



ChiLDReNLink

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:	<input type="checkbox"/> Esophageal <input type="checkbox"/> Gastric <input type="checkbox"/> Duodenal <input type="checkbox"/> Anorectal <input type="checkbox"/> Other, specify: _____
J6	Diagnosed by (check all that apply):	<input type="checkbox"/> None <input type="checkbox"/> Beta-blockade <input type="checkbox"/> Vasoconstrictive agent <input type="checkbox"/> TIPSS <input type="checkbox"/> Endoscopy <input type="checkbox"/> Surgical shunt <input type="checkbox"/> Ligation <input type="checkbox"/> Transfusion <input type="checkbox"/> Sclerotherapy <input type="checkbox"/> Other, specify: _____