

REGISTRATION

ID: Last name initials: First name initials: Gender: M F

Date of birth: g Race: CODES: 1=Mediterranean Europe; 2=Central Europe; 3=Eastern Europe; 4=North Africa; 5=South Africa; 6=Central Africa; 7=Middle East; 8=Far East; 9=North America; 10=Central America; 11=South America

ELIGIBILITY AT BIRTH

Inclusion criteria:

Was consent obtained? CODES: 1=YES; 2=NO

Weight at birth g GA w w d

Exclusion criteria (see protocol for definitions):

Major congenital abnormality? MOF? CODES (for both): 1=YES; 2=NO; 9=NK

Pre-existing cutaneous disease? CODES: 1=YES; 2=NO

Is the patient eligible according to protocol? CODES: 1=YES; 2=NO; 6=Not evaluable; 9=NK

STRATIFICATION

IUGR: CODES: 1=YES; 2=NO

RANDOMIZATION

Date of achievement of 100 ml/kg/day d d m m y y

Ventilation at achievement of 100 ml/kg/day CODES: 1=NO n-cPAP; 2=n-cPAP< 50%; 3= n-cPAP ≥ 50%; 4= Intubation

Do you plan to randomize? CODES: 1=YES; 2=NO

IF **YES**: Date of randomization d d m m y y

Random assigned CODES: 1=Bolus+continuous; 2=Continuous+bolus

Random administered CODES: 1=Bolus+continuous; 2=Continuous+bolus

If random administered is different from random assigned, specify reason CODES: 1=Clinical decision; 2=Parents' refusal of consent; 3=Error; 4=Other; 9=Not known

If Other, specify: _____

IF **NO**: Cause of NO RANDOM CODES: 1=No achievement of 100ml/kg/day; 2=Intubation or n-cPAP ≥ 50%; 3=NEC; 4=Transfer to other institution; 5=Parents' refusal of consent; 6=Error; 7=Other; 8=Death; 9=Not known

If Other, specify: _____

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BEFORE BIRTH

Mother: CODES (FOR ALL) : 1=YES; 2=NO; 9=NKPROM Pre eclampsia Chorionamnionitis Placental abruption Antibiothic therapy Indomethacin Antepartum steroids **Fetus:**Doppler CODES : 1=Normal; 2=Pathological; 3=Absent; 4=Reverse; 9=Not known

AT BIRTH

Type of delivery CODES: 1=PE; 2=TC funicular pH IA 5'

AFTER BIRTH

Heart US Cerebral US Abdominal US CODES (FOR ALL) : 1=Normal; 2=Pathological; 9= Not doneUAC CODES: 1=YES; 2=NO**IF YES:** Date of placement Date of removal
d d m m y y d d m m y y**Nutrition:**UVC CODES: 1=YES; 2=NO**IF YES:** 1st placem. Date of placement Date of removal
d d m m y y d d m m y yCVC CODES: 1=YES; 2=NO**IF YES:** 1st placem. Date of placement Date of removal
d d m m y y d d m m y y2nd placem. Date of placement Date of removal
d d m m y y d d m m y yTPN 1st episode Date of start Date of end
d d m m y y d d m m y y2nd episode Date of start Date of end
d d m m y y d d m m y y_____
Name of physician_____
Date (dd-mm-yy)_____
Signature of physician

ID:

 Last name initials:

 First name initials:

OXIMETRY AND PERFUSION

		0-24 h	48-72 h	MEF 12 ml/kg	AT RANDOMIZED FEEDS* 100 ml/kg				
DATE		<input type="text"/> <small>d d m m y y</small>	<input type="text"/> <small>d d m m y y</small>	<input type="text"/> <small>d d m m y y</small>	<input type="text"/> <small>d d m m y y</small>				
Type of milk		CODES: 1=Human Milk; 2=Fortified Human Milk 3=Preterm Formula; 4=PDF		<input type="text"/>	<input type="text"/>				
					BOLUS		CONTINUOUS		
Start of feed					<input type="text"/> <small>h h</small>	<input type="text"/> <small>m m</small>	<input type="text"/> <small>h h</small>	<input type="text"/> <small>m m</small>	
					<small>B₀</small>	<small>B₁</small>	<small>C₀</small>	<small>C₁</small>	<small>C₂</small>
					<small>- 30'</small>	<small>+ 30'</small>	<small>- 30'</small>	<small>+ 30'</small>	<small>+ 3h</small>
NIRS	SatO ₂ %								
	rSO ₂ C %								
	TOI C %								
	rSO ₂ S %								
	TOI S %								
	CSOR N								
ECO	PSV cm/sec								
	EDV cm/sec								
	Vmean cm/sec								
	IR N								
Capillar Hemoglobine g/dL									

