



## ChiLDReNLink

## Sentinel Events Bones

## D: SENTINEL EVENTS BONES

E1a	Visit Date	____ / ____ / ____
Bone Fracture		
Bones		
E1b	Bone fracture?	<input type="radio"/> No → go to E13 <input type="radio"/> Yes
E2	If yes, start date:	____ / ____ / ____
E3	Ongoing?	<input type="radio"/> No <input type="radio"/> Yes
E4	Bone, specify:	_____
E5	Side?	<input type="radio"/> Right <input type="radio"/> Left
E6	Interventions:	<input type="radio"/> Casting or splinting
Rickets		
E13	Rickets?	<input type="radio"/> No → Done <input type="radio"/> Yes
E14	Start date:	____ / ____ / ____
E15	Ongoing?	<input type="radio"/> No <input type="radio"/> Yes → go to E18
E16	If No, stop date:	____ / ____ / ____
E18	Bones involved, specify:	_____
E19	Interventions (check all that apply):	<input type="checkbox"/> Calcium supplementation <input type="checkbox"/> Vitamin D supplementation <input type="checkbox"/> Bisphosphonate <input type="checkbox"/> Other, specify: _____