

BPSU Questionnaire

Intussusception in children aged less than 12 months

Please complete the questionnaire about any new diagnosis of intussusception in any child ages less than 12 months.

Reporter Contact details:

Name of reporting health professional (*please print*): _____

Hospital name (*please print*): _____

Date completing questionnaire:

Contact telephone number: _____ contact email _____

Has the patient in question been referred to you from another hospital?

Yes No

If YES, please give the name of the hospital and the referring consultant:

Hospital name: _____ Name of consultant: _____

Section A: Patient Details

(Any identifying details that are not required for analysis of clinical data will be removed and the child assigned a study ID code once it has been confirmed that this is a unique case.)

Patient initials: Date of birth:

Sex: Male Female

Patient race or ethnicity:

- White**
- British
 - Any other White background

- Mixed**
- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed

- Asian or Asian British**
- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background

- Black or Black British**
- Caribbean
 - African
 - Any other Black background

- Chinese or other ethnic group**

Section B: History

1. Date of admission to your hospital:

2. Duration of illness prior to admission: Days hours

3. Clinical symptoms noted on admission (Please use information from any available notes, including those from A&E if applicable):

Tick all that apply:

Symptoms/Sign	YES	NO
Bile stained vomiting		
Non-bile stained vomiting		
Red currant jelly stool		
Abdominal distension		
Abdominal pain		
Abdominal mass		
Lethargy		
Rectal mass		
Rectal bleeding		
Blood on rectal examination		
Pallor		
Hypovolaemic shock		
Abnormal or absent bowel sounds		

5. Any acute illness (es) up to 1 month prior to admission? Yes No

If YES, please specify each diagnosis and duration of illness in days:

6. Any underline chronic illness? Yes No

If YES, please specify: _____

7. Any previous episodes of intussusception?

Yes No Unknown

If YES, date of admission: _____

8. Did the child receive antibiotics in the 7 days prior to hospitalisation?

Yes No Unknown

If YES, reason for medication: _____

9. Has the child received a rotavirus vaccine?

Yes No Unknown

If YES, date and name of vaccine: _____

Section C: Diagnosis

1. Abdominal radiograph: **DONE** **NOT DONE**

If DONE, please answer the following. If NOT DONE, move to question 2.

1.1 Plain abdominal radiograph showing a visible intussusceptum or soft tissue mass

Yes **No**

1.2 Plain abdominal radiograph showing fluid levels AND dilated bowel loops

Yes **No**

1.3 Plain abdominal radiograph showing non-specific abnormality

Yes **No**

2. Abdominal Ultrasound: **DONE** **NOT DONE**

If DONE, please answer the following. If NOT DONE, move to question 3

2.1 Abdominal ultrasound showing visible intussusceptum or soft tissue mass

Yes **No**

2.2 No abnormality on ultrasound scan (please tick box)

2.3 Other, please specify: _____

3. Abdominal CT scan : **DONE** **NOT DONE**

If DONE, please answer the following. If NOT DONE, move to question 4

3.1 Abdominal CT showing visible intussusceptum or soft tissue mass

Yes **No**

4. Stool analysis: **DONE** **NOT DONE**

If DONE, please specify if any pathogens found: _____

5. Was laparoscopy used in Diagnosis or Surgery? **Yes** **No** **Don't Know**

Section D: Treatment

1. Non- surgical procedure(Enema): *Please circle, and number of attempts if performed*

Air: Successful Not successful (total number of attempts[]) Not performed

Water: Successful Not successful (total number of attempts[]) Not performed

Saline: Successful Not successful (total number of attempts[]) Not performed

Contrast: Successful Not successful (total number of attempts[]) Not performed

Section D: Treatment (cont'd) SURGERY

2.1 Surgery performed: Yes No Don't Know

2.2 Date of surgery:

2.3 Findings from surgery:

Demonstration of invagination Yes No

Location of the intussusception Ileocolic
 Colocolic
 Ileoileal
 Ileocecal
 Ileoileocolic
 Other, specify _____
 Unknown

Did the child have a bowel resection? Yes No

Did the child have a stoma? Yes No

Autopsy/Post-mortem findings

Was invagination of the intestine found at autopsy/post-mortem?

Yes No Not Applicable

Section E: Outcome

Date of discharge from hospital:

Outcome (Please tick box):

- Recovered
- Recovered with sequelae, specify: _____
- Transferred to another hospital, specify name: _____
- Died, date of death:
- Unknown

Thank you very much for taking the time to complete the questionnaire
Please return in the SAE to: Dr Haitham El Bashir, General and Adolescent Paediatric
Unit, Institute of Child Health, 250 Euston Road, London, NW1 2PG.
Email: h.bashir@ucl.ac.uk