

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



Blood and Transplant
Final Version 1.1
19 October 2011

Trial Number

Neonate Initials

If multiple births; of birth order

DAYS 7 and 8		DAY 7	DAY 8
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"/>	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"/>
Skin			
New oozing from puncture sites	<input checked="" type="radio"/> Y <input type="radio"/> N	<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	<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	<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	<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	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	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	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"/> P <input type="radio"/> F <input type="radio"/> O <input type="radio"/> N	<input checked="" type="radio"/> P <input type="radio"/> F <input type="radio"/> O <input type="radio"/> N	<input checked="" type="radio"/> P <input type="radio"/> F <input type="radio"/> O <input type="radio"/> N
NGT	<input checked="" type="radio"/> P <input type="radio"/> F <input type="radio"/> O <input type="radio"/> N	<input checked="" type="radio"/> P <input type="radio"/> F <input type="radio"/> O <input type="radio"/> N	<input checked="" type="radio"/> P <input type="radio"/> F <input 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	<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	<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	<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	<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	<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			
Haemorrhage	Time of scan: <input type="checkbox"/> NA <input type="checkbox"/> <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"/> L <input checked="" type="radio"/> H0 <input type="radio"/> R	Time of scan: <input type="checkbox"/> NA <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> L <input checked="" type="radio"/> H0 <input type="radio"/> R	Time of scan: <input type="checkbox"/> NA <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> L <input checked="" type="radio"/> H0 <input type="radio"/> R
	L <input checked="" type="radio"/> H1 <input type="radio"/> R	L <input checked="" type="radio"/> H1 <input type="radio"/> R	L <input checked="" type="radio"/> H1 <input type="radio"/> R
	L <input checked="" type="radio"/> H2 <input type="radio"/> R	L <input checked="" type="radio"/> H2 <input type="radio"/> R	L <input checked="" type="radio"/> H2 <input type="radio"/> R
	L <input checked="" type="radio"/> H3 <input type="radio"/> R	L <input checked="" type="radio"/> H3 <input type="radio"/> R	L <input checked="" type="radio"/> H3 <input type="radio"/> R
Ventricular size V1 is dilatation > 12 mm	L <input checked="" type="radio"/> V0 <input type="radio"/> R	L <input checked="" type="radio"/> V0 <input type="radio"/> R	L <input checked="" type="radio"/> V0 <input type="radio"/> R
	L <input checked="" type="radio"/> V1 <input type="radio"/> R	L <input checked="" type="radio"/> V1 <input type="radio"/> R	L <input checked="" type="radio"/> V1 <input type="radio"/> R
Parenchymal injury	L <input checked="" type="radio"/> P0 <input type="radio"/> R	L <input checked="" type="radio"/> P0 <input type="radio"/> R	L <input checked="" type="radio"/> P0 <input type="radio"/> R
	L <input checked="" type="radio"/> P1 <input type="radio"/> R <input checked="" type="radio"/> L PC <input type="radio"/> R	L <input checked="" type="radio"/> P1 <input type="radio"/> R <input checked="" type="radio"/> L PC <input type="radio"/> R	L <input checked="" type="radio"/> P1 <input type="radio"/> R <input checked="" type="radio"/> L PC <input type="radio"/> R
	L <input checked="" type="radio"/> P2 <input type="radio"/> R <input checked="" type="radio"/> L PVL <input type="radio"/> R	L <input checked="" type="radio"/> P2 <input type="radio"/> R <input checked="" type="radio"/> L PVL <input type="radio"/> R	L <input checked="" type="radio"/> P2 <input type="radio"/> R <input checked="" type="radio"/> L PVL <input type="radio"/> R
	L <input checked="" type="radio"/> P3 <input type="radio"/> R	L <input checked="" type="radio"/> P3 <input type="radio"/> R	L <input checked="" 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	<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	<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	<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	<input checked="" type="radio"/> Y <input type="radio"/> N

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