



ChiLDReNLink

Sentinel Events Ascites

C: SENTINEL EVENTS ASCITES

| | | |
|---------|---|--|
| C1 | Visit Date | ____ / ____ / ____ |
| Ascites | | |
| C2 | Start date: | ____ / ____ / ____ |
| C3 | Ongoing? | <input type="radio"/> No <input type="radio"/> Yes → go to C6 |
| C4 | If No, stop date: | ____ / ____ / ____ |
| C6 | Ultrasound confirmation? | <input type="radio"/> No <input type="radio"/> Yes |
| C7 | Interventions taken (check all that apply): | <input type="checkbox"/> None <input type="checkbox"/> Paracentesis <input type="checkbox"/> Antibiotics <input type="checkbox"/> Diuretics <input type="checkbox"/> Albumin infusion <input type="checkbox"/> Other (specify): _____ |