

PlaNeT-2 - Form 3a

Trial Number

Neonate Initials

If multiple births; birth order of

CURRENT MEDICAL CONDITIONS & PREVIOUS MAJOR BLEEDS

Confirmed congenital viral infection? NO YES

Is the neonate currently receiving treatment for:
 NEC (definite or advanced) \geq Bell's Stage 2
 (as defined in guidance notes) NO YES

Sepsis (definite or suspected)
 (as defined in guidance notes) NO YES

Any previous major bleeds? NO YES If YES, please answer relevant questions below
 (from birth to 72 hours before randomisation)

Pulmonary NO YES If YES, provide number of events

Frank rectal NO YES If YES, provide number of events

IVH NO YES

Intracranial haemorrhage NO YES If YES, please answer parts (i) to (iv) below
 If NO, proceed to Form 3b

		LEFT			RIGHT	
(i) Subdural	NO <input type="checkbox"/>	YES <input type="checkbox"/>		NO <input type="checkbox"/>	YES <input type="checkbox"/>	

		LEFT			RIGHT	
(ii) Subarachnoid	NO <input type="checkbox"/>	YES <input type="checkbox"/>		NO <input type="checkbox"/>	YES <input type="checkbox"/>	

(iii) Additional scanning CT / MRI performed? NO YES

If YES, date and time of scan

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"/>
D	D	M	M	Y	Y	Y	Y

Time (24 hour clock)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H	H	M	M

Results of scan

(iv) Neurosurgical intervention required? NO YES

If YES, please describe.....

PROCEED TO FORM 3b