

Baby ID	Baby DOB	Today's Date
A Z <input type="text"/> <input type="text"/> <input type="text"/>	M M / Y Y Y Y	D D / M M / Y Y Y Y

Baby Outcomes up to 36 weeks PMA

Form is to be completed at 36 weeks Post menstrual age (PMA) (discharge or death, if sooner).
Only events occurring since admission to this hospital should be recorded

Details about baby

1. Date baby was admitted to this unit?

/ /

2. Post menstrual age at time of completing this form weeks days

3. What is the status of the baby at 36 weeks PMA?

Still in hospital

Discharged home

Died

Current oxygen requirements at time of assessment

4. Was an oxygen reduction test carried out at this hospital at 36 weeks PMA (or discharge home if so sooner)? Yes No (if yes please complete section A, if no please complete section B)

Section A

5. What was the date of the test

/ /

6. Amount of oxygen requirement before starting the test % or . L/min

7. Was the baby able to maintain saturations $\geq 91\%$ for 10 minutes in air? Yes No (if yes please skip to question 9)

8. If no, how much oxygen did the baby require to maintain saturations for $\geq 91\%$?

% or . L/min

9. Was the test stopped prematurely due to clinical deterioration? Yes No

10. Name of person completing the test

Baby ID

A	Z				
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Section B

11. State the main reason why the test was not performed:

Baby DID NOT receive oxygen and/or respiratory support for ≥ 28 days cumulatively and NOW IN AIR (no CLD)

Baby received oxygen and/or respiratory support for ≥ 28 days cumulatively and NOW IN AIR (mild CLD)

Baby received oxygen and/or respiratory support for ≥ 28 days cumulatively and REMAINS IN OXYGEN OF >1.1 L/MIN OR 30% (severe CLD)

Baby received oxygen and/or respiratory support for ≥ 28 days cumulatively and RECEIVING INVASIVE VENTILATION (severe CLD)

Baby received oxygen and/or respiratory support for ≥ 28 days cumulatively and RECEIVING NON-INVASIVE VENTILATION (severe CLD)

Baby died prior to assessment being conducted

Other (please specify below)

12. Please confirm the form of oxygen support at 36 weeks PMA (or discharge/death if sooner) (select one)

Invasive support

Non-invasive respiratory support

Low flow oxygen

Receiving no mechanical support and in room air

13. What was the O₂ requirement at 36 weeks PMA (or discharge/death if sooner)

		% or			.			L/min
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14. Date O₂ requirement recorded

D	D	/	M	M	/	Y	Y	Y	Y
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Summary of respiratory support

15. Whilst in this hospital how many days has the baby received invasive ventilation by endotracheal tube?
 days

16. Whilst in this hospital how many days has the baby received non-invasive respiratory support?
 days

17. Whilst in this hospital how many days has the baby received oxygen?
 days

18. Whilst in this hospital has the baby had any pneumothorax?
 Yes No

19. Whilst in this hospital has the baby had pulmonary haemorrhage?
 Yes No

20. Whilst in this hospital has the baby received treatment with corticosteroids?
 Yes No (if no please go to question 21)

If yes: Please give details in table for each course in the table below (or leave blank if no courses). A course is defined as a gap in treatment of >72 hours

Course number	Steroid	Route	Start and end date	dose (mcg)	Indication
	<input type="checkbox"/> Hydrocortisone <input type="checkbox"/> Dexamethasone <input type="checkbox"/> Prednisolone <input type="checkbox"/> Budesonide <input type="checkbox"/> Beclomethasone <input type="checkbox"/> Fluticasone	<input type="checkbox"/> I.V. <input type="checkbox"/> Enteral <input type="checkbox"/> Oral <input type="checkbox"/> Inhaled	Start: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cumulative <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Maximum <input type="text"/> <input type="text"/>	<input type="checkbox"/> Respiratory (parenchymal disease) <input type="checkbox"/> Stridor <input type="checkbox"/> Blood pressure <input type="checkbox"/> Other
	<input type="checkbox"/> hydrocortisone <input type="checkbox"/> Dexamethasone <input type="checkbox"/> Prednisolone <input type="checkbox"/> Budesonide <input type="checkbox"/> Beclomethasone <input type="checkbox"/> Fluticasone	<input type="checkbox"/> I.V. <input type="checkbox"/> Enteral <input type="checkbox"/> Oral <input type="checkbox"/> Inhaled	Start: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cumulative <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Maximum <input type="text"/> <input type="text"/>	<input type="checkbox"/> Respiratory (parenchymal disease) <input type="checkbox"/> Stridor <input type="checkbox"/> Blood pressure <input type="checkbox"/> Other
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21. Whilst in this hospital has any other treatment been given for respiratory complications of prematurity?
 Yes No (if yes specify)

Other outcomes at 36 weeks PMA

Cardiovascular

22. Whilst in this hospital has the baby had a patent ductus arteriosus (PDA) detected since admission to your hospital?

Yes No (if no please go to question 24)

23. If yes, and the baby received treatment please indicate (Tick all that apply)

Drug treatment

Specify drug: Ibuprofen Yes No

Paracetamol Yes No

Indomethacin Yes No

Furosemide Yes No

Surgical treatment Yes No Date of surgery / /

Microbiology

24. Whilst in this hospital, did the baby receive prophylactic antifungals?

Yes No

25. Following completion of the initial 21-day surveillance period (**recorded on daily log**), whilst at this hospital, was the baby exposed to any further antibiotics?

