



CHILDRENLink

Form 25H Coagulopathy

B: COAGULOPATHY

B1a	Visit Date:	____ / ____ / ____
B1a	Date of presentation/onset:	____ / ____ / ____
B2	Ongoing?	<input type="radio"/> No <input type="radio"/> Yes → go to B4
B3	If No, indicate date of resolution:	____ / ____ / ____
B4	Was patient hospitalized?	<input type="radio"/> No → go to B8 <input type="radio"/> Yes
B5	If Yes, date of admission:	____ / ____ / ____
B6	Was patient discharged?	<input type="radio"/> No → go to B8 <input type="radio"/> Yes
B7	If Yes, date of discharge:	____ / ____ / ____
B8	Easy bruising?	<input type="radio"/> No <input type="radio"/> Yes
B9	Epistaxis?	<input type="radio"/> No <input type="radio"/> Yes
B10	Hematochezia?	<input type="radio"/> No <input type="radio"/> Yes
B11	Other source of bleeding?	<input type="radio"/> No <input type="radio"/> Yes
B12	Date of labs:	____ / ____ / ____
B13	Prothrombin time (maximal value):	<input type="radio"/> = <input type="radio"/> < ____ <input type="radio"/> sec <input type="radio"/> Not Done <input type="radio"/> >
B14	Partial thromboplastin time (PTT):	<input type="radio"/> = <input type="radio"/> < ____ <input type="radio"/> sec <input type="radio"/> Not Done <input type="radio"/> >
B15	Platelet count:	<input type="radio"/> = <input type="radio"/> < ____ <input type="radio"/> x10 ³ /mm ³ <input type="radio"/> x10 ⁹ /L <input type="radio"/> > <input type="radio"/> Not Done
B16	INR (maximal value):	<input type="radio"/> = <input type="radio"/> < ____ <input type="radio"/> Not Done <input type="radio"/> >
B17	Response to Vitamin K:	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Done
B18	Confirmed by medical record:	<input type="radio"/> No <input type="radio"/> Yes