

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

Trial Number

Neonate Initials

If multiple births; of birth order

DAYS 11 and 12		DAY 11	DAY 12
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 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
Surgical Bleeding (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
Mucosal (P=Pink F=Frank O=Old)			
Oral	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N
NGT	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> N
Pulmonary Haemorrhage			
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
Frank Rectal Bleeding **	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Visible Blood in Urine	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input 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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Time (24 hour clock) <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"/> H2 <input type="radio"/> R <input type="radio"/> L <input type="radio"/> H3 <input type="radio"/> R	Time of scan: <input type="checkbox"/> NA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Time (24 hour clock) <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"/> H2 <input type="radio"/> R <input type="radio"/> L <input type="radio"/> H3 <input type="radio"/> R	Time of scan: <input type="checkbox"/> NA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Time (24 hour clock) <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"/> H2 <input type="radio"/> R <input type="radio"/> L <input type="radio"/> H3 <input type="radio"/> R
Ventricular size V1 is dilatation > 12 mm	<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"/> V0 <input type="radio"/> R <input type="radio"/> L <input type="radio"/> V1 <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
Parenchymal injury	<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"/> 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"/> 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"/> 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"/> 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"/> 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
Any other bleeding? (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
MBP less than gestational age secondary to haemorrhage? **	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Boluses of volume given secondary to haemorrhage? **	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Haemorrhage requiring inotropic support? **	<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.