

## NEC data collection form – NEO-KISS

webKessID:

Patient ID:

Patient name:

NEC start date:

Pathogen 1:

Pathogen 2:

Pathogen 3:

Please complete these criteria:

- **CRP > 2.0 mg/dl or high interleukin**  no  yes
- **Neutrophils I/T ratio > 0.2**  no  yes
- **Leukocytopenia < 5/nl**  no  yes
- **Thrombocytopenia < 100/nl**  no  yes

Presence of **two** of the following clinical signs or symptoms without another recognized cause:

- **Vomiting**  no  yes
- **Abdominal distention**  no  yes
- **Prefeeding residuals**  no  yes
- **Redness of flanks**  no  yes
- **Persistent microscopic or gross blood in stools**  no  yes

And **one** of the following radiological signs:

- **Pneumoperitoneum**  no  yes
- **Pneumatosis intestinalis**  no  yes
- **Unchanging rigid loops of small intestine**  no  yes

or

- **Diagnosis by histological examination of prepared specimens**  no  yes