

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

Trial Number

Neonate Initials

If multiple births: of
birth order of

DAYS 5 and 6	DAY 5	DAY 6
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"/>
Skin		
New oozing from puncture sites	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N
New oozing from cord	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N
New significant purpura	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N
New significant petechiae	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N
Surgical Bleeding (tick NA box if not applicable)		
Skin around stoma	NA <input type="checkbox"/> <input checked="" type="radio"/> Y <input type="radio"/> N	NA <input type="checkbox"/> <input checked="" type="radio"/> Y <input type="radio"/> N
Stoma	NA <input type="checkbox"/> <input checked="" type="radio"/> Y <input type="radio"/> N	NA <input type="checkbox"/> <input checked="" type="radio"/> Y <input type="radio"/> N
Scar/wound	NA <input type="checkbox"/> <input checked="" type="radio"/> Y <input type="radio"/> N	NA <input type="checkbox"/> <input checked="" type="radio"/> Y <input type="radio"/> N
Mucosal (P=Pink F=Frank O=Old)		
Oral	<input checked="" type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> F <input type="radio"/> N <input checked="" type="radio"/> O <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> F <input type="radio"/> N <input checked="" type="radio"/> O <input type="radio"/> N
NGT	<input checked="" type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> F <input type="radio"/> N <input checked="" type="radio"/> O <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> F <input type="radio"/> N <input checked="" type="radio"/> O <input type="radio"/> N
Pulmonary Haemorrhage		
Frothy red ET secretions	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N
Acute fresh bleed through ET tube without any ventilatory changes	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N
Acute fresh bleed through ET tube causing ventilatory changes **	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N
Frank Rectal Bleeding **	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N
Visible Blood in Urine	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N
IVH section (tick NA box if scan not done on day) Note: Scan must be performed weekly until Study Day 28	Time of scan: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NA <input type="checkbox"/> <input checked="" type="radio"/> L <input type="radio"/> H0 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> H1 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> H2 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> H3 <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"/> NA <input type="checkbox"/> <input checked="" type="radio"/> L <input type="radio"/> H0 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> H1 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> H2 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> H3 <input type="radio"/> R
Haemorrhage	<input checked="" type="radio"/> L <input type="radio"/> V0 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> V1 <input type="radio"/> R	<input checked="" type="radio"/> L <input type="radio"/> V0 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> V1 <input type="radio"/> R
Ventricular size V1 is dilatation > 12 mm	<input checked="" type="radio"/> L <input type="radio"/> P0 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> P1 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> PC <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> P2 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> PVL <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> P3 <input type="radio"/> R	<input checked="" type="radio"/> L <input type="radio"/> P0 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> P1 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> PC <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> P2 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> PVL <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> P3 <input type="radio"/> R
Parenchymal injury	<input checked="" type="radio"/> L <input type="radio"/> P0 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> P1 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> PC <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> P2 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> PVL <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> P3 <input type="radio"/> R	<input checked="" type="radio"/> L <input type="radio"/> P0 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> P1 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> PC <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> P2 <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> PVL <input type="radio"/> R <input checked="" type="radio"/> L <input type="radio"/> P3 <input type="radio"/> R
Any other bleeding? (if YES please describe on form 5b)	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N
MBP less than gestational age secondary to haemorrhage? **	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N
Boluses of volume given secondary to haemorrhage? **	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N
Haemorrhage requiring inotropic support? **	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N

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