

NEW ZEALAND PAEDIATRIC SURVEILLANCE UNIT: ROP - STAGE III STUDY

Please keep a record of the child's unit number in your NZPSU folder. Please ring Dr Brian Darlow (03 3644 699 and ask to telepage) or Nina Mogridge (03 3640 735) if you have any problems with the form. Thank you for your time.

Reporting Clinician

1. NZPSU Dr. Code ☐☐☐
2. Month/Year of Report...../.....

Patient

3. First 2 letters of first name ☐☐
4. First 2 letters of surname ☐☐
5. Date of Birth ☐☐/☐☐/☐☐
6. Sex ☐ M ☐ F
7. Age at diagnosis ☐☐☐ days

Have you - or to your certain knowledge someone else - previously reported this child to PSU? Yes / No

If yes, please send the sheet back having completed the above 7 questions only.

If no, please complete the following information.

MOTHER

8. Age (yrs) ☐☐
9. Antenatal steroids: Full / Partial / None
10. Identifies herself as: Maori / Pacific Island / European / Asian / Other
11. Partner identifies himself as: Maori / Pacific Island / European / Asian / Other
12. Delivery: Vaginal / Caesarian section

INFANT

13. Gestation ☐☐ completed wks.
14. Birthweight ☐☐☐☐
15. Singleton / twin / triplet
16. Birth order ☐
17. Place of birth _____
18. Centre cared for _____ #
19. Days ventilation ☐☐☐
12. Days CPAP ☐☐☐
13. Days O₂ ☐☐☐
14. Surfactant: Yes / No
15. Indomethacin: Yes / No
- Age started ☐☐ days.
16. Post-natal steroids: Yes / No
- Age started ☐☐ days.
17. First wk cranial US: NAD / GMH / IVH / ICH
18. Six wk cranial US: NAD / PVL / Ventricular dilatation

"Centre cared for" is centre responsible for intensive care, e.g. before back transfer to a level II centre.

EYE EXAMINATION

19. Date of first exam //

21. Centre _____

23. Date first stage III //

20. Age (completed wks)

22. Examined by _____

22. Examined by _____

	RIGHT EYE	LEFT EYE
24. Treatment?	Yes / No Cryo / Laser	Yes / No Cryo / Laser
25. Date of treatment	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
26. At treatment:		
Zone	<input type="text"/>	<input type="text"/>
Clock hours stage III	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Plus disease	Yes / No	Yes / No
27. No of treatments:	<input type="text"/>	<input type="text"/>
28. Further surgery (state):	_____	_____
29. Outcome:		
Unknown	<input type="text"/>	<input type="text"/>
Normal vision	<input type="text"/>	<input type="text"/>
Peripheral changes, macular not involved	<input type="text"/>	<input type="text"/>
Macular displacement	<input type="text"/>	<input type="text"/>
Retinal folds involving macular	<input type="text"/>	<input type="text"/>
Retinal detachment	<input type="text"/>	<input type="text"/>
30. Follow-up centre	_____	
31. Paediatrician	_____	
32. Ophthalmologist	_____	