



ChiLDReNLink

Sentinel Events Coagulopathy

H: SENTINEL EVENTS COAGULOPATHY

H1a	Visit Date	____ / ____ / ____		
Coagulopathy				
H1b	Start date:	____ / ____ / ____		
H2	Ongoing?	<input type="radio"/> No	<input type="radio"/> 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 Not Done	O x10 ⁹ /L
H8	Easy bruising:	<input type="radio"/> No	<input type="radio"/> Yes	
H9	Epistaxis:	<input type="radio"/> No	<input type="radio"/> Yes	
H10	Hematochezia:	<input type="radio"/> No	<input type="radio"/> Yes	
H11	Other source of bleeding:	<input type="radio"/> No	<input type="radio"/> Yes	
H12	Response to Vitamin K:	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Not Done
H13	Required red cell transfusion?	<input type="radio"/> No	<input type="radio"/> Yes	
H14	Required fresh frozen plasma or activated factor VII?	<input type="radio"/> No	<input type="radio"/> Yes	