



Probiotic in Preterm babies Study

Form 4: Abdominal Pathology

Please complete in black ballpoint pen

Points to remember when completing this form:

- Please **complete a separate** Form 4 for any episode of proven or suspected abdominal pathology including necrotising enterocolitis while the baby is an in-patient at your hospital (modified Bell criteria for staging NEC overleaf)
- Keep completed and 'in progress' forms in the 'Working Documents' section of the PiPS Documentation Box
- **All completed** Abdominal Pathology forms should be returned at transfer, discharge or at death with the completed Form 3 to the Trial Office using a FREEPOST envelope from the PiPS Documentation Box
- Please ensure all questions on this form are answered; this will avoid unnecessary work in chasing missing data. If you have any questions please contact the Trial Office on [REDACTED]

Part A: Baby details

Name of hospital: _____

Baby's surname: _____ First name: (if known) _____

Study number (5 digits): [][][][][]

Date of birth: [D][D]/[M][M]/[Y][Y]

Part B: Episode details

B1. Date episode started [D][D]/[M][M]/[Y][Y]

B2. What was the final diagnosis? (Please tick **one** of the following)

i. Necrotising enterocolitis (please select stage)

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

ii. Isolated intestinal perforation, no NEC

iii. Septic ileus

iv. Meconium or milk plug

v. Other, please specify _____

B3. Was there definite pneumatosis intestinalis (intra-mural gas) at any time? Yes No

B4. Was there intra-hepatic gas at any time? Yes No

B5. Was there intestinal perforation at any time? Yes No

B6. Did the baby have surgery in association with this episode? (Please tick **all** that apply)

No Peritoneal drainage alone

Laparotomy, no enterostomy Laparotomy, with enterostomy

Part C: Details of person completing form

Name of Principal Investigator or consultant or PIPS research nurse completing this form

C1. Date this form was completed

DD / MM / YY

C2. Name of person completing this form

Name: (Print) _____ Signature: _____

C3. What is the best way of contacting you?

Modified Bell criteria for staging NEC

Bell stage Signs	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	Definite abdominal dilatation Pneumotosis intestinalis
Stage IIB (Definite NEC: moderately ill)	As IIA with platelets <100 x 10 ¹² and/or metabolic acidosis: base excess <-8meq/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 <1x10 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

Reference

- Walsh MC, Kliegman RM. Necrotising enterocolitis: treatment based on staging criteria. *Pediat Clin North Am*, 1986;33:179-201