


Event Date:


A5 Do you have written consent for the infant's participation from the parent/legal guardian? ☐ Yes ☐ No


A6 Is the infant clinically stable to have a lumbar puncture at the time of randomisation? ☐ Yes ☐ No

A7 Is this the first lumbar puncture for the current indication? ☐ Yes ☐ No 


A8 Is the infant intubated? ☐ Yes ☐ No

A9 Is the infant able to be held in a sitting position? ☐ Yes ☐ No

A10 Has the infant already been randomised into this trial? ☐ Yes ☐ No 

A11 Was the infant one of a multiple pregnancy? ☐ Yes ☐ No 


A11.1 How many infants were born?

A11.2 What was the birth order of this infant? 


Has a sibling from this pregnancy already been recruited into this trial? ☐ Yes ☐ No

Please enter one of their study numbers

Randomisation

B1 Allocation for this infant ☐ Sitting position and early stylet removal  ☐ Sitting position and late stylet removal ☐ Lying position and early stylet removal ☐ Lying position and late stylet removal

B2 Is the infant on antibiotics at time of randomisation? ☐ Yes ☐ No

B3 Has the infant had any previous lumbar punctures outside the trial? ☐ Yes ☐ No 

Please give details of most recent lumbar puncture before the trial

Date of most recent lumbar puncture before the trial (dd-Mon-yyyy)

