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

NHS Blood and Transplant
Final Version 1.1
19October2011

Trial Number | | | | | | | Neonate Initials | | | | If multiple births; birth order | | of | |

DAYS 9 and 10

Please circle your responses

DAY 9 Date: D D M M Y Y Y Y (2 0)

DAY 10 Date: D D M M Y Y Y Y (2 0)

Skin

	DAY 9	DAY 10
New oozing from puncture sites	Y N	Y N
New oozing from cord	Y N	Y N
New significant purpura	Y N	Y N
New significant petechiae	Y N	Y N

Surgical Bleeding (tick NA box if not applicable)

	DAY 9	DAY 10
Skin around stoma	NA ☐ Y N	NA ☐ Y N
Stoma	NA ☐ Y N	NA ☐ Y N
Scar/wound	NA ☐ Y N	NA ☐ Y N

Mucosal (P=Pink F=Frank O=Old)

	DAY 9	DAY 10
	P: Y N; F: Y N; O: Y N	P: Y N; F: Y N; O: Y N
Oral		
NGT		

Pulmonary Haemorrhage

	DAY 9	DAY 10
Frothy red ET secretions	Y N	Y N
Acute fresh bleed through ET tube without any ventilatory changes	Y N	Y N
Acute fresh bleed through ET tube causing ventilatory changes **	Y N	Y N

Frank Rectal Bleeding **

DAY 9: Y N

DAY 10: Y N

Visible Blood in Urine

DAY 9: Y N

DAY 10: Y N

IVH section

(tick NA box if scan not done on day)

Note: Scan must be performed weekly until Study Day 28

	DAY 9	DAY 10
Time of scan: NA ☐ Time (24 hour clock) H H M M		
Haemorrhage	L H0 R; L H1 R; L H2 R; L H3 R	L H0 R; L H1 R; L H2 R; L H3 R
Ventricular size (V1 is dilatation > 12 mm)	L V0 R; L V1 R	L V0 R; L V1 R
Parenchymal injury	L P0 R; L P1 R; L P2 R; L P3 R; L PC R; L PVL R	L P0 R; L P1 R; L P2 R; L P3 R; L PC R; L PVL R

Any other bleeding?

(if YES please describe on form 5b)

DAY 9: Y N

DAY 10: Y N

	DAY 9	DAY 10
MBP less than gestational age secondary to haemorrhage? **	Y N	Y N
Boluses of volume given secondary to haemorrhage? **	Y N	Y N
Haemorrhage requiring inotropic support? **	Y N	Y N

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