Action	<b>COST</b>	<b>B14</b>
1 ICTIOII	CODI	$\boldsymbol{\nu}$

SUBJECT NUMBER	SUBJECT INITIALS
site number	

## **ADVERSE EVENTS**

## HBO in the treatment of diabetic foot lesion.

List any adverse events with onset after initiation of study including worsening of pre-existing conditions. CHECK IF NONE □

AE #	Adverse Event (one event per line)	Serious?	Onset Date (dd-mm-yyyy)	Resolution Date (dd-mm-yyyy)	Severity	Frequency	Action Taken		Outcome	Relationship to Study	
							Study Drug	Other	If Other = 99, specify below		
			<u>                                      </u>	<u>                                     </u>							
			/								
			   <u>                                   </u>								

A. SERIOUS: Fatal, life-threatening, disability (significant, persistent or permanent, requires or prolongs hospitalization, congenital anomaly or malignancy, or requires medical/surgical intervention to prevent permanent impairment or damage.

1 = Yes2 = No

B. SEVERITY:

1 = Mild

2 = Moderate

3 = Severe

4 = Life Threatening

C. FREQUENCY:

1 = Single / Continuous

2 = Intermittent

D ACTION TAKEN:

1 = None

3 = Dose reduced, interrupted or therapy delayed

4 =Study stopped permanently due to AE

E. ACTION TAKEN - OTHER:

1 = None

2 = Uncertain

4 = Procedure or physical therapy

5 = Blood or blood products

6 = Withdrawn from study due to AE

8 = Prescription Drug therapy

9 = Non-Prescription Drug therapy 10 = Hospitalization

11 = IV Fluids

99 = Other (specify above)

F. OUTCOME:

1 = Complete recovery or return to baseline

2 = Alive with sequelae

3 = Death

4 = Unknown / lost to follow-up

5 = AE persisting

G. RELATIONSHIP:

1 = None

2 = Possibly Related

4 = Probably Related

All serious events must be reported

To Pr. D. MATHIEU, Service d'Urgence Respiratoire, de Réanimation Médicale et de Médecine Hyperbare, Hôpital Calmette, CHRU LILLE, 59037 LILLE Cedex

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