

EPIDEMIOLOGY OF DIABETES INTERVENTION AND COMPLICATIONS

Verification of DKA Event

This form should be completed in conjunction with the Annual Medical History and Physical Exam (EDIC Form 002) or the Quarterly Telephone Interview (EDIC Form 003) only if there is a positive response to Question I.2.a or B.2.a respectively. One form for each event should be completed. Send the completed form to the Data Coordinating Center in your monthly mailing and retain a copy in the patient's file for your records.

A. IDENTIFYING INFORMATION

2. CLINIC 1. Clinic Number _____

3. PATIENT 2. Patient ID Number _____

4. INITIALS 3. Patient's Initials _____

5. FORM DATE 4. Date form completed _____
Month Day Year

B. RECOGNITION OF EVENT

7. IC B1A ^{DATE} 1a) Specify date of occurrence or recognition of the event: _____
Month Day Year

OR

7. IC B1B b) If date uncertain, check here: (1)

8. IC B2 ^{DATE} 2. Specify date EDIC clinic learned of the event: _____
Month Day Year

9. IC B3 3. How did clinic learn of the event?

Annual Medical History and Physical Exam (1)

Quarterly Telephone Interview (2)

Patient/Family notified clinic (3)

Third party notified clinic (4)

Clinic recognized event and informed patient (5)

C. NATURE OF EVENT (Check all that apply):

	No	Yes	Uncer- tain
1. Was a symptomatic diabetic state present (i.e. polydypsia and polyuria with or without nausea)?	(1)	(2)	(3) <u>10. ICC 1</u>
2a) Were serum ketones present?	(1)	(2)	(3) <u>11. ICC 2A</u>
b) Were there large/moderate ketones in urine?	(1)	(2)	(3) <u>12. ICC 2B</u>
3a) i) Was arterial blood pH less than 7.30?	(1)	(2)	(3) <u>13. ICC 3A1</u>
ii) Record arterial blood pH level if available (otherwise leave blank)			<u>14. ICC 3A II</u>
b) i) Was venous blood pH less than 7.25?	(1)	(2)	(3) <u>15. ICC 3B1</u>
ii) Record venous blood pH level if available (otherwise leave blank)			<u>16. ICC 3B II</u>
c) i) Was serum HCO ₃ less than 15 mEq/L?	(1)	(2)	(3) <u>17. ICC 3C1</u>
ii) Record serum HCO ₃ if available (otherwise leave blank)			<u>18. ICC 3C II</u> mEq/L

Patient ID _____

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|---|-------|-------|-------------------------|
| | | | Uncer- |
| 4. Was the patient treated within a health care facility? | No | Yes | tain |
| | (1) | (2) | (3) <u>19. ICC 4</u> |
| a) Emergency room | (1) | (2) | (3) <u>20. ICC 4A</u> |
| b) Inpatient hospitalization | (1) | (2) | (3) <u>21. ICC 4B</u> |

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|--|-------|-------|-------------------|
| 5. What factors contributed to the occurrence of this episode? | | | |
| | No | Yes | |
| a) Omission of insulin | (1) | (2) | <u>22. ICC 5A</u> |
| b) Pump malfunction | (1) | (2) | <u>23. ICC 5B</u> |
| c) Illness | (1) | (2) | <u>24. ICC 5C</u> |
| d) Other, specify: <u>26 ICC5DOTH</u> | (1) | (2) | <u>25. ICC 5D</u> |

Person completing form:

Certification Number

_____ - 27 CERTIF
28 WEEK NO