



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:

Cardiovascular instability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Poor growth	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contraindication of medical therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Haemodynamic significance on echocardiography	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other <input type="checkbox"/> <i>please specify</i>		

SECTION 4: PATENT DUCTUS ARTERIOSUS SPECIFIC TREATMENT BEFORE PDA LIGATION:

4.1 Was a NSAID eg ibuprofen/indomethacin used pre-ligation? Yes No

If No, please go to section 4.5.

If Yes, please continue.

If yes, please indicate which was used:

Indomethacin	Yes <input type="checkbox"/> No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Ibuprofen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Unknown <input type="checkbox"/>

4.2 Was the treatment

Prophylactic	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes go to 4.3
Targeted	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes go to 4.4

4.3 For Prophylactic treatment

What dose was given? mg/kg/day fordays

Was the course completed? Yes No

4.4 For targeted treatment

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 documented?

Yes No

4.6 If documented was the reason:

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 have: (please tick all that apply)

Radiologically confirmed necrotising enterocolitis Yes No

Necrotising enterocolitis requiring surgery Yes No

Intraventricular haemorrhage Yes No

Pulmonary haemorrhage Yes No

Intraventricular haemorrhage with infarction Yes No

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 FiO2%

If intubated and ventilated, was this only for transfer for PDA ligation?

Yes No

If yes, please also tick the mode of respiratory support prior to intubation for transfer

CPAP

FiO2%

Nasal cannula oxygen

FiO2.....l/min or %

None

6.2 Cardiovascular support

Inotropes Yes No Not known

Fluid restricted Yes No Not known

6.3 Nutrition

Full enteral feeds Yes No Not known

Less than full enteral feeds Yes No Not known

Parental Nutrition Yes No Not known Not Applicable

SECTION 7: LIGATION PROCEDURE:

7.1 Please tick which procedure was used to close the PDA

Open Ligation

Catheter occlusion

Please answer the whole questionnaire for all PDA closures – whether ligation or catheter occlusion

7.2 Date of referral for PDA ligation __ / __ / ____

7.3 Number of institutions contacted to perform ligation.....

7.4 Date of PDA ligation __ / __ / _____

7.5 At the time of ligation what was the baby's:

Agedays

Weightgrams

7.6 Was the ligation performed as a day case? Yes No

7.7 Date of extubation **post surgery** __ / __ / _____ or still ventilated

SECTION 8: POST OPERATIVE SURGICAL COMPLICATIONS

Were there any complications related to surgery? Yes No

If yes please tick all that apply

Chylothorax

Pneumothorax

Wound infection

Death

Other please specify

SECTION 9: CO-MORBIDITY POST PDA LIGATION

