

Case notification form - Strictly Confidential

Surgically Ligated Patent Ductus Arteriosus in Premature Babies

The first page of the case notification form will be stored separately from the rest of the questionnaire and personal identifying information for the case will be used only for linkage of records.

SECTION 1: REPORTER DETAILS

1.1 Date of completion of questionnaire: / /
1.2 Consultant responsible for case at your hospital
1.3 Name of your hospital
1.4 Telephone number:
1.5 Email address:
1.6 Has the patient been referred to/from another centre? Yes □ No □ Unknown □
If yes:
a) Please name centre
b) Please name consultant
1.7 Name of hospital at which PDA closure undertaken
1.8 Location of PDA closure
NICU ☐ Cardiothoracic Theatre ☐ Other ☐ Please specify
SECTION 2: CHILD'S DETAILS
2.1 Date of birth: / /
2.2 NHS / CHI number:

2.3 Hospital Nun	nber at your hospi	tal			
2.4 Sex:	Male □	Female □			
2.5 Gestation at	birth:weeks	anddays			
2.6 Birth Weight	grams				
2.8 Ethnicity*:		* please see table in App	endix A		
2.10 Please spec	ify other ethnicity	here			
SECTION 3: DECI:	SION TO REFER FO	PR PDA LIGATION:			
3.1 Hospital givir	ng care at time of o	decision to ligate PDA			
3.2 Hospital Nun	nber at hospital in	3.1:			
3.3 Was diagno	sis made by: Clir	nical examination \square Ec	hocardiography	□ Plea	se tick all that apply
3.4 If ECHO per	formed, where v	was this? <i>Please tick all</i>	that apply		
Referring hospi	tal 🗆				
At the centre w	here PDA ligatio	n was performed \square			
Other institution	ns 🗌 please sp	ecify			
3.5 Was decision	on to ligate based	d on: please tick all that	арріу		
Inability to wea	ın respiratory su	pport	Yes 🗆	No 🗆	
Need for postn	atal steroids for	chronic lung disease	Yes 🗆		No 🗆

Cardiovascular instabili	ty		Yes 🗆	No 🗆	
Poor growth			Yes 🗆	No 🗆	
Contraindication of medical therapy			Yes 🗆	No 🗆	
Haemodynamic signific	ance on echocardiogra	phy	Yes 🗆	No 🗆	
Other \square please specify	′				
SECTION 4: PATENT DU			_		
4.1 Was a NSAID eg ibu	profen/indomethacin ι	used pre-ligation?	Yes 🗆	No 🗆	
If No, please go to secti	on 4 5				
If Yes, please continue.	011 4.5.				
ij res, pieuse commue.					
If yes, please indicate w	hich was used:				
Indomethacin	Yes □ No □	Unknown \square			
Ibuprofen	Yes □ No □	Unknown \square			
4.2 Was the treatment					
Prophylactic	Yes □ No □	If yes go to 4.3			
Targeted	Yes □ No □	If yes go to 4.4			
4.3 For Prophylactic tre	atment				
What dose was given?mg/kg/day fordays					
Was the course comple	ted? Yes [□ No □			
4.4 For targeted treatm	ent				
What dose was given?mg/kg/day fordays					
Thenmg/kg/day (if appropriate) fordays					
How many courses were given?courses					

Were the courses completed? Yes ☐ No ☐ Unknown ☐					
If not completed, please state why					
4.5 If indometacin or ibuprofen	were not used, was the	reason docum	ented?		
Yes □ No □	□ No □				
4.6 If documented was the reas	on:				
Renal impairment	Yes 🗆	No 🗆	Unknown 🗆		
Thrombocytopaenia	Yes 🗆	No 🗆	Unknown 🗆		
Sepsis	Yes 🗆	No 🗆	Unknown 🗆		
Other	Yes 🗆				
Please specify other					
SECTION 5: MORBIDITY BEFORE	PDA LIGATION				
Before ligation, did the baby ha		pply)			
,	·				
Radiologically confirmed necrot	ising enterocolitis	Yes 🗆	No 🗆		
Necrotising enterocolitis requiri	ng surgery	Yes 🗆	No 🗆		
Intraventricular haemorrhage		Yes 🗆	No 🗆		
Pulmonary haemorrhage		Yes 🗆	No 🗆		
Intraventricular haemorrhage w	with infarction Yes \Box	No □	1		
Retinopathy of prematurity		Yes 🗆	No 🗆		
SECTION 6: CLINICAL PICTURE ON DAY BEFORE LIGATION:					
6.1 Respiratory support (tick which option is appropriate)					
Intubated and ventilated \square FiO2					

If intubated an	d ventilated, was	s this only for tro	ansfer for PDA ligatio	nn?		
Yes ☐ No ☐	Yes □ No □					
If yes, please a	lso tick the mode	e of respiratory s	support prior to intub	ation for transfer		
СРАР 🗆	P					
Nasal cannula oxygen [FiO2l	/min \square or % \square			
None						
6.2 Cardiovascular supp	oort					
Inotropes	Yes 🗆	No 🗆	Not known \square			
Fluid restricted Yes	No 🗆	Not kn	iown 🗆			
6.3 Nutrition						
Full enteral feeds	Yes□	No 🗆	Not known \square			
Less than full	Yes□	No 🗆	Not known \square			
enteral feeds						
Parental Nutrition	Yes□	No 🗆	Not known \square	Not Applicable□		
SECTION 7: LIGATION P	ROCEDURE:					
7.1 Please tick which p	rocedure was us	ed to close the I	PDA			
Open Ligation		Cathet	er occlusion \square			
3,13						
Please answer the w occlusion	hole questionn	aire for all PD	OA closures – whet	her ligation or catheter		
7.2 Date of referral for	PDA ligation	_//				

7.3 Number of ins	titutions contacted to perform ligation	
7.4 Date of PDA li	gation / /	
7.5 At the time of	ligation what was the baby's:	
Age	days	
Weight	grams	
7.6 Was the ligation	on performed as a day case? Yes \square No \square	
7.7 Date of extuba	tion post surgery / / or still vent	ilated 🗖
SECTION 8: POST (OPERATIVE SURGICAL COMPLICATIONS	
Were there any co	emplications related to surgery? Yes \(\sime\) No	
If yes please tick a	ll that apply	
Chylothorax		
Pneumothorax		
Wound infection		
Death		
Other	please specify	

SECTION 9: CO-MORBIDITY POST PDA LIGATION

9.1 Does/did the baby have chronic lung disease (d corrected gestational age) Yes \square No \square	efined a	as oxygen requ Not applicable		36 weeks		
(Not applicable if not yet 36 weeks corrected gestational age)						
9.2 Post ligation, did the baby have:						
Postnatal steroids for chronic lung disease?		Yes 🗆	No 🗆			
Diuretics for chronic lung disease?		Yes 🗆	No 🗆			
Retinopathy of prematurity requiring laser treatment	Yes 🗆	No 🗆				
Radiologically confirmed necrotising enterocolitis		Yes 🗆	No 🗆			
Pulmonary haemorrhage		Yes 🗆	No 🗆			
Necrotising enterocolitis requiring surgery		Yes 🗆	No 🗆			
Intraventricular haemorrhage filling ventricle	Yes 🗆	No 🗆				
Intraventricular haemorrhage with parenchymal infarct	: Yes 🗆	No 🗆				
SECTION 10: MORTALITY						
Has baby died? Yes ☐ No ☐						
If yes, what was the date of death? / /	· _ _					
What was the cause of death?						

Supplementary Material 1 – Questionnaire