	Ultrasound confirmation:	O No O Yes
B9	Interventions taken (check all that apply):	□ None □ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Other (specify): _____
B10	Confirmed by medical record?	O No O Yes