

ID Number:
Date of surgery:
Date of Transfer to Your Hospital:

British Association of Paediatric Surgeons Congenital Anomalies Surveillance System (BAPS-CASS)

Necrotising Enterocolitis

Data Collection Form - OUTCOMES AT ONE YEAR

Please return the completed form to:

BAPS-CASS
National Perinatal Epidemiology Unit
University of Oxford
Old Road Campus
Oxford
OX3 7LF
Fax: 01865 617775
Phone: 01865 289714



Case reported in: _____



Instructions

1. Please do not enter any personally identifiable information (e.g. name, address or hospital number) on this form.
2. Fill in the form using the information available in the infant's case notes.
3. Tick the boxes as appropriate. If you require any additional space to answer a question please use the space provided in section 2.
4. Please complete all dates in the format DD/MM/YY, and all times using the 24hr clock e.g. 18:37
5. **If you do not know the answers to some questions, please indicate this in section 2.**
6. If you encounter any problems with completing the form please contact the Study Administrator or use the space in section 2.

Section 1: Outcomes

1.1 When was the infant last seen in your hospital, either as an inpatient or outpatient? DD / MM / YY

1.2 Was the infant discharged to another hospital after their initial admission? Yes No

If Yes, please give name of hospital _____

Name of responsible consultant _____

Date of transfer DD / MM / YY

1.3 Has the infant been discharged home? Yes No

If Yes, please specify date of discharge DD / MM / YY

1.4 Has any further surgery been required after the first 28 days post initial surgery/drain insertion? Yes No

If Yes, please complete the table below

Date	Procedure	Indication	Complications <i>If no complications, please state none</i>
DD / MM / YY			
DD / MM / YY			
DD / MM / YY			

1.5 Is the infant still receiving parenteral nutrition(PN)? Yes No

If No, please give date PN stopped DD / MM / YY

1.6 Does the infant have cholestasis? Yes No

1.7 Does the Infant have IFALD*? Yes No

If Yes, is it Type 1 Type 2 Type 3

1.8 Has the infant had a liver transplant? Yes No

If Yes, please give date of transplant DD / MM / YY

If No, has the infant been listed for liver transplant? Yes No

1.9 Has the infant had a bowel transplant? Yes No

If Yes, please give date of transplant DD / MM / YY

If No, has the infant been listed for bowel transplant? Yes No

* For guidance please see back cover

Definitions

Definition of IFALD:

Intestinal Failure - associated liver disease:

Type 1 (early)	Persistent elevation of alkaline phosphatase for 6 weeks or longer
Type 2 (established)	Additional elevated total bilirubin ($> 50 \mu\text{mol/L}$)
Type 3 (late)	Additional clinical signs of end-stage liver disease