

**SEVERE INJURY RELATED TO DISC BATTERY (SIRDB) – 3 MONTH FOLLOW UP**

APSU Office Use Only

**Australian Paediatric Surveillance Unit**Please contact the APSU (02) 9845 3005 or [SCHN-APSU@health.nsw.gov.au](mailto:SCHN-APSU@health.nsw.gov.au) if you have any questions about this form

Study ID #:

*Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided.**DK=Don't Know; NA = Not Applicable.*

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**Please use your hospital EMR records to supplement your knowledge of the case**

Thank you for reporting a child with SIRDB. We would be grateful if you could please complete this brief survey about the child's longer term outcomes including the surgical procedures, imaging, and functional impairments that you believe are a result of the battery related injury sustained 3 months ago.

Please tick the most appropriate answer or enter text as required.

**REPORTING CLINICIAN'S DETAILS:**

1. APSU Dr Code/Name:  / \_\_\_\_\_ 2. Date questionnaire completed: \_\_ \_\_ / \_\_ \_\_ / \_\_\_\_ \_\_ (dd/mm/yyyy)

**PATIENT DETAILS:**

3. First 2 letters of first name:  4. First 2 letters of surname:

5. Date of Birth: \_\_ \_\_ / \_\_ \_\_ / \_\_\_\_ \_\_ (dd/mm/yyyy)

6. Sex:  Male  Female  Indeterminate

7. Postcode of family:

8. Date of first procedure to remove battery/assess for injury: \_\_ \_\_ / \_\_ \_\_ / \_\_\_\_ \_\_

**If you are no longer looking after this child please provide the name and contact details of the doctor currently looking after this child and return this form to the APSU. There is no need to complete the rest of the form.**

Doctor's Name: \_\_\_\_\_ Hospital: \_\_\_\_\_  NA

Contact details (if known): \_\_\_\_\_

**FOLLOW-UP DETAILS:**

9. Is the child still alive  Yes  No  DK **If No**, Date of death: \_\_ \_\_ / \_\_ \_\_ / \_\_\_\_ \_\_ (dd/mm/yyyy)

10. When did you last follow up this patient? Date: \_\_ \_\_ / \_\_ \_\_ / \_\_\_\_ \_\_ (dd/mm/yyyy)  Not Followed up  DK

**If not followed-up or DK**, thank you, this is the end of the questionnaire

11. Has the child had any complications following the primary admission (e.g. bleeding, infection, other)?  Yes  No  DK

**If Yes**, please describe: \_\_\_\_\_

12. In the 3 months since injury, has this child had any additional imaging or procedures that were not reported on your initial APSU report?  Yes  No  DK

**If yes**, please indicate all that apply and provide details:

Barium/gastrograffin study (provide result): \_\_\_\_\_

CT imaging (provide result): \_\_\_\_\_

MRI imaging (provide result): \_\_\_\_\_

Endoscopy (provide result): \_\_\_\_\_

Other imaging/ procedure (specify): \_\_\_\_\_

13. Are any procedures or operations planned for this child in the future?  Yes  No  DK

If **yes**, what is planned / needed and when? (please complete the table below)  DK

Time frame	Procedures/ operations
Next 3 months	
4-9 months from now	
More than 9 months from now	

**If procedures or operations are planned after 6 months we will contact you at 6 months to obtain more information.**

**14.** Do you believe that this child has acquired functional impairments or delays because of the battery related injury?

Yes  No  DK **If NO, please go to Question 20**

**15.** Does the child require assisted feeding because of the battery related injury?  Yes  No  DK

**If yes**, indicate which:

- Oral special diet
- Nasogastric Tube
- PEG
- Other (please specify): \_\_\_\_\_

**16.** Does the child require a hearing aid as a result of the battery related injury?  Yes  No  DK

**17.** Does the child need speech therapy as a result of the battery related injury?  Yes  No  DK

**18.** Has the child's bowel/ bladder control been impaired because of the battery related injury?  Yes  No  DK

**19.** Has the child's motor function been impaired as a result of the battery related injury?  Yes  No  DK

**If Yes**, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**20.** In your opinion, has the child sustained an acquired brain injury (e.g. due to hypoperfusion) because of the battery related injury?  Yes  No  DK

**21.** Do you have any additional comments about the current or likely future impact of this battery related injury on the child/family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your valuable contribution to the SIRDB study!**

*Thank you for your help with this research project.*

**Please return this questionnaire to the APSU via email to [SCHN-APSU@health.nsw.gov.au](mailto:SCHN-APSU@health.nsw.gov.au) or fax to 02 9845 3082 or mail to Australian Paediatric Surveillance Unit, Kids Research, Locked Bag 4001, Westmead NSW 2145 - even if you don't complete all items.**

The APSU is affiliated with the Royal Australasian College of Physicians (Paediatrics and Child Health Division) and Sydney Medical School, The University of Sydney.

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This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.