



CYCLE RCT #142

Plate #035

Study  
Day

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Patient ID 

		1		
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(site #) (patient #)Coded Patient Initials 

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F LDate 

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(dd/mm/yyyy)**SAFETY EVENTS (Form 5S)****Complete this form if any safety events occurred during cycling or routine PT/ rehab****Cycling therapy safety events** - Did any of the following occur during cycling therapy? (check ALL that apply)

\*\* = stop session if any of these events occur

1. ☐ \*\*Suspected new unstable/ uncontrolled arrhythmia
2. ☐ \*\*Concern for myocardial ischaemia
3. ☐ \*\*Cardiac Arrest
4. ☐ \*\*Unplanned extubation
5. ☐ Bleeding at femoral catheter site attributed to in-bed cycling
6. ☐ New bruising at femoral catheter site attributed to in-bed cycling
7. ☐ Sustained O<sub>2</sub> desaturation below baseline and clinical deterioration attributed to in-bed cycling
8. ☐ Sustained symptomatic bradycardia (<40 bpm) or tachycardia (>140 bpm) and clinical deterioration attributed to in-bed cycling
9. ☐ Sustained hypertension (mean arterial pressure >120 mmHg) and clinical deterioration attributed to in-bed cycling
10. ☐ Removal or dysfunction of intravascular catheter (e.g., central venous catheter, arterial line, dialysis catheter) attributed to in-bed cycling
11. ☐ Other (specify) \_\_\_\_\_
12. What were the consequences of the safety event(s)?  
☐ None  
☐ Cycling therapy stopped  
☐ Other (specify) \_\_\_\_\_

**Routine PT/rehab safety events** - Did any of the following occur during routine PT/ rehab? (check ALL that apply)

\*\* = stop session if any of these events occur

1. ☐ \*\*Suspected new unstable/ uncontrolled arrhythmia
2. ☐ \*\*Concern for myocardial ischaemia
3. ☐ \*\*Cardiac Arrest
4. ☐ \*\*Unplanned extubation
5. ☐ \*\*Fall to knees
6. ☐ Bleeding at femoral catheter site attributed to routine PT/ rehab activities
7. ☐ New bruising at femoral catheter site attributed to routine PT/ rehab activities
8. ☐ Sustained O<sub>2</sub> desaturation below baseline and clinical deterioration attributed to routine PT/ rehab activities
9. ☐ Sustained symptomatic bradycardia (<40 bpm) or tachycardia (>140 bpm) and clinical deterioration attributed to routine PT/ rehab activities
10. ☐ Sustained hypertension (mean arterial pressure >120 mmHg) and clinical deterioration attributed to routine PT/ rehab activities
11. ☐ Removal or dysfunction of intravascular catheter (e.g., central venous catheter, arterial line, dialysis catheter) attributed to routine PT/ rehab activities
12. ☐ Other (specify) \_\_\_\_\_
13. What were the consequences of the safety event(s)?  
☐ None  
☐ Routine PT/ rehab stopped  
☐ Other (specify) \_\_\_\_\_