

## MULTICENTER STUDY OF HYDROXYUREA (MSH)

### Instruction Sheet

- 4A. *Pulse* - count over 30 seconds minimum. Convert to beats per minute.
- 4B. *Blood pressure (diastolic)* - 4th Korotkoff sound (change in quality) or, if not heard, then the 5th Korotkoff sound (disappearance).
- 4C. *Respiratory rate* - count over 60 seconds minimum. Convert to breaths per minute.
- 4D. *Temperature* - Centigrade, oral.  
If measured in Fahrenheit, convert to centigrade:  
 $^{\circ}\text{C} = (^{\circ}\text{F} - 32) \times 0.56$
5. *Weight* - If measured in pounds, convert to weight in kilograms:  
 $\text{weight in Kg} = \text{weight in pounds} / 2.20$
6. *Height* - If measured in inches, convert to centimeters:  
 $\text{height in cm} = \text{height in inches} \times 2.54$

**MULTICENTER STUDY OF HYDROXYUREA  
IN SICKLE CELL ANEMIA (MSH)**

**SIX-MONTH MEDICAL REVIEW  
AND EXAMINATION**

ID  
VISIT

CLINIC NO.			CURCLIN		
I.D. NO.					
VISIT	F	V			1

PART I: IDENTIFYING INFORMATION

1. Patient Name Code: ----- NAMECODE
2. Date: ----- VIS-DT
- Day                      Month                      Year

PART II: MEDICAL REVIEW

3. In the last six months:
- |   |               | Yes    | No    | Unknown<br>or N/A |
|---|---------------|--------|-------|-------------------|
| A. Patient or partner adequately protected against pregnancy? ----- | <u>PROTEC</u> | ( 1 )  | ( 2 ) | ( 3 )             |
| B. Placed on chronic transfusions program? -----                    | <u>CHR-TR</u> | ( 1 )* | ( 2 ) | ( 3 )             |
| C. Any transfusion(s) -----   | <u>TRANSF</u> | ( 1 )* | ( 2 ) | ( 3 )             |
| D. Pregnant or breast feeding -----                                 | <u>PREZNT</u> | ( 1 )* | ( 2 ) | ( 3 )             |
| E. Immunosuppression -----  | <u>IMMUNO</u> | ( 1 )* | ( 2 ) | ( 3 )             |
| F. Antineoplastic agent or radiation therapy -----                  | <u>RADTHE</u> | ( 1 )* | ( 2 ) | ( 3 )             |
| G. > 30 oxycodone/visit or equivalent -----                         | <u>OXY-30</u> | ( 1 )  | ( 2 ) | ( 3 )             |
| H. Theophylline -----   | <u>THEOPH</u> | ( 1 )  | ( 2 ) | ( 3 )             |
| I. Known antisickling agent -----                                   | <u>ANTSC</u>  | ( 1 )  | ( 2 ) | ( 3 )             |
| J. Infection -----  | <u>INFECT</u> | ( 1 )* | ( 2 ) | ( 3 )             |

\*Be sure that Form 25 (Medical Contact) has been submitted for this event or condition.





14. In the last six months:		Yes	No	Unknown or N/A
A.	Herpes zoster ----- <u>HERPZ-HX</u>	( 1 )	( 2 )	( 3 )
B.	Herpes simplex ----- <u>HERPS-HX</u>	( 1 )	( 2 )	( 3 )
C.	Chicken pox ----- <u>CHPOX-HX</u>	( 1 )	( 2 )	( 3 )
D.	Chest syndrome ----- <u>CHST-HX</u>	( 1 )	( 2 )	( 3 )
E.	Stroke ----- <u>STROK-HX</u>	( 1 )	( 2 )	( 3 )
F.	Congestive heart failure ----- <u>CHF-HX</u>	( 1 )	( 2 )	( 3 )
G.	Chronic pulmonary failure ----- <u>CPF-HX</u>	( 1 )	( 2 )	( 3 )
H.	Osteomyelitis ----- <u>OSTEO-HX</u>	( 1 )	( 2 )	( 3 )
I.	Leg ulcer ----- <u>ULCR-HX</u>	( 1 )	( 2 )	( 3 )
J.	Cholecystectomy ----- <u>CHOL-HX</u>	( 1 )	( 2 )	( 3 )
K.	Aseptic necrosis - femur ----- <u>NECF-HX</u>	( 1 )	( 2 )	( 3 )
L.	Aseptic necrosis - humerus ----- <u>NECH-HX</u>	( 1 )	( 2 )	( 3 )
M.	Skin abnormality ----- <u>SKIN-HX</u>	( 1 )	( 2 )	( 3 )
N.	Hair loss ----- <u>HRLOS-HX</u>	( 1 )	( 2 )	( 3 )
O.	GI disturbance ----- <u>GIDIS-HX</u>	( 1 )	( 2 )	( 3 )
P.	Chronic indigestion ----- <u>INDIG-HX</u>	( 1 )	( 2 )	( 3 )
Q.	Neoplasms ----- <u>NEOP-HX</u>	( 1 )	( 2 )	( 3 )
R.	Bleeding tendency ----- <u>BLEED-HX</u>	( 1 )	( 2 )	( 3 )
S.	Hematuria ----- <u>HEMAT-HX</u>	( 1 )	( 2 )	( 3 )
T.	Priapism ----- <u>PRIAP-HX</u>	( 1 )	( 2 )	( 3 )
U.	Impotence ----- <u>IMPT-HX</u>	( 1 )	( 2 )	( 3 )

15. <u>Regular</u> medication in the last six months:		Yes	No	Unknown or N/A
A.	Diuretic ----- <u>DIURETIC</u>	( 1 )	( 2 )	( 3 )
B.	Antihypertensive other than diuretic ----- <u>ANTI HYP</u>	( 1 )	( 2 )	( 3 )
C.	Aspirin ----- <u>ASPIRIN</u>	( 1 )	( 2 )	( 3 )
D.	Non-steroidal anti-inflammatory drug (NSAID) ----- <u>NSAID</u>	( 1 )	( 2 )	( 3 )
E.	Anti-convulsion medication ----- <u>ANTI CONV</u>	( 1 )	( 2 )	( 3 )
F.	Histamine H <sub>2</sub> receptor antagonist ----- <u>H2STAM</u>	( 1 )	( 2 )	( 3 )
G.	Iron ----- <u>IRON</u>	( 1 )	( 2 )	( 3 )
H.	Birth control pill ----- <u>BIRTHCON</u>	( 1 )	( 2 )	( 3 )
I.	Acetaminophen ----- <u>ACETAM</u>	( 1 )	( 2 )	( 3 )
J.	Benzodiazepene ----- <u>BENZOD</u>	( 1 )	( 2 )	( 3 )

I.D. No.					-	
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