

GuMIBear Study



Study ID: GMB: _____

^999 – missing data; 0 – no data in medical notes

CASE RECORD FORM**Stool Sample Collections**

Period/ Time Frame	Projected Date	Sample Date	Sample Collected	Comments
1. Within 24h of Birth			<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Pre-operatively			<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Week 1 of life/Post-Op			<input type="checkbox"/> YES <input type="checkbox"/> NO	
4a. Week 4 to 8 life/Post-op			<input type="checkbox"/> YES <input type="checkbox"/> NO	
4b. Urine Sample Week 4 to 8			<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Week 24 of life/Post-Op			<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Week 52 of life/Post-Op			<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Year 2 of life/Post-Op			<input type="checkbox"/> YES <input type="checkbox"/> NO	

PATIENT DEMOGRAPHIC

Date of Enrolment:		Date of Birth:		Cardiac Classification Group No:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Ambiguous	Gestational Age: APGAR at ① ⑤ min	<input type="text"/> <input type="text"/>	Multiple <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Order:
Reason for admission:				
Comorbidities:				
Mode of Delivery: SVD: <input type="checkbox"/> Yes <input type="checkbox"/> No LSCS: <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes: <input type="checkbox"/> Elective/ <input type="checkbox"/> Emergency		Weight at Birth: _____ . _____ KGs Head Circumference: _____ cms		
Antibiotics to Infant post-delivery; <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list:		Timing of cardiac diagnosis: Postnatal <input type="checkbox"/> Antenatal <input type="checkbox"/>		
Significant Antenatal Events:				

MATERNAL INFORMATION

Maternal Age (years) at Birth:	Gestational Age at Booking Appt:
Antibiotics given Pre-Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No List:	Maternal Probiotics taken during pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No List:
Maternal Smoking during Pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Household Members Smoking during Pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No

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SURGERY INFORMATION

Surgery Date:			
Surgery Performed:			
Pre-Op Antibiotics ¹ ? List:		Post-Op Antibiotics ¹ ? List:	
1. Abs <48hrs pre sampling		1. Abs <48hrs pre sampling	
2. Abx <72hrs pre sampling		2. Abx <72hrs pre sampling	
3. Abx in last 7 days/during sample		3. Abx in last 7 days/during sample	
ABG	pH	PO ²	
First Pre-Op ABG:		Cardiopulmonary Bypass Duration:	
First Post-Op ABG:		Aortic Cross Clamp Duration:	
Significant Intraoperative Events:			

¹Antibiotic treatment at time of stool sampling as below. Important not to include antibiotics which were started post the stool sampling

- 1) Abs < 48hrs pre sampling
- 2) Abx < 72 hrs pre sampling
- 3) Abx in previous 7 days/ during sample collection

POST-OPERATIVE INFORMATION

PIM3 Score:		No. of days in ICU (1 st adm):	
Mechanical Vent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	No of Days on ECLS:	
No of Days Vent:		No of Days on RRT:	
Agent	Day 1	Day 2	Day 3
Milrinone			
Epinephrine			
Norepinephrine			
Vasopressin			
Midazolam			
Morphine			
Clonidine			
Others			
Fluid Balance:			
BUN:			
Creatinine:			
HCT:			
Hgb:			

FEEDING INFORMATION

Mode of Feeding (note date initiated and date d/c):		
Breastmilk:	Infant Formula:	Other:
Prebiotics given to Infant: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type and Date Given:		
Excessive Infantile Crying (cried for ≥ 3 Hrs for 3 Days in one week): <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Date Trophic Feeds Commenced:	Type of Feed Used:
Time to Establishment of full feed ² :	
Development of NEC ³ : Days post-op when developed NEC?	
Gut stasis:	Not applicable
Management Strategy:	

²Full feed – No longer requires parenteral nutrition or intravenous fluids supplement regardless the TFI.³NEC – Initiation of triple IV antibiotic therapy and nil by mouth for at least 5 days, based on a full surgical review including clinical presentation, radiological and laboratory data.**DISCHARGE INFORMATION**

Date of Discharge		
Ward:	Home:	RIP:

READMISSION TO ICU

Total ICU Readmission days:				
	Date of Admission	Date of Discharge	Total ICU stays	Reason for admission
1.				
2.				
3.				
4.				
5.				

DATA ENTRY BY (NAME)

Admission	Date	Paper	Date	G-Drive
First				
Second				
Third				

Participant Withdrawal from Study: <input type="checkbox"/> Yes <input type="checkbox"/> No
GCP Procedure Followed: <input type="checkbox"/> Yes <input type="checkbox"/> No
See Study Folder Appendix 4. Signed: _____ Date: _____