

# PlaNeT-2 Form 5: BLEEDING ASSESSMENT TOOL (BAT)

Trial Number

Neonate Initials

If multiple births;  of  birth order

| DAYS 1 and 2  |   | DAY 1   | DAY 2   |
|---|---|---|---|
| Please circle your responses                                      |   | Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |
| <b>Skin</b>   |   |   |   |
| New oozing from puncture sites                                    | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |
| New oozing from cord  | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |
| New significant purpura   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |
| New significant petechiae   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |
| <b>Surgical Bleeding</b> (tick NA box if not applicable)          |   |   |   |
| Skin around stoma   | NA <input type="checkbox"/> <input type="radio"/> Y <input type="radio"/> N   | NA <input type="checkbox"/> <input type="radio"/> Y <input type="radio"/> N   | NA <input type="checkbox"/> <input type="radio"/> Y <input type="radio"/> N   |
| Stoma   | NA <input type="checkbox"/> <input type="radio"/> Y <input type="radio"/> N   | NA <input type="checkbox"/> <input type="radio"/> Y <input type="radio"/> N   | NA <input type="checkbox"/> <input type="radio"/> Y <input type="radio"/> N   |
| Scar/wound  | NA <input type="checkbox"/> <input type="radio"/> Y <input type="radio"/> N   | NA <input type="checkbox"/> <input type="radio"/> Y <input type="radio"/> N   | NA <input type="checkbox"/> <input type="radio"/> Y <input type="radio"/> N   |
| <b>Mucosal (P=Pink F=Frank O=Old)</b>                             |   |   |   |
| Oral  | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> P <input type="radio"/> F <input type="radio"/> O   | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> P <input type="radio"/> F <input type="radio"/> O   | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> P <input type="radio"/> F <input type="radio"/> O   |
| NGT   | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> P <input type="radio"/> F <input type="radio"/> O   | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> P <input type="radio"/> F <input type="radio"/> O   | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> P <input type="radio"/> F <input type="radio"/> O   |
| <b>Pulmonary Haemorrhage</b>                                      |   |   |   |
| Frothy red ET secretions  | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |
| Acute fresh bleed through ET tube without any ventilatory changes | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |
| Acute fresh bleed through ET tube causing ventilatory changes **  | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |
| <b>Frank Rectal Bleeding **</b>                                   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |
| <b>Visible Blood in Urine</b>                                     | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |
| <b>IVH section</b><br>(tick NA box if scan not done on day)       |   |   |   |
| <b>Note: Scan must be performed weekly until Study Day 28</b>     |   |   |   |
| <b>Haemorrhage</b>  | Time of scan: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (24 hour clock)<br>NA <input type="checkbox"/> <input type="radio"/> L <input type="radio"/> H0 <input type="radio"/> R | Time of scan: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (24 hour clock)<br>NA <input type="checkbox"/> <input type="radio"/> L <input type="radio"/> H0 <input type="radio"/> R | Time of scan: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (24 hour clock)<br>NA <input type="checkbox"/> <input type="radio"/> L <input type="radio"/> H0 <input type="radio"/> R |
|   | <input type="radio"/> L <input type="radio"/> H1 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> H1 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> H1 <input type="radio"/> R  |
|   | <input type="radio"/> L <input type="radio"/> H2 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> H2 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> H2 <input type="radio"/> R  |
|   | <input type="radio"/> L <input type="radio"/> H3 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> H3 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> H3 <input type="radio"/> R  |
| <b>Ventricular size</b><br>V1 is dilatation > 12 mm               | <input type="radio"/> L <input type="radio"/> V0 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> V0 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> V0 <input type="radio"/> R  |
|   | <input type="radio"/> L <input type="radio"/> V1 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> V1 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> V1 <input type="radio"/> R  |
| <b>Parenchymal injury</b>   | <input type="radio"/> L <input type="radio"/> P0 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> P0 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> P0 <input type="radio"/> R  |
|   | <input type="radio"/> L <input type="radio"/> P1 <input type="radio"/> R <input type="radio"/> L <input type="radio"/> PC <input type="radio"/> R   | <input type="radio"/> L <input type="radio"/> P1 <input type="radio"/> R <input type="radio"/> L <input type="radio"/> PC <input type="radio"/> R   | <input type="radio"/> L <input type="radio"/> P1 <input type="radio"/> R <input type="radio"/> L <input type="radio"/> PC <input type="radio"/> R   |
|   | <input type="radio"/> L <input type="radio"/> P2 <input type="radio"/> R <input type="radio"/> L <input type="radio"/> PVL <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> P2 <input type="radio"/> R <input type="radio"/> L <input type="radio"/> PVL <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> P2 <input type="radio"/> R <input type="radio"/> L <input type="radio"/> PVL <input type="radio"/> R  |
|   | <input type="radio"/> L <input type="radio"/> P3 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> P3 <input type="radio"/> R  | <input type="radio"/> L <input type="radio"/> P3 <input type="radio"/> R  |
| <b>Any other bleeding?</b><br>(if YES please describe on form 5b) | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |
| <b>MBP less than gestational age secondary to haemorrhage? **</b> | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |
| <b>Boluses of volume given secondary to haemorrhage? **</b>       | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |
| <b>Haemorrhage requiring inotropic support? **</b>                | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   | <input type="radio"/> Y <input type="radio"/> N   |

\*\* If YES, this indicates a MAJOR or SEVERE bleed. Complete Form 13.