

neoGASTRIC

Daily Feed Log 1 (Days 1 – 14)

Baby's date of birth: / /

Baby's date of randomisation: / /

Name of hospital (where this form is completed): _____

How to use this form:

Complete this feed log for 14 complete days from randomisation, even if the baby reaches full feeds during that time.

After 14 days, if neither of the criteria below are met, please complete a **Daily Feed Log 2 (Days 15 – 71)** until one of them is reached.

- The baby has reached full feeds for three consecutive days
- The baby is 44⁺⁰ gestational weeks^{+days}

Complete the feeding log for each calendar day (24 hours from 00:00).

Complete the question on the last page when the baby has reached full feeds.

Definitions

Clinical indication or concern: e.g. abdominal tenderness, abdominal distension, abdominal discoloration, bloody stool, clinical deterioration, bilious/bloody vomiting, perioperative care, or free drainage after surgery

Full feeds: defined as tolerating 150 ml/kg/day (at least 145 ml/kg/day) or including breastfeeding where total milk is considered equivalent to full enteral feeds

Allocation

- No routine measurement of gastric residual volumes
 Routine measurement of gastric residual volumes

Study number:

	Day 0 (randomisation)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
1. Date (dd/mm)	<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"/> / <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"/>
2. Weight (g) used to calculate the volume of fluids/feeds given							
3. Has the baby reached full feeds today? (see definition)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4. Does the baby have a gastric tube in situ today? <i>This includes days where a baby has a gastric tube in place for any part of the day</i>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Enteral Feeds							
5. Total milk feed volume received per day (ml)							
6. Was the baby breastfed (sucking at the breast) today?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Withheld feeds							
7. Were the baby's feeds withheld for any length of time on this day?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
8. If withheld: How long were feeds withheld today (in hours)? e.g. if a baby is on 2-hourly feeds and a feed is delayed by 1 hour, this equates to feeds withheld for 1 hour.							
9. If withheld: Were the baby's feeds withheld due to vomiting on this day?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
10. If withheld: Was this around transfusion as part of the WHEAT trial?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Please complete a Late-Onset Infection and Gut Signs Form if 5 consecutive Y boxes are ticked in the following row more than 3 days after birth, or if this baby died from suspected late-onset infection.							
11. Were antibiotics / antifungals given on this day for treatment of suspected or proven infection?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Please review guidance and consider completing a Late-Onset Infection and Gut Signs form if 5 consecutive Y boxes are ticked in the following row.							
12. Was the baby nil by mouth at any point today with the intention that this was for 4 or more hours?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Gastric residual volume measurements							
13. How many times were gastric residual volumes measured today?							
14. Were any of these measured for a clinical indication or concern (see definition)?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
15. If any were measured for a clinical indication or concern, please state how many:							
16. If the baby is on the routine measurement arm and has had <4 GRV measurements today: Is the baby establishing oral feeds today (e.g. breastfeeding or bottle feeding as well)?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
17. Initial here if you have completed any of the log for this day							

Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
<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"/> / <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"/>
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
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<i>Answer No if antibiotics / antifungals given for prophylaxis</i>							
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
(This form <u>must</u> be completed if the baby died from suspected NEC or focal intestinal perforation.)							
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
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Complete the feeding log for each calendar day (24 hours from 00:00).

When you have completed this feed log, please enter it in to OpenClinica.

If the baby has not yet reached full feeds, please continue recording data on the **Daily Feed Log 2 (Days 15 – 71)**.

If the baby has reached full feeds, please complete the question on the next page.

When the baby has reached full feeds:

Which of the following did the baby receive before getting to full feeds, up to and including the third day of full feeds? (Please choose all that apply)

- Mother's breast milk
- Donated breast milk
- Breast milk fortifier (any)
- Term formula
- Preterm formula
- Other formula

If Other, please specify: _____

Now that the baby has reached full feeds, we would like them to remain on their allocated trial arm if at all possible until gastric feeding tube is no longer required or the infant is discharged home or reaches 44⁺⁰ gestational weeks^{+days}

Is the intention for this baby to remain on their allocated trial arm?

(Intention = your plan at **this** point for **this** baby)

Yes No

If No:

What is the intention?

- Move to no routine measurement of gastric residual volumes
- Move to routine, up to six-hourly, measurement of gastric residual volumes
- Other

If you have answered Other, please specify: _____

Name: _____

Signature: _____

Date of completion: / /

neoGASTRIC Study Team

NPEU Clinical Trials Unit, University of Oxford, Old Road Campus, Headington, Oxford, OX3 7LF.

☎ 01865 617927

✉ neogastric@npeu.ox.ac.uk 🌐 www.npeu.ox.ac.uk/neogastric

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