



ChiLDReNLink

Form 25M Other Sentinel Events

B: OTHER SENTINEL EVENTS

B1a	Visit Date:	____ / ____ / ____
B1b	Diagnosis/Indication:	_____
B2	Date of presentation/onset:	____ / ____ / ____
B3	Ongoing?	<input type="radio"/> No <input type="radio"/> Yes → go to B5
B4	If No, date of resolution:	____ / ____ / ____
B5	Was patient hospitalized?	<input type="radio"/> No → go to B9 <input type="radio"/> Yes
B6	If Yes, date of admission:	____ / ____ / ____
B7	Was patient discharged?	<input type="radio"/> No → go to B9 <input type="radio"/> Yes
B8	If Yes, date of discharge:	____ / ____ / ____
B9	Tests performed?	<input type="radio"/> No → go to B11 <input type="radio"/> Yes
B10	Specify tests performed and results:	_____
B11	Treatments?	<input type="radio"/> No → go to B13 <input type="radio"/> Yes
B12	Specify treatments and response:	_____
B13	Did the patient receive a transfusion?	<input type="radio"/> No → Done <input type="radio"/> Yes
B14	If yes, enter details for each transfusion:	

15. Date of Transfusion	16. Type	17. Amount Transfused
____ / ____ / ____	<input type="radio"/> FFP <input type="radio"/> Alb <input type="radio"/> Platelets <input type="radio"/> RBC	_____ cc
____ / ____ / ____	<input type="radio"/> FFP <input type="radio"/> Alb <input type="radio"/> Platelets <input type="radio"/> RBC	_____ cc
____ / ____ / ____	<input type="radio"/> FFP <input type="radio"/> Alb <input type="radio"/> Platelets <input type="radio"/> RBC	_____ cc
____ / ____ / ____	<input type="radio"/> FFP <input type="radio"/> Alb <input type="radio"/> Platelets <input type="radio"/> RBC	_____ cc
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