



FEED1
FLUIDS EXCLUSIVELY
ENTERAL FROM DAY 1

eCRF Paper Daily Data Collection form (aide memoire)

*This form is to be used as an aide memoire only, it does not replace the electronic CRF (MACRO).
All paper workbooks and additional forms should be retained in the Investigator Site File as they represent Source Data.*

Mother's Initials:

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(If only two initials are given then please separate with a hyphen)

Infant ID:

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Sponsor: University Hospitals of Derby and Burton NHS Foundation Trust

CRF Version: Final Version 1.0

**PLEASE ATTACH THIS COMPLETED FORM TO THE INFANT
WORKBOOK**

Mother's Initials:

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Infant ID:

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OPTIONAL FORM: Daily data collection (aide memoire)

This form is an aide memoire only, data does not need to be entered into the database but can be used to aid completion of the discharge criteria, parenteral nutrition and central venous line information questions on the hospital discharge form

Date (dd-mmm-yyyy)	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy
Was the infant weighed today?	Yes* <input type="checkbox"/> no <input type="checkbox"/>	Yes* <input type="checkbox"/> no <input type="checkbox"/>	Yes* <input type="checkbox"/> no <input type="checkbox"/>	Yes* <input type="checkbox"/> no <input type="checkbox"/>	Yes* <input type="checkbox"/> no <input type="checkbox"/>	Yes* <input type="checkbox"/> no <input type="checkbox"/>	Yes* <input type="checkbox"/> no <input type="checkbox"/>
*weight (grams)							
Is the infant able to take at least one full suck feed in the last 24 hours?	Yes <input type="checkbox"/> no <input type="checkbox"/>	Yes <input type="checkbox"/> no <input type="checkbox"/>	Yes <input type="checkbox"/> no <input type="checkbox"/>	Yes <input type="checkbox"/> no <input type="checkbox"/>	Yes <input type="checkbox"/> no <input type="checkbox"/>	Yes <input type="checkbox"/> no <input type="checkbox"/>	Yes <input type="checkbox"/> no <input type="checkbox"/>
Has the infant maintained body temperature without additional temperature support for at least 24 hours?	Yes <input type="checkbox"/> no <input type="checkbox"/>	Yes <input type="checkbox"/> no <input type="checkbox"/>	Yes <input type="checkbox"/> no <input type="checkbox"/>	Yes <input type="checkbox"/> no <input type="checkbox"/>	Yes <input type="checkbox"/> no <input type="checkbox"/>	Yes <input type="checkbox"/> no <input type="checkbox"/>	Yes <input type="checkbox"/> no <input type="checkbox"/>
Parenteral Nutrition information							
Tick if infant received parenteral nutrition on this day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central venous line Information							
Is there a central venous line in today (including UVC/ longline/ surgical lines)?	Yes* <input type="checkbox"/> no <input type="checkbox"/>	Yes* <input type="checkbox"/> no <input type="checkbox"/>	Yes* <input type="checkbox"/> no <input type="checkbox"/>	Yes* <input type="checkbox"/> no <input type="checkbox"/>	Yes* <input type="checkbox"/> no <input type="checkbox"/>	Yes* <input type="checkbox"/> no <input type="checkbox"/>	Yes* <input type="checkbox"/> no <input type="checkbox"/>
*How many new central lines were inserted today?							