

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.1.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

1. Clinic Number _ _
2. Patient ID Number _ _ _ _
3. Patient's Initials _ _
4. Date form completed _ _ / _ _ / _ _
Month Day Year
5. EDIC follow-up year (complete either a or b)
 - a) The event was reported at the annual visit. What is the EDIC follow-up year? _ _
 - b) The event was reported between two annual visits. What is the LAST EDIC follow-up year? _ _

B. RECOGNITION OF EVENT

1. a) Specify date of occurrence or recognition of the event: _ _ / _ _ / _ _
Month Day Year
OR
b) If date uncertain, check here: (1)
2. Specify date EDIC clinic learned of the event: _ _ / _ _ / _ _
Month Day Year
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):

- | 1. Was a symptomatic diabetic state present (i.e. polydypsia and polyuria with or without nausea)? | No | Yes | Unable to obtain | |
|--|------|------|------------------|-----------|
| | (1) | (2) | (3) | |
| 2. a) Were serum ketones present? | (1) | (2) | (3) | |
| b) Were there large/moderate ketones in urine? | (1) | (2) | (3) | |
| 3. a) i) Was arterial blood pH less than 7.30? | (1) | (2) | (3) | |
| ii) Record arterial blood pH level if available (otherwise leave blank) | | | | _ . _ _ |
| b) i) Was venous blood pH less than 7.25? | No | Yes | Unable to obtain | |
| | (1) | (2) | (3) | |
| ii) Record venous blood pH level if available (otherwise leave blank) | | | | _ . _ _ |
| c) i) Was serum HCO ₃ less than 15 mEq/L? | (1) | (2) | (3) | |
| ii) Record serum HCO ₃ if available (otherwise leave blank) | | | | _ _ mEq/L |

Patient ID _____

- | | No | Yes |
|---|-------|-------|
| 4. Was the patient treated within a health care facility? | (1) | (2) |
| a) Emergency room | (1) | (2) |
| b) Inpatient hospitalization | (1) | (2) |
| c) EDIC clinic | (1) | (2) |
| d) Other, specify, _____ | (1) | (2) |

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

- | | |
|--------------------------|-------|
| a) Omission of insulin | (1) |
| b) Pump malfunction | (1) |
| c) Illness | (1) |
| d) Other, specify: _____ | (1) |

Person completing form: _____

Certification Number _____