ChiLDReNLink

Sentinel Events Ascites		
C: SENTINEL EVENTS ASCITES		
C1	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Ascites		
C2	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
C3	Ongoing?	O No O Yes → **go to C6**
C4	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___
C6	Ultrasound confirmation?	O No O Yes
C7	Interventions taken (check all that apply):	□ None □ Paracentesis □ Antibiotics □ Diuretics □ Albumin infusion □ Other (specify): ___________________________________

ChiLDReNLink

Sentinel Events Bacterial Peritonitis		
D: SENTINEL EVENTS BACTERIAL PERITONITIS		
D1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Bacterial Peritonitis		
D1b	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
D2	Ongoing?	O No O Yes → **go to D5**
D3	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___
D5	Interventions taken (check all that apply):	□ None □ Therapeutic Paracentesis □ Antibiotics □ Diuretics □ Other (specify): ___________________________________
Culture		
D6	Date of culture:	___ ___ / ___ ___ / ___ ___ ___ ___
D7	Result:	O Positive O Negative → **go to D9**
D8	Organism present (check all that apply):	□ Enterococcus □ Escherichia coli □ Klebsiella species □ Streptococcus species □ Staphylococcus species □ Other, specify: ___________________________________
Ascites Fluid Analysis		
D9	Ascites Fluid Analysis date:	___ ___ / ___ ___ / ___ ___ ___ ___
D10	Total white blood cell count:	O = O < O > __________ O x10^3/mm^3 O x10^9/L O /µl O Not Done
D11	Total neutrophil percentage:	O = O < O > __________ O % O Not Done
D12	Gram stain:	O Positive O Negative
D13	Specify:	____

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Sentinel Events Bones		
D: SENTINEL EVENTS BONES		
E1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Bone Fracture		
Bones		
E1b	Bone fracture?	O No → **go to E13** O Yes
E2	If yes, start date:	___ ___ / ___ ___ / ___ ___ ___ ___
E3	Ongoing?	O No O Yes
E4	Bone, specify:	________________________________
E5	Side?	O Right O Left
E6	Interventions:	O Casting or splinting
Rickets		
E13	Rickets?	O No → **Done** O Yes
E14	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
E15	Ongoing?	O No O Yes → **go to E18**
E16	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___
E18	Bones involved, specify:	________________________________
E19	Interventions (check all that apply):	□ Calcium supplementation □ Vitamin D supplementation □ Bisphosphonate □ Other, specify: ________________________

ChiLDReNLink: LOGIC

Sentinel Events Cholangitis LOGIC		
F: SENTINEL EVENTS CHOLANGITIS		
F1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Cholangitis		
F1b	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
F2	Ongoing?	O No O Yes → **go to F5**
F3	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___
F5	Interventions taken (check all that apply):	□ None □ Antibiotics □ Other, specify: ________________________________

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Sentinel Events Chronic Diarrhea		
G: SENTINEL EVENTS CHRONIC DIARRHEA		
G1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Chronic Diarrhea		
G1b	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
G2	Ongoing?	O No O Yes → go to G5
G3	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___
G5	Watery?	O No O Yes
G6	Bloody?	O No O Yes
G7	Greasy?	O No O Yes
G8	Infectious Etiology?	O No O Yes (specify): ___________________________________

ChiLDReNLink

Sentinel Events Coagulopathy		
H: SENTINEL EVENTS COAGULOPATHY		
H1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Coagulopathy		
H1b	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
H2	Ongoing?	O No O Yes → **go to H2**
H3	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___
H4	Prothrombin time (maximal value):	O = O < O > __________ O sec O Not Done
H5	INR (maximal value):	O = O < O > __________ O Not Done
H6	Partial thromboplastin time (PTT):	O = O < O > __________ O sec O Not Done
H7	Platelet count:	O = O < O > __________ O x10^3/mm^3 O x10^9/L O Not Done
H8	Easy bruising:	O No O Yes
H9	Epistaxis:	O No O Yes
H10	Hematochezia:	O No O Yes
H11	Other source of bleeding:	O No O Yes
H12	Response to Vitamin K:	O No O Yes O Not Done
H13	Required red cell transfusion?	O No O Yes
H14	Required fresh frozen plasma or activated factor VII?	O No O Yes

