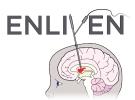


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Section I. FRONT SHEET

1.01 Study Demographics

Name of Patient	
RANDOMISATION NUMBER	
Gestation at Birth	
Date of birth	
Date of randomisation / surgery	

1.02 Planning for future dates

FUTURE DATES	Planned		Actual	Signature
Date of six week wound review				
Date of term equivalent				
Date of term equivalent MRI				
Date of 6 month Out patient Clinic				
Date of 6 month MRI				
Date of 12 month Out patient Clinic				
Date of 18 month Out patient Clinic				
Date of 24 month Out patient Clinic				

Please book all outpatient clinics in advance and put a tick in the column when done

Name of patient

Randomisation number



REASON FOR ATTENDANCE / OUTPATIENT REVIEW	Date

1.03 Please record any other attendances here

1.04 Parents Contact Details

Mobile number	
Email address	
Home Address	
Parents occupation	
Parents Nationality	

Name of patient

Randomisation number



Section II. DATA TO BE COLLECTED AT THE TIME OF REFERRAL PRE SUBGALEAL SHUNT INSERTION

2.01 Referring Hospital Details

Referring Hospital	
Referring Consultant	
NHS Number	
Local hospital number	
Date of referral	

2.02 History of Ultrasound imaging: PRE SUBGALEAL SHUNT INSERTION

Date of USS	VI	НС	Date of USS	VI	НС

Please plot all time points on the Ventricular index chart

2.03 Any other formal imaging: CT/MRI?

Name of patient

Randomisation number

.....



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Comments Not splayed Sutures Splayed Normotensive Fontanelle Tense No Apnoeas Yes No Bradycardias Yes Sunsetting / eye No signs Yes No Poor feeding Yes No Irritability Yes No Seizures Yes Any other signs or symptoms

2.04 Clinical signs of raised intraventricular pressure

2.05 Comorbidities

Name of patient

.....

Randomisation number

.....

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2.06 Details of Lumbar Puncture / Ventricular Tap

LP / VT	Date	Volume	Micro	Cell Counts

2.07 Any other comments regarding referral

1	0	0	
Maria Cant's st			

Name of patient

Randomisation number



Section III. DATA TO BE COLLECTED DURING GOSH ADMISSION

(Please ensure front sheet with Contact Details and Future dates is completed)

3.01 Details of admission

Date of admission	
Admitting Consultant	
Admitting Registrar	
Admitting Ward	
Date of Transfer back to Local Hospital	

3.02 Details of pre-intervention imaging

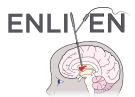
PAPILLE GRADE	III			IV
Daranchumalinium	Present Size of pa		parenchymal injury if present	
Parenchymal injury	Not Present			
Quantification of	Confined to single vent		Full	ventricular cast
intraventricular bleed	Bilateral Bleed		Partia	l Ventricular cast
Evidence of cerebellar haemorrhage	Yes	Yes N		Not imaged

Ventricular index prior to intervention	
Head circumference prior to intervention	

Name of patient

.....

Randomisation number



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3.03 Details of surgical intervention

Date of operation				
Length of operation				
Ventricle Cannulated*	Left Right		Right	
	FBC	U	&E	Clotting
Pre-op bloods*	Hb WCC Platelets	Na K		INR APTT
Blood sample sent for research	Yes		No	
CSF Sample sent for research	Yes No		No	

Endoscopic washout	Done	Not done
--------------------	------	----------

Sontostomy porformed	Yes	Details
Septostomy performed	No	
Amount of wash used		
Any adverse or unexpected INTRAOPERATIVE events**		

* Please ensure 2ml samples of blood and 5ml sample of CSF are collected for research

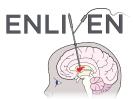
** Adverse events need to be reported to the data monitoring team

Name of patient

Randomisation number



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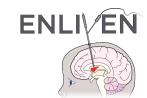


3.04 Perioperative management

	FBC	U&E	Clotting
Post-op bloods	Hb	Na	INR
L	WCC	К	APTT
	Platelets		
Anaesthetic Concerns			
Post op concerns			

Name of patient

Randomisation number



Section IV. DATA TO BE COLLECTED FROM LOCAL HOSPITAL:

	Week 1	Week 2	Week 3	Week 4	Week 5
Date of Review					
Weight					
Wound Site	Concern	Concern	Concern	Concern	Concern
would site	No Concern				
Subgalaal Dagkat	Present	Present	Present	Present	Present
Subgaleal Pocket	Not present				
Ventricular index*					
Head Circumference*					
	No	No	No	No	No
Pocket Tapped	Yes	Yes	Yes	Yes	Yes
	mls	mls	mls	mls	mls
Medical concerns					
Any other points raised					

4.01 Weekly updates up to term or >2kg in weight

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Hospital for Children

*Please plot all time points on the Ventricular index chart

Name of patient

Randomisation number





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	Week 6	Week 7	Week 8	Week 9	Week 10
Date of Review					
Weight					
Wound Site	Concern	Concern	Concern	Concern	Concern
woulld Site	No Concern				
Subgalaal Dagkat	Present	Present	Present	Present	Present
Subgaleal Pocket	Not present				
Ventricular index*					
Head Circumference*					
	No	No	No	No	No
Pocket Tapped	Yes	Yes	Yes	Yes	Yes
	mls	mls	mls	mls	mls
Medical concerns					
Any other points raised					

*Please plot all time points on the Ventricular index chart

Name of patient

Randomisation number

.....



Section V. DATA COLLECTED AT TERM EQUIVALENT / @2KG WEIGHT

(Please confirm that MRI scan has been performed)

Date of transfer to GOSH for assessment	
Date of MDT discussion	
Personnel presents at MDT discussion	
Discussion points raised at MDT	

Shunted	Yes	Valve type and settings
Shunteu	No	
CSF sample sent for research		
Intraoperative concerns		

Name of patient

Randomisation number



Section VI. DATA COLLECTED IN OUTPATIENT CLINIC

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6.01 Six Week Wound Review

Wound problems	
Parental Concerns	
Any other points raised	

Name of patient

Randomisation number



6.02 Six Month Review

(Please confirm that MRI scan has been performed)

Wound problems	
Parental Concerns	
Any other points raised	

Name of patient

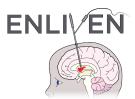
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Randomisation number

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Great Ormond Street NHS Hospital for Children **NHS Trust**

6.03 18 Month Review

Wound problems	
Parental Concerns	
Any other points raised	

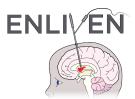
Name of patient

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Randomisation number

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6.04 24 Month Review

Wound problems	
Parental Concerns	
Any other points raised	

Name of patient

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Randomisation number

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