

EPIDEMIOLOGY OF DIABETES INTERVENTIONS AND COMPLICATIONS

Verification of DKA Event

This form should be completed in conjunction with the Annual Medical History and Physical Exam (EDIC Form 002) only if there is a positive response to Question I.i.a. 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

6. ICB1A DAT a) Specify date of occurrence or recognition of the event: _____
 OR
7. ICB1B b) If date uncertain, check here: (1)
8. ICB2B DAT 2. Specify date EDIC clinic learned of the event: _____
 Month Day Year
9. ICB3 3. How did clinic learn of the event?
 Annual Medical History and Physical Exam (1)
 Telephone Call (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	Unable to obtain
1. Was a symptomatic diabetic state present (i.e. polydypsia and polyuria with or without nausea)?	(1)	(2)	(3) <u>10-ICC1</u>
2a) Were serum ketones present?	(1)	(2)	(3) <u>11-ICC2A</u>
b) Were there large/moderate ketones in urine?	(1)	(2)	(3) <u>12-ICC2B</u>
3a) 1) Was arterial blood pH less than 7.30?	(1)	(2)	(3) <u>13-ICC3A1</u> (7.29)
ii) Record arterial blood pH level if available (otherwise leave blank)			<u>.14-ICC3AII</u>
b) 1) Was venous blood pH less than 7.25?	(1)	(2)	(3) <u>15-ICC3B1</u> (7.24)
ii) Record venous blood pH level if available (otherwise leave blank)			<u>.16-ICC3BII</u>
c) 1) Was serum HCO ₃ less than 15 mEq/L?	(1)	(2)	(3) <u>17-ICC3C1</u> 17-
ii) Record serum HCO ₃ if available (otherwise leave blank)			<u>18-ICC3CII</u> mEq/L (0-14)

4. Was the patient treated within a health care facility?

No Yes

(1) (2119 ICC 4

a) Emergency room

(1) (2120 ICC 4A

b) Inpatient hospitalization

(1) (2121 ICC 4B

New c) EDIC clinic

(1) (2122 ICC 4C

New d) Other, specify, 24- ICC 4DOTH

(1) (2123 ICC 4D

5. What factors contributed to the occurrence of this episode? (Check all that apply)

a) Omission of insulin

(1) 25 ICC 5A

b) Pump malfunction

(1) 26 ICC 5B

c) Illness

(1) 27 ICC 5C

d) Other, specify: 29- ICC 5DOTH

(1) 28 ICC 5D

Person completing form:

Certification Number

30 CERTIF

31- WEEKNO