



Form 4: Gut Signs

Only for NPEU office use

	Date	Initials
Logged	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
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Use this form:

If this infant has received **at least 5 days** of treatment for gut signs, if they are transferred with gut signs, or if they have died from gut signs

Infant's surname: _____
Infant's first name: *(enter unknown if applicable)* _____
Infant's date of birth: / /
Name of hospital: _____

Section A: Gut signs

A.1 Start of episode: / /
A.2 End of episode: / /

- A.3 Final diagnosis:**
- a) **Dysmotility, meconium or milk plug:** Yes No
 - b) **Septic ileus:** Yes No
 - c) **Focal intestinal perforation (no NEC):** Yes No
 - d) **Necrotising enterocolitis: (see overleaf for definition)** Yes No

If Yes, please specify stage (tick one box only)

- Suspected NEC not fulfilling criteria for Stage II
- Stage II A or B: Definite NEC
- Stage III A: Advanced NEC, no perforation
- Stage III B: Advanced NEC, with perforation

How was NEC diagnosed?

Surgery: Yes No

If Yes, please indicate date of surgery / /

Post-mortem: Yes No

If Yes, please indicate date of post-mortem / /

Clinically and radiologically: Yes No

e) Other diagnosis: Yes No

Please specify: _____

A.4 Did this infant have surgery in association with this episode? Yes No

If Yes, please specify *(tick all boxes that apply)*

- Peritoneal drain or paracentesis:
- Laparotomy:
- Bowel resection:
- Stoma:
- Other:

Please specify: _____

Section B: Form details**Details of person completing form**

Name: _____

Role: _____

Date: / / Signature: _____

Principal Investigator Signature: _____

Definitions:**Necrotising enterocolitis:**

NEC may be diagnosed at surgery, at post-mortem examination or clinically and radiologically using the following criteria:

At least one of the following clinical signs present:

Bilious gastric aspirate or emesis, Abdominal distension, Occult or gross blood in stool (no fissure) and at least one of the following radiological features:

Pneumatosis intestinalis, Hepato-biliary gas, Pneumoperitoneum

Infants who satisfy the definition of NEC above but are found at surgery or post-mortem examination for that episode to have a "Focal Intestinal Perforation" should be coded as having "Focal Gastrointestinal Perforation", not as having NEC.

Bell stage	Systemic	Gastro-intestinal	Radiographic
Stage IIA (Definite NEC: mildly ill)	Increased desaturations and/or bradycardia Temperature instability Lethargy	Increased pre-feed gastric aspirate Definite abdominal distension Possible abdominal tenderness Possibly bloody stools	Pneumatosis intestinalis
Stage IIB (Definite NEC: moderately ill)	As IIA with platelets $<100 \times 10^{12}$ and/or metabolic acidosis: base excess <-8 meq/l	Abdominal distension with definite tenderness Possible abdominal wall oedema and/or erythema	As IIA with portal vein gas Possible ascites
Stage IIIA (Advanced NEC: bowel intact)	As IIB plus mixed acidosis: pH <7.2 DIC neutropaenia $<1 \times 10^9/l$ Severe apnoea Hypotension requiring inotropes	Generalised peritonitis with severe tenderness with abdominal wall induration	As IIA with definite ascites
Stage IIIB (Advanced NEC: bowel perforated)	As IIIA	As IIIA	As IIIA with pneumoperitoneum

When this form has been completed

Please return to the ELFIN Coordinating Centre using the FREEPOST envelope provided

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NHS
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