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Sentinel Events Gallstones		
I: SENTINEL EVENTS GALLSTONES		
I1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Gallstones		
I1b	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
I2	Ongoing?	O No O Yes → go to I5
I3	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___
I5	Symptomatic:	O No O Yes
I6	Diagnosed by (check all that apply):	□ Ultrasound □ CT Scan □ MRCP □ At surgery □ Other, specify: ______________________________
I7	Cholecystectomy performed?	O No O Yes

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Sentinel Events GI Bleed

J: SENTINEL EVENTS GI BLEED		
J1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
GI Bleed		
J1b	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
J2	Ongoing?	O No O Yes → **go to J5**
J3	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___
J5	Symptomatic:	□ Esophageal □ Gastric □ Duodenal □ Anorectal □ Other, specify: ________________________________
J6	Diagnosed by (check all that apply):	□ None □ Beta-blockade □ Vasoconstrictive agent □ TIPSS □ Endoscopy □ Surgical shunt □ Ligation □ Transfusion □ Sclerotherapy □ Other, specify: ________________________________

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Sentinel Events Hearing Problems		
K: SENTINEL EVENTS HEARING PROBLEMS		
K1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Hearing Problems		
K1b	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
K2	Ongoing?	O No O Yes
K3	Specify:	□ Conductive □ Sensorineural
K4	Severity:	O Mild O Moderate O Severe O Profound
K5	Hearing aids?	O No O Yes

ChiLDReNLink

Sentinel Events Hepatopulmonary Syndrome		
L: SENTINEL EVENTS HEPATOPULMONARY SYNDROME		
L1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Hepatopulmonary Syndrome		
L1b	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
L2	Ongoing?	O No O Yes → **go to L5**
L3	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___
L5	Diagnostic test date:	___ ___ / ___ ___ / ___ ___ ___ ___
L6	Cyanosis:	O No O Yes
L7	Upright Oxygen saturation:	O = O < O > __________ O % O Not Done O Don't Know
L8	Shunt Fraction:	O = O < O > __________ O % O Not Done O Don't Know
L9	Bubble ECHO cardiogram:	O Positive O Negative O Not Done
L10	Interventions taken:	___________________________________

Site/Study ID#: ___ ___ / ___ ___ ___ ___   Date of Interview: ___ ___ / ___ ___ / ___ ___ ___ ___   Staff Initials: ___ ___ ___

ChiLDReNLink

Sentinel Events Hepatorenal Syndrome		
M: SENTINEL EVENTS HEPATORENAL SYNDROME		
M1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Hepatorenal Syndrome		
M1b	Diagnostic test date:	___ ___ / ___ ___ / ___ ___ ___ ___
M2	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
M3	Ongoing?	O No O Yes → **go to M6**
M4	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___
M6	Peak Serum Creatinine:	O = O < O > __________ O mg/dl O µmol/l O Not Done
M7	Interventions taken (check all that apply):	□ None □ Dialysis □ Vasopressin □ Octreotide □ Other, specify: ________________________________

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Sentinel Events Other		
Q: SENTINEL EVENTS OTHER		
Q1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Q1b	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
Q2	Ongoing?	O No O Yes → **go to Q5**
Q3	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___
Q5	Specify event:	______________________________

ChiLDReNLink

Sentinel Events Pancreatitis		
N: SENTINEL EVENTS PANCREATITIS		
N1	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Pancreatitis		
N2	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
N3	Ongoing?	O No O Yes → **Done**
N4	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___

