

NEONATAL ESOPHAGEAL PERFORATIONS (NEP)  
STUDY PROTOCOL

January 2014- December 2018 (5 year survey)

Please fill one form per patient. Insert Patient ID\*\* number for London as L1, L2, L3 ....



<b>Participant (Center)</b>		
<b>Patient ID**</b>		
<b>Gender (M/F)</b>		
<b>Gestational age at birth( weeks)</b>		
<b>Weight of patient at birth (grams)</b>		
<b>Associated Anomalies</b>	<i>Syndromic patient (Y/N)(If Y- specify)</i>	
	<i>Cardiac anomalies (Y/N)(If Y- specify)</i>	
	<i>Musculoskeletal anomalies(Y/N)(If Y- specify)</i>	
	<i>Gastrointestinal anomalies(Y/N)(If Y- specify)</i>	
	<i>Urogenital anomalies (Y/N)(If Y- specify)</i>	
	<i>Others (Y/N)(If Y- specify)</i>	
<b>Perforations</b>	<i>Days after birth when perforation occurred</i>	
<b>Respiratory Status (pre - perforation)</b>	<i>Normal breathing (Y/N)</i>	
	<i>Ventilated (Y/N)</i>	
	<i>High frequency oscillated ventilation (Y/N)</i>	
	<i>ECMO (Y/N)</i>	
	<i>Others (please specify)</i>	
<b>Perforation &amp; Nasogastric Tube</b>	<i>OG/NG tube placed immediately after birth (Y/N)</i>	
	<i>Occurred during first NG tube placement (Y/N)</i>	
	<i>Occurred during first NG tube change (Y/N)</i>	
	<i>After multiple NG tube changes (Y/N)</i>	
	<i>Size of NG tube (if known)</i>	
<b>Perforation during anesthesia</b>	<i>Did perforation occur during anesthesia induction</i>	Yes No
<b>Site of perforation (if known)</b>	<i>Proximal esophagus (Y/N)</i>	
	<i>Mid esophagus (Y/N)</i>	
	<i>Distal esophagus (Y/N)</i>	
<b>Establishment of Clinical Diagnosis</b>	<i>Recognized during OG/NG tube insertion (Y/N)</i>	
	<i>Asphyxia after pneumo-mediastinum (Y/N)</i>	
	<i>Respiratory distress (Y/N)</i>	
	<i>Pulmonary infections (Y/N)</i>	
	<i>Onset of sepsis/shock (Y/N)</i>	
	<i>Other (please specify)</i>	
<b>Conservative Management</b>	<i>Was an OG/NG tube reinserted (Y/N)</i>	
	<i>- Ultrasound guidance (Y/N)</i>	
	<i>- Fluoroscopic guidance(Y/N)</i>	
	<i>- Endoscopic guidance (Y/N)</i>	
	<i>Chest tube required (Y/N)</i>	
	<i>- Duration of chest tube (Y/N)</i>	
	<i>Total parenteral nutrition (Y/N)</i>	
	<i>- Duration of TPN</i>	
	<i>- Days until start of oral feeds</i>	
<i>- Days until full oral feeds</i>		

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<b>Medications</b>	Steroids (Y/N)	
	- If yes specify	
	- If yes duration	
	Antibiotics (Y/N)	
	- If yes specify	
	- If yes duration	
	H2 blockers (Y/N)	
	- If yes specify	
	- If yes duration	
	Other medications (Y/N)	
- If yes specify		
- If yes duration		

<b>Surgery</b>	Was surgery offered (Y/N)	
	- If yes specify procedure (e.g. Nitinol stent / Gastrostomy/ Jejunostomy etc.)	

<b>Morbidity</b>	Esophageal stenosis/stricture (Y/N)	
	Pleural effusions (Y/N)	
	Mediastinal abscess formation (Y/N)	
	Emphysema (Y/N)	
	Pericardial effusions (Y/N)	

<b>Outcomes</b>	Survival with minimal morbidity (Y/N)	
	Survival with severe morbidity (Y/N)	
	- If yes specify	
	Asphyxia with severe neurology (Y/N)	

<b>Mortality (If yes, please answer this section)</b>	Days from perforation to lethality	
	Possible cause of lethal outcome:	
	- Sepsis	
	- Asphyxia	
	- Cardiac reasons	
- Others (please specify)		