

# 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 13 and 14		DAY 13	DAY 14
Please circle your responses		Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/>
<b>Skin</b>			
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
<b>Surgical Bleeding</b> (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
<b>Mucosal (P=Pink F=Frank O=Old)</b>			
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	<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	<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
<b>Pulmonary Haemorrhage</b>			
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
<b>Frank Rectal Bleeding **</b>	<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
<b>Visible Blood in Urine</b>	<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
<b>IVH section</b> (tick NA box if scan not done on day)			
<b>Note: Scan must be performed weekly until Study Day 28</b>			
<b>Haemorrhage</b>	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"/> (H H M M) <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="checkbox"/> NA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (H H M M) <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="checkbox"/> NA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (H H M M) <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
<b>Ventricular size</b> V1 is dilatation > 12 mm	<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	<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
<b>Parenchymal injury</b>	<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	<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
<b>Any other bleeding?</b> (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
<b>MBP less than gestational age secondary to haemorrhage? **</b>	<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
<b>Boluses of volume given secondary to haemorrhage? **</b>	<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
<b>Haemorrhage requiring inotropic support? **</b>	<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.