

A1. Site/Study ID #: ____ / ____

A2. Date: ____ / ____ / ____
Month Day Year

A3. Staff Initials: ____

To DCC **SECTION D: Hypokalemia**D1. Potassium level: ZHYD01PL V2(10) ____ meq/L Date: ZHYD01MM V2(2)/ ZHYD01DD V2(2)/ZHYD01DT
Month DayD2. Replacement therapy started ZHYD02RT V2(2) 1. No → **Go to D3** 2. Yes

a. Dose of replacement therapy ZHYD02AD V2(10) ____ meq/kg/day

D3. Repeat potassium level (at 24 hours): ZHYD03RP V2(10) ____ meq/L Date ZHYD03MM V2(2)/ ZHYD03DD V2(2)/ ZHYD03DT
Month DayD4. Repeat potassium level (at 48 hours): ZHYD04RP V2(10) ____ meq/L Date ZHYD04MM V2(2)/ ZHYD04DD V2(2)/ ZHYD04DT
Month DayD5. Other repeated potassium levels (when clinically indicated) 8. ND ZHYD05ND V2(2)a. Repeat potassium level: ZHYD5ARP V2(10) ____ meq/L Date ZHYD5AMM V2(2)/ ZHYD5ADD V2(2)/ ZHYD5ADT
Month Dayb. Repeat potassium level: ZHYD5BRP V2(10) ____ meq/L Date ZHYD5BMM V2(2)/ ZHYD5BDD V2(2)/ ZHYD5BDT
Month Dayc. Repeat potassium level: ZHYD5CRP V2(10) ____ meq/L Date ZHYD5CMM V2(2)/ ZHYD5CDD V2(2) ZHYD5CDT
Month Dayd. Repeat potassium level: ZHYD5DRP V2(10) ____ meq/L Date ZHYD5DMM V2(2)/ ZHYD5DDD V2(2) ZHYD5DDT
Month Daye. Repeat potassium level: ZHYD5ERP V2(10) ____ meq/L Date ZHYD5EMM V2(2)/ ZHYD5EDD V2(2)/ ZHYD5EDT
Month DayInvestigator/Coordinator ZHYINSIG V2(2) Date: ZHYSIGMM V2(2)/ ZHYSIGDD V2(2)/ ZHYSIGYY V2(4)/ ZHYSIGDT
Month Day Year

ZHYCMMNT V2(800) Comment