

NeoIPC – Infection Data Collection Form



Necrotizing Enterocolitis (NEC)

Patient	
Patient ID:	
Patient name:	
Necrotizing Enterocolitis	
Infection date:	
Radiological signs (imaging technologies: X-ray, CT, MRI, ultrasound):	
<input type="checkbox"/> Pneumoperitoneum <input type="checkbox"/> Pneumatosis intestinalis <input type="checkbox"/> Portal venous gas (Hepatobiliary gas) <input type="checkbox"/> Fixed bowel loops (≥ 24 h)	
Clinical signs and symptoms:	
<input type="checkbox"/> Abdominal distention <input type="checkbox"/> Abdominal discoloration or shiny/reddish skin tone <input type="checkbox"/> Repeated occult (guaiac test) or visible blood in stool (no anal fissure)	<input type="checkbox"/> Increasing/pronounced vomiting <input type="checkbox"/> Increased gastric residuals from previous feeding <input type="checkbox"/> Bilious gastric aspirate (not from transpyloric feeding tube)
Surgical or pathological findings:	
<input type="checkbox"/> Extensive bowel necrosis (> 2 cm of bowel affected) <input type="checkbox"/> Pneumatosis intestinalis	<input type="checkbox"/> Intestinal perforation (not a definition criterion)
Secondary BSI:	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No follow-up	
If you chose YES, please enter organism(s) recovered from blood culture:	
Organism 1: _____	
<input type="checkbox"/> MRSA/VRE/3GCR ¹	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> Carbapenem resistant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> Colistin resistant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
Organism 2: _____	
<input type="checkbox"/> MRSA/VRE/3GCR ¹	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> Carbapenem resistant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> Colistin resistant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
Organism 3: _____	
<input type="checkbox"/> MRSA/VRE/3GCR ¹	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> Carbapenem resistant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested
<input type="checkbox"/> Colistin resistant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not tested

You can select only one option.

You can select multiple options.

¹ Please mark the antibiotic resistance profile appropriate to the isolated microorganism and answer accordingly. For more information, please see sections 5. Data Dictionary and 7. Abbreviations in the NeoIPC - Core Module Protocol.