NEW ZEALAND PAEDIATRIC SURVEILLANCE UNIT STUDY

Please keep a record of the child's unit number in your NZPSU folder. Please ring Dr Patrick Kelly (office: 09 3074907; locator: 09 358 0825 4770; home: 09 4457812; email: patrickk@adhb.govt.nz) if you have any problems with the form. Thank you for your time.

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1. 2.	NZPSU Dr. (Month / Yea			/					
PATIE	NT								
3.	First 2 letters of first name								
4.	First 2 letters	s of surnan	ne						
5.	Date of Birth	ı:	day mo	onth year					
6.	Sex			M F					
7.	Postcode								
ETHNI	CITY ild's primary care	egiver identifi Maori		d as: c Islander	Other				
complete	tient is primarily ca the remainder of t If no other report is	his questionnair	e at this stag	ge. Please keep	will report the case then there is no need the patient's name and other details in your ther information				
		Fal			Fall > 3 m				
BRUIS Head a									
Site Age Specify h collection		Unilateral Chronic ¹ ined to be a sub	dural haemor	Bilateral Acute ² rhage rather tha	Interhemispheric n a non-haemorrhagic effusion or CSF				
Subara Cerebra Cerebra	R CENTRAL NE chnoid blood al contusion al oedema rebral bleeding	No Uni No Uni No Uni	known Unil known Unil known Unil	INGS lateral Bilater lateral Bilater lateral Bilater lateral Bilater	al al				

No Unknown Unilateral Bilateral

No Unknown Unilateral Bilateral

Yes

No Unknown

Other (specify).....

BONY INJURY

Retinal haemorrhage

Axonal shearing injury³

Cervical cord injury

	50	ibuurai nacmonnage i	ii iiiiaiits uiiuci	2 years old	rage 2			
Skull fracture	(simple) ⁴	No	Yes					
Skull fracture	(complex) ⁵	No	Yes					
Rib fracture	(number)	No	Yes	Specify Number	•••••••			
Rib fracture	(site)	Post	Ant/lat	Post + An	t/lat			
Metaphyseal fra	acture	No	One	Multiple				
Other fracture		No	One	Multiple				
Different ages	of fracture	No	Yes	Unknown				
Other bony inju	ry (specify)							
OTHER INJUR	Y (specify)							
INVESTIGATIO	ONS							
CT scan		No	Brain	Other than				
MRI		No	Brain	Other than	n head			
Skeletal survey		No	Yes					
Bone scan		No	Yes					
FBC / PR(INR)	/ APTT	No	Yes					
Subdural tap		No	Yes	Result:				
MEDICAL DIA	GNOSIS OF CA	AUSE OF FINDI	NGS					
Not abuse				buse No defin	ite conclusion			
				, , , , , , , , , , , , , , , , , , , ,				
FAMILY DEMC		0: 1						
"Marital" status		Single	9	Not single	Unknown			
Antenatal care								
		ion Before an			Unknown			
		od in which subc						
		•	artner Fatr	ner & partner Othe	r family			
Non-relative M				L - O \	.1.91.1 . L			
	or their siblings	ever been previ	ously notifie	ed to CYP&FA for	child abuse or			
neglect: Unknown	No Yes	If was did are	vious potific	aatian rafar ta thia	info n4			
		questions, if unl		cation refer to this	ınıanı			
Maternal age:	g demograpino	Mother's year	e of educati	e <i>unknown.</i> ion				
Paternal age		Fathe	r's vears of	education	·····			
REFERRAL TO								
No referral	Police		CYP&FA	1				
PERPETRATO	R (if diagnosis	of non-accidenta	al injury)					
PERPETRATOR (if diagnosis of non-accidental injury) MotherFather Other familyNon-relativeMultiple Unknown								
Comment on ho		•	alivevi	anipic Oninio	VVII			
identified:								
NEUDOL OCIO	AL CTATUC A			ICCION				
		T ONE WEEK F			Dood 6			
Normal N	ioi normai, teed	ding orally No	ı normaı, N	G rea	Dead ⁶			
ANY OTHER C	OMMENTS:							

ANY OTHER COMMENTS:

THANK YOU FOR TAKING THE TIME TO FILL IN THIS QUESTIONNAIRE

¹ Chronic = no signs of acute haemorrhage on CT (collection is lower attenuation than grey matter)

² Acute = signs of acute haemorhage on CT (higher attenuation than grey matter)

³ Axonal shearing injury on MRI or postmortem

⁴ None of Hobbs criteria for complex skull fracture - see footnote 5

One or more of: multiple #, non-parietal #, more than one cranial bone involved; # width > 3mm; growing #; depressed #

⁶ Please note below if a post-mortem was performed, and if so, the findings