Yes No Discharged/died prior to completing 21-day surveillance period

25a. If yes, please give details in the tables below

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Antibiotic use post 21 days				
Course number:	Antibiotic (record each on a separate line)	Start date	Stop date	Ongoing at transfer
		D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
		D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
		D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
		D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
		D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
		D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
		D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
		D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
		D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
		D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	<input type="checkbox"/> Yes <input type="checkbox"/> No

Positive cultures post 21 days			
Number	Organism	Sample type	Date of positive culture
		<input type="checkbox"/> Blood <input type="checkbox"/> CSF	D D / M M / Y Y Y Y
		<input type="checkbox"/> Blood <input type="checkbox"/> CSF	D D / M M / Y Y Y Y
		<input type="checkbox"/> Blood <input type="checkbox"/> CSF	D D / M M / Y Y Y Y
		<input type="checkbox"/> Blood <input type="checkbox"/> CSF	D D / M M / Y Y Y Y
		<input type="checkbox"/> Blood <input type="checkbox"/> CSF	D D / M M / Y Y Y Y
		<input type="checkbox"/> Blood <input type="checkbox"/> CSF	D D / M M / Y Y Y Y

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---	---	---	---	---	---	---	---	---	---

Gastrointestinal

26. Since admission to this hospital has the baby had a gastrointestinal perforation or NEC (Bell's stage II or above)? Yes No (if no go to question 27)

26a. if yes, date of incident

D	D	/	M	M	/	Y	Y	Y	Y
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26b. Was this spontaneous gastrointestinal perforation, NEC or unclear?

Spontaneous Gastrointestinal Perforation

NEC (stage II or above)

Unclear

26c. Was this confirmed on radiography? Yes No

26d. Did the baby go to theatre? Yes No

26e. Was this confirmed on histopathology? Yes No

Bell stage	Systemic	Gastro-intestinal	Radiographic
Stage II A (Definite NEC:mildly ill)	Increased desaturations and/or bradycardia Temperature instability Lethargy	Increased pre-feed gastric aspirate Definite abdominal distension Possible abdominal tenderness Possibly bloody stools	Pneumotosisintestinalis
Stage II B (Definite NEC:moderately ill)	As II A with platelets <100 x 10 ¹² and/or metabolic acidosis: base excess <-8 meq/l	Abdominal distension with definite tenderness Possible abdominal wall oedema and/or erythema	As II A with portal vein gas Possible ascites
Stage III A (Advanced NEC: bowel intact)	As II B plus mixed acidosis: pH <7.2 DIC neutropaenia <1x10 ⁹ /l Severe apnoea Hypotension requiring inotropes	Generalised peritonitis with severe tenderness withabdominal wall induration	As II A with definite ascites
Stage III B (Advanced NEC: bowel perforated)	As IIIA	As III A	As III A with pneumoperitoneum

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A	Z																								
M	M	/	Y	Y	Y	Y																			
D	D	/	M	M	/	Y	Y	Y	Y																

Central nervous system

27. While in this hospital, did the baby have any cerebral ultrasound scans? Yes No (if no go to question 28)

27b. Date of last scan

D	D	/	M	M	/	Y	Y	Y	Y
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27c. What was the worst abnormality identified in this hospital (left and/or right hemispheres)?

- None of the abnormalities listed below
- Intraventricular haemorrhage, Grade I or II without ventricular dilation Left Right
- Severe intraventricular haemorrhage (IVH) with ventricular dilation (Grade III) Left Right
- Severe intraventricular haemorrhage (IVH) with intraparenchymal abnormality (Grade IV) Left Right
- Hydrocephalus (ventricular index greater than 4mm above 97th centile) Left Right
- Cystic Periventricular Leukomalacia (PVL) Left Right
- Non-cystic PVL Left Right
- Other white matter injury (specific, free text) Left Right

28. While in this hospital, did the baby have Retinopathy of Prematurity (ROP)?

Yes No (if no go to question 29)

28a. If yes, what was the worst state of ROP in either eye

- Stage 1
- Stage 2
- Stage 3
- Stage 4
- Stage 5

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34. **Latest** head circumference (closest to 36 weeks/discharge/death) . cms
tick here if not recorded

Date of measurement / /

35. Length of baby (closest to 36 weeks/discharge/death) . cms
tick here if not recorded

Date of measurement / /

Summary of neonatal care

36. Whilst in this hospital, how many days has the baby received

a. Level 3 (intensive) care

days

b. Level 2 (high dependency) care

days

c. Level 1 (special) care

days

Baby's outcome

Has the baby been discharged or died?

37. **Discharged home**

a. Date of discharge

/ /

b. Discharged on home oxygen Yes No

38. **Death**

a. Date of death

/ /

(Please send a copy of the discharge summary and if available, the post-mortem report to the CTR)

b. What were the main causes leading to death (tick all that apply)

Respiratory failure

Infection/sepsis

NEC

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- Other gut pathology
- Brain injury
- Decision to withdrawal of intensive support
- c. Was the cause of death linked to an SAE? Yes No
- If yes, please record the SAE report number: AZ/ /
- d. Has a copy of the discharge summary been sent? Yes No
- e. Is a post-mortem report available? Yes No Not planned Not performed

Form completion

Name of person completing this CRF:	<input style="width: 100%;" type="text"/>
Date of completion:	D D / M M / Y Y Y Y
Signature:	<input style="width: 100%; height: 30px;" type="text"/>