Centre for Trials Research
Canolfan Ymchwil Treialon

AZTEC
Azithromycin Therapy for Chronic Lung Disease

UKCRC Registered Clinical Trials Units

Baby ID A Z | **Baby DOB** M M / Y Y Y Y | **Today's Date** D D / M M / Y Y Y Y

Baby Outcomes post 36 weeks PMA

Form is to be completed at transfer, discharge home or death post 36 weeks PMA.
Only data and events occurring since admission to this hospital, and occurring after 36 weeks PMA should be recorded.

Details about baby

1. Date baby was admitted to this unit?
   D D / M M / Y Y Y Y

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

3. What is the baby's status on completion of this form?

Transfer to another hospital ☐

Discharged home ☐

Baby died ☐

Transfer to another hospital

a. Date of transfer
   D D / M M / Y Y Y Y

b. Receiving hospital contact information

c. Name of receiving consultant- if known

Discharge

a. Date of discharge
   D D / M M / Y Y Y Y

b. Discharged on home oxygen Yes ☐ No ☐

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Baby Died

a. Date of death
D D / M M / Y Y Y Y
(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 ☐
Other gut pathology ☐
Brain injury ☐
Decision to withdrawal of intensive support ☐

c. Has a copy of the discharge summary been sent? Yes ☐ No ☐

d. Is a post-mortem report available ? Yes ☐ No ☐ Not planned ☐ Not performed ☐

Summary of respiratory support

4. Please confirm the form of oxygen support at the time of form completion (select one)

Invasive support ☐

Non-invasive respiratory support ☐

Low flow oxygen ☐

Receiving no mechanical support and in room air ☐

5. Since admission to your hospital, post-36 weeks PMA how many days has the baby received invasive ventilation by endotracheal tube?

☐☐☐ days

6. Since admission to your hospital, post-36 weeks PMA how many days has the baby received non-invasive respiratory support?

☐☐☐ days

7. Since admission to your hospital, post-36 weeks PMA how many days has the baby been on oxygen?

☐☐☐ days

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Other outcomes

Central nervous system

8. While in this hospital post-36 weeks PMA, did the baby have any cerebral ultrasound scans? Yes ☐ No ☐ (if no go to question 9)

8b. Date of last scan

D D / M M / Y Y Y Y

8c. 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 ☐

9. While in this hospital, post 36 weeks PMA, did the baby have Retinopathy of Prematurity (ROP)?

Yes ☐ No ☐ (if no go to question 10)

9a. If yes, what was the worst state of ROP in either eye

Stage 1 ☐

Stage 2 ☐

Stage 3 ☐

Stage 4 ☐

Stage 5 ☐

Baby ID	Baby DOB	Today's Date
AZ	MM / YYYY	DD / MM / YYYY

9b. Please confirm any of the following

AP-ROP Yes ☐ No ☐

Has the ROP been treated in left eye? Yes ☐ No ☐

Has the ROP been treated in right eye? Yes ☐ No ☐

9c. If treated, which treatment have they had (tick all that apply)?

Laser therapy ☐ Yes ☐ No

Anti-VEGF ☐ Yes ☐ No

Other ☐ Yes ☐ No

Please specify

10. Has the baby had a patent ductus arteriosus (PDA) detected since admission to your hospital, post-36 weeks PMA?

Yes ☐ No ☐ (if no please go to question 11)

10a. 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 DD / MM / YYYY

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Measurements

11. **Most recent** weight measurement ☐☐☐☐ g

12. Date of most recent weight measurement
D D / M M / Y Y Y Y

13. **Most recent** head circumference ☐☐.☐ cms tick here if not recorded ☐

14. Date of head circumference measurement
D D / M M / Y Y Y Y

15. Most recent Length of baby ☐☐.☐ cms tick here if not recorded ☐

16. Date of measurement
D D / M M / Y Y Y Y

Summary of neonatal care

17. Post 36 weeks PMA, whilst in your 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

Form completion

Name of person completing this CRF:

Date of completion: D D / M M / Y Y Y Y

Signature: