Baseline Forms - Pediatric

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● = critical elements

Patient Information Form

● Today’s date (mm/dd/yr) ________________

● ___ New PN Patient ___ Existing PN Patient

Patient Number (As designated by study) _______________ (will be assigned once the record is in)

● Attending Physician’s Name ________________________________

● Discharging Institution Name ________________________________

● PN Home Infusion Care Provider Name ________________________________

● Patient Birth Date (mm/dd/yr) ________________

● *(If less than 18 years of age - pediatric elements pop up)*

  Gestational age at birth (____ weeks gestation)

  All age children: Birthweight _______ lbs. _______ oz. or _______ kg _______ grams

● Gender: Male ___ Female ___

  Patient home location: _______ Urban _______ Suburban _______ Rural _______

● Date began Home PN (mm/dd/yr) ________________

● Ethnic Category: Hispanic or Latino ___ Not Hispanic or Latino ___

● Racial Categories (select all that apply)

  American Indian/Alaska Native ___

  Asian ___

  Native Hawaiian or Other Pacific Islander ___

  Black or African American ___

  White ___

Is English the patient’s primary language? Yes ___ No ___

If NO, please specify primary language: ________________________________

Who does patient live with? (please select)

  Alone ___

  Parent ___

  Spouse ___

  Significant Other ___
Child_____  
Hired professional assistance_____  
Other_____  

● Insurance Coverage (check all that apply)  
  Private Insurance___  
  Medicare___  
  Medicaid___  
  Personal Payment___  
  Medicare Supplement___  
  Other (Specify) ____________________________

What is the highest level of education attained for the patient?  
  Finished High School Yes ____ No_____  
  Finished College Yes____ No_____  
  If in school, what grade?____

Does the patient/parent-caregiver have internet access?  
  Yes____ No____ Don’t know____ Unable to answer__________________________

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Baseline Nutritional Status

Baseline Nutrition Information

● Height cm  
Length for Infants or bedbound children: ______ cm  
If extrapolated, please explain and indicate method used: ___________________________

● Current Weight ___ Kg

● Pediatric Elements Growth Chart Percentiles
  Weight for Height/Length: ___ %  
  BMI: ___ %

● Head Circumference (for children under 3 years of age) ___ cm

Current Labs

Date Labs Collected: ___ mm/dd/yr (date closest to most lab draws)  
Serum Albumin ___ g/dL  
Platelet Count ___ /uL (per microliter)  
Direct Bilirubin ___ mg/dL  
AST ___ U/L  
ALT ___ U/L  
INR ___  
BUN ___ mg/dL  
Creatinine ___ mg/dL
● Underlying Diagnoses (check all that apply)

- AIDS
- Esophageal Atresia
- Intestinal Atresia
- Gastroschisis
- Crohn's Disease
- Cystic Fibrosis
- Gastrointestinal Cancer
- Gastromotility/Pseudo-obstruction disorder
- Gynecological tumor
- Hirschsprung's Disease
- Hyperemesis Gravidarum
- Gastrointestinal Bypass for Obesity
- Mesenteric Ischemia
- Mitochondrial Disorder
- Necrotizing Enterocolitis
- Neurological Swallowing Disorder
- Non-Crohns Inflammatory Bowel Disease
- Pancreatitis/Pancreatic Insufficiency
- Radiation Enteritis
- Short Bowel Syndrome
- Small bowel stoma
- Yes
- No
- Colonic Stoma
- Yes
- No
- Large bowel in continuity with small bowel
- Yes
- No
- Ileo-cecal valve present
- Yes
- No
- Length of remaining small bowel in continuity
- [ ] cm
- Length of remaining large bowel in continuity
- [ ] cm
- Bowel measurement technique (before any lengthening procedure):
  - At time of surgery
  - Radiographically
  - Estimated
- History of bowel lengthening surgical procedure
  - Yes
  - No
- If yes, operative procedure used:
- Length after lengthening surgery:
- [ ] cm
- Other Diagnosis
  - Please specify:

● Reason for Parenteral Nutrition (check all that apply)

- Active Inflammatory Bowel Disease
- Bowel dysmotility
- Chemotherapy Associated GI Dysfunction
- Congenital Bowel Defect (Intestinal Atresia)
- Gastrochisis Associated Dysmotility
- Intractable Diarrhea
- Intractable Vomiting
- Mesenteric Ischemia
- Non-Short Bowel Diarrhea/Malabsorption
- Pancreatitis
- Radiation Enteritis
- Short Bowel Syndrome
Gastrointestinal Fistula
Gastrointestinal Obstruction
Necrotizing Enterocolitis
Neurological Swallowing Disorder
Other Please specify:

Goals of PN therapy (check all that apply):
- Weight gain
- Weight maintenance
- Weight loss (for the Gastric Bypass patient with a fistula for instance)
- Future surgery and re-establishment of GI anatomy
- Indefinite (permanent) HPN
- Resolution of GI issue and stopping HPN

Physical Disabilities (check all that apply):
- Visual Impairment
- Hearing Deficit
- Dexterity Impairment
- Mobility Impairment
- Other Please specify:

Pediatric Elements Measurement of Developmental Delay

Bayley Scales of Infant Development
- Age at time of test:
- Mean scaled score
- Cognitive Composite score
- Language Composite Score
- Motor Composite Score
- Fine motor score
- Gross motor score

WIPPSI
- Age at time of test:
- Full Scale IQ
Baseline PN Formula/Medication/Nutrient Intake

PN Infusion (check each day that PN infused)
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

PN Infusion

Total volume in ml

Total Dextrose in g

Total Protein as Amino Acids in g

Cycled over _____ hours

IV Fat Emulsion (check each day that fat emulsion infused)
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

IV Fat Emulsion

Soybean/Safflower
Soybean only
Emulsion containing Omega-3 fatty acids
Other:
Check Medications (Check all that apply)

- Anti-infective Agents
- Antineoplastic Agents
- Autonomic Drugs
- Cardiovascular Drugs
- Central Nervous System Agents
- Electrolytic and Water Balance (other than PN)
- Antacids and Adsorbents
- Antidiarrhea Agents
- Antiflatulents
- Cathartics and Laxatives
- Cholelitholytic Agents
- Digestants
- Emetics
- Antiemetics
- Lipotropic Agents
- Antulcer Agents and Acid Suppressants
- Prokinetic Agents
- Anti-inflammatory Agents
- Hormones and Synthetic Substitutes
- Pain Medications
- Vitamins (Other than PN)
- Ethanol lock

Food/Diet (Check all that apply)

- NPO
- On concurrent enteral nutrition
  What % calories come from enteral: [ ]
  What type of enteral formula is the patient on? Name of product: [ ]
  - Liquids or oral hydration only
  - Food and/or beverages for comfort only
  - Restricted/therapeutic diet
  - Ad lib

  If on oral nutrition, what % calories come from oral? [ ]

Type of central venous catheter

- PICC
- Port
- Tunneled catheter
- Other

Lumen: Single Lumen _____ Double Lumen_____ Triple Lumen_____

Date of Insertion:(mm/dd/yr)________________________

How often is dressing changed? (please select) Daily____, QOD____, 3 x week, Weekly
Who is changing dressings? (please select) Patient____ Caregiver_____ Both_____ Visiting Nurse_____

**Baseline Psychosocial**

Neuropsychological problems
- Depression_____ (If yes, complete depression/anxiety))
- Dementia_____
- Personality disorder_____
- No psychological problems____
- Other_____

Depression/Anxiety (check all that apply)
- Pre-existing (pre-HPN) diagnosis of major depression (APA, DSM-IV, 1994)
- Pre-existing (pre-HPN) diagnosis of anxiety disorder
- New diagnosis of depression requiring treatment (behavioral or pharmacological)
- New diagnosis of anxiety requiring treatment (behavioral or pharmacological)
- New treatment for situational depression

• Quality of Life:

  Has Quality of Life Instrument Been Administered? Yes____ No____

- Quality of Life Instrument (QOLI) Date administered: Score:
- Quality of Life Index (QLI) Date administered: Overall Score: (0-30)
- Health and functioning subscale: (0-30)
- Social and economic subscale: (0-30)
- Psychological/spiritual subscale: (0-30)
- Family subscale: (0-30)

- Short Form -12 (SF 12) Date administered:
  Physical Functioning (PF): (0-100)
  Role-Physical (RP): (0-100)
  Bodily Pain (BP): (0-100)
  General Health (G): (0-100)
  Vitality (VT): (0-100)
  Social Functioning (SF): (0-100)
  Role-Emotional (RE): (0-100)
  Mental Health (MH): (0-100)
  Component Summary Physical Health: (0-100)
  Component Summary Mental Health: (0-100)

- Short Form - 36 (SF 36) Date administered:
  Physical Functioning (PF): (0-100)
  Role-Physical (RP): (0-100)
Bodily Pain (BP): □ (0-100)
General Health (G): □ (0-100)
Vitality (VT): □ (0-100)
Social Functioning (SF): □ (0-100)
Role-Emotional (RE): □ (0-100)
Mental Health (MH): □ (0-100)
Component Summary Physical Health: □ (0-100)
Component Summary Mental Health: □ (0-100)

☑ HPN QOL (Baxter) Date administered: □ Score: □
☐ Inflammatory Bowel Disease Questionnaire (IBDQ) Date administered: □ Score: □
☐ (32-224)
☑ Pediatric Quality of Life Instrument (QOLI) Date administered: □ Score: □

Age at time of test: □
Physical domain score: □
Emotional domain score: □
Social domain score: □
School domain score: □
☑ Other: □ Date administered: □ Score: □

Baseline Functional Status

Activities of Daily Living (ADL) (please select)
☐ Independent
☐ Needs partial assistance
☐ Totally dependent
☐ Requires skilled home nursing care
☐ Pediatrics: Age appropriate dependence

Care of Catheter and HPN related procedures (please select)
☐ Independent
☐ Needs partial assistance
☐ Totally dependent
☐ Requires skilled home nursing care

Productivity
Able to return to work or school Yes_____ No_____

Employment Status (please select)
☐ Working full time
☐ Working part time
☐ Not working
☐ Student

If not currently working, please check all that apply:
☐ Retired
☐ Medical disability
☐ Health related leave of absence
☐ Not working because of health
☐ Not working because of insurance coverage

Mobility (please select)
☐ Independent
☐ Requires minimal assistance (25% assistance from caregiver)
☐ Requires moderate assistance (50% assistance from caregiver)
☐ Requires maximum assistance (75% assistance from caregiver)
☐ Completely dependent on caregiver for mobility

Primary caregiver (please select)
☐ Self
☐ Parent
☐ Spouse
☐ Significant Other
☐ Child
☐ Hired professional assistance
☐ Other:________________________

Who will be primarily responsible for administration of PN at home?
☐ Patient
☐ Parent
☐ Spouse
☐ Significant Other
☐ Child
☐ Hired professional assistance
☐ Other:________________________

Who received HOME PN teaching? (Check all that apply)
☐ Patient
☐ Parent
☐ Spouse
☐ Significant Other
☐ Child
☐ Hired help
☐ Other:________________________

Community Resources/Support Group
Patient made aware of or have referral to specific community resources, Oley Foundation, or early childhood intervention services, OT or PT.
☐ Yes
☐ No