

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

British Association of Paediatric Surgeons Congenital Anomalies Surveillance System

Gastroschisis

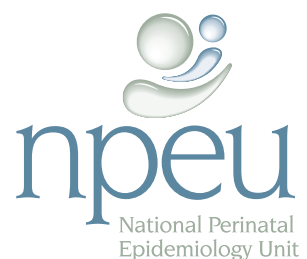
Data Collection Form - CASE OUTCOMES ONE YEAR

Please return the completed form to:

BAPS Congenital Anomalies Surveillance System
National Perinatal Epidemiology Unit
University of Oxford
Old Road Campus
Oxford
OX3 7LF

Fax: 01865 289701
Phone: 01865 289700

Case reported in: _____



Section 1: Outcomes

- 1.1 Town/County of residence of infant** _____
- 1.2 Was the infant fed parenterally?** Yes No
If Yes, please state duration of parenteral nutrition (days)
Or Tick if infant is still receiving TPN
- 1.3 Is the infant now fully orally fed?** Yes No
If Yes, please state days to full oral feeding
- 1.4 Has the infant been discharged home?** Yes No
If Yes, please state date of initial discharge / /
- 1.5 Has the infant been transferred to another hospital?** Yes No
If Yes, please give name of hospital _____
name of responsible consultant _____
and date of initial transfer / /
- 1.6 Did the infant have any of the following complications?**
- | | | | | |
|---------------------------------|-----|--------------------------|----|--------------------------|
| Intestinal necrosis/perforation | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Wound dehiscence | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| NEC | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Missed atresia | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Reoperation/readmission | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
- If Yes, please specify _____

- Other major complications Yes No
If Yes, please specify _____
- 1.7 Did this infant die?** Yes No
If Yes, please specify date of death / /
What was the primary cause of death as stated on the death certificate?
(please state if not known) _____

Section 2: Please use this space to enter any other information you feel may be important

Section 3:

Name of person completing the form _____

Designation _____

Today's date / /

You may find it useful in the case of queries to keep a copy of this form.