SLEEP HEART HEALTH

SLEEP HEART HEALTH STUDY

ADVERSE EVENTS

ID#:

Field Center: SITEAE

1 Were any of the following *immediate* medical alerts noted:

	YES	NO	
IMSBPAE	☐ 1	☐ 0	Systolic Blood Pressure > 200 (not on bp meds)
IMDBPAE	☐ 1	☐ 0	Diastolic Blood Pressure > 120 (not on bp meds)
IMOSATAE	☐ 1	☐ 0	Oxygen saturation < 80% for longer than 2 minutes at rest
IMHIHRAE	☐ 1	☐ 0	Heart rate > 150 for longer than 2 minutes at rest
IMLOHRAE	☐ 1	☐ 0	Heart rate < 30 for longer than 2 minutes at rest

2 Were any of the following *urgent* medical alerts noted?

YES	NO	
☐ 1	☐ 0	Systolic Blood Pressure > 170 (not on bp meds)
☐ 1	☐ 0	Diastolic Blood Pressure > 100 (not on bp meds)
☐ 1	☐ 0	Oxygen saturation between 80% and 85% for longer than 2 minutes at rest

If any alerts were noted:

YES ☐ 1 NO ☐ 0 Was a physician notified? MDNOTAE

☐ 1 By letter ☐ 2 By phone HWNOTAE

MD Name: _____

Date: _____

Other action taken: OTHACTAE _____

_____

_____

3 Were any other problems noted?

YES	NO	
☐ 1	☐ 0	Skin reaction SKRCTNAE
☐ 1	☐ 0	Tripping, falling TRIPAE
☐ 1	☐ 0	Other problem, specify: OTHPROBAE

Action taken: OPSPCAE

Technician I.D. TECHIDAE

Date: DATEAE