ChiLDReNLink

Sentinel Events Portopulmonary Hypertension				
O: SENTINEL EVENTS PORTOPULMONARY HYPERTENSION				
O1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___		
Portopulmonary Hypertension				
O1b	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___		
O2	Diagnostic date:	___ ___ / ___ ___ / ___ ___ ___ ___		
O3	Ongoing?	O No	O Yes → **go to O6**	
O4	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___		
O6	Cyanosis:	O No	O Yes	
O7	Shortness of breath	O No	O Yes	
O8	Upright Oxygen saturation:	O = O < O > __________	O %	O Not Done
O9	Confirmed by ECHO cardiogram?	O No	O Yes	
O10	Confirmed by Cardiac Cath?	O No	O Yes	
O11	Intervention, specify:	____		

ChiLDReNLink

Sentinel Events Pruritus		
P: SENTINEL EVENTS PRURITUS		
P1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Pruritus		
P1b	Start date:	___ ___ / ___ ___ / ___ ___ ___ ___
P2	Ongoing?	O No O Yes → **go to P5**
P3	If No, stop date:	___ ___ / ___ ___ / ___ ___ ___ ___
P5	Scratch Score date:	___ ___ / ___ ___ / ___ ___ ___ ___
P6	Scratch Score:	O None O Mild scratching when distracted O Active scratching without abrasion O Active scratching with abrasion O Cutaneous mutilation with bleeding and scarring
P7	Interventions taken (check all that apply):	□ None □ Partial Biliary Diversion □ Ursodiol (e.g. Actigall) □ Rifampin □ Ileal Exclusion □ Antihistamines (e.g. diphenhydramine, Benadryl) □ Nasobiliary drainage □ Cholestyramine (e.g. Questran) □ Other, specify: ________________________________

ChiLDReNLink

Sentinel Events Transplant Listing

R: SENTINEL EVENTS TRANSPLANT LISTING		
R1a	Visit Date	___ ___ / ___ ___ / ___ ___ ___ ___
Transplant Information		
R2	Date of Listing:	___ ___ / ___ ___ / ___ ___ ___ ___
R3	Ongoing?	O No O Yes → **go to R6**
R4	Date of removal from list:	___ ___ / ___ ___ / ___ ___ ___ ___
R5	Reason for removal from list:	____________________
PELD/MELD score at listing		
R6	Calculated PELD score:	____________________
R7	Exception score:	__________ O Not Done
R8	Status 1 exception requested:	O Not requested O Requested
R9	Weight at listing:	___ ___ ___ O kgs O lbs O oz ___ ___ ___ O oz O Not Done
R10	Height or length at listing:	___ ___ ___ O cm O inches O feet ___ ___ ___ O inches O Not Done
R11	Head circumference at listing:	___ ___ ___ O cm O inches O Not Done
R12	Growth failure at listing:	O No O Yes
R13	Bilirubin test date:	___ ___ / ___ ___ / ___ ___ ___ ___
Please note: Total bilirubin should not be less in value than direct bilirubin or conjugated bilirubin.		
R14	Total bilirubin at listing:	O = O < O > __________ O mg/dl O µmol/l O Not Done
R15	Direct bilirubin at listing:	O = O < O > __________ O mg/dl O µmol/l O Not Done
R16	Conjugated bilirubin at listing:	O = O < O > __________ O mg/dl O µmol/l O Not Done

R: SENTINEL EVENTS TRANSPLANT LISTING		
R17	Prothrombin time at listing:	O = O < O > __________ O sec O Not Done
R18	Prothrombin time, date:	___ ___ / ___ ___ / ___ ___ ___ ___
R19	INR at listing:	O = O < O > __________ O Not Done
R20	Creatinine at listing:	O = O < O > __________ O mg/dl O µmol/l O Not Done
R21	Creatinine, date:	___ ___ / ___ ___ / ___ ___ ___ ___
R22	Albumin at listing:	O = O < O > __________ O g/dl O g/L O Not Done
R23	Albumin, date:	___ ___ / ___ ___ / ___ ___ ___ ___
R24	Child's blood type:	O A O B O O O AB O Unknown
R25	Was the subject SPLIT registered?	O No → **Done** O Yes O Unknown
R26	SPLIT center name:	____
R27	SPLIT center code:	____
R28	SPLIT Registration Number:	____