*enter data in cells below, irrespective of the randomized order in which feeds were given.

 Name of physician

 Date (dd-mm-yy)

 Signature of physician

SPLANCHNIC OXIMETRY IN VLBW

No.4

ID:

Last name initials:

First name initials:

GROWTH

	At birth	MEF	At achievement of 100 ml/kg/day	At randomized feeds
WEIGHT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> g	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> g	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> g	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> g
LENGTH	<input type="text"/> <input type="text"/> cm	<input type="text"/> <input type="text"/> cm	<input type="text"/> <input type="text"/> cm	<input type="text"/> <input type="text"/> cm
HEAD CIRCUMFERENCE	<input type="text"/> <input type="text"/> cm	<input type="text"/> <input type="text"/> cm	<input type="text"/> <input type="text"/> cm	<input type="text"/> <input type="text"/> cm
TYPE OF MILK	CODES: 1=Human Milk; 2=Fortified Human Milk 3=Preterm Formula; 4=PDF		<input type="text"/>	

	At full enteral feeding	At 28 days of age
DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y
WEIGHT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> g	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> g
LENGTH	<input type="text"/> <input type="text"/> cm	<input type="text"/> <input type="text"/> cm
HEAD CIRCUMFERENCE	<input type="text"/> <input type="text"/> cm	<input type="text"/> <input type="text"/> cm
TYPE OF MILK (see above for CODES)	<input type="text"/>	<input type="text"/>

Name of physician

Date (dd-mm-yy)

Signature of physician

ID:

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MORBILITIES

CODES (for all, if not otherwise stated): 1=YES; 2=NO; 9=NK

 PDA : **IF YES:** 1st episode Date of diagnosis
d d m m y y Date of recovery
d d m m y y

 2nd episode Date of diagnosis
d d m m y y Date of recovery
d d m m y y

 Medical treatment Surgical treatment

 Clinical sepsis **IF YES:** 1st episode Date of diagnosis
d d m m y y Date of recovery
d d m m y y

 2nd episode Date of diagnosis
d d m m y y Date of recovery
d d m m y y

 IVH: CODES: 1=I grade; 2=II grade; 3=III grade; 4=III grade plus; 5=NO Date of diagnosis
d d m m y y

 PVL : CODES: 1=I grade; 2=II grade; 3=III grade; 4=NO Date of diagnosis
d d m m y y

 RDS : CODES: 1=I grade; 2=II grade; 3=III grade; 4=NO

 Surfactant : BPD :

 c-PAP : **IF YES:** 1st episode Start date
d d m m y y End date
d d m m y y

 2nd episode Start date
d d m m y y End date
d d m m y y

 3rd episode Start date
d d m m y y End date
d d m m y y

 Intubation : **IF YES:** 1st episode Start date
d d m m y y End date
d d m m y y

 2nd episode Start date
d d m m y y End date
d d m m y y

 FiO₂ >40% : **IF YES:** 1st episode Start date
d d m m y y End date
d d m m y y

 2nd episode Start date
d d m m y y End date
d d m m y y

 3rd episode Start date
d d m m y y End date
d d m m y y

 NEC : **IF YES:** 1st episode Date of diagnosis
d d m m y y Date of recovery
d d m m y y

(diagnosed within 30 days)

 2nd episode Date of diagnosis
d d m m y y Date of recovery
d d m m y y

Name of physician

Date (dd-mm-yy)

Signature of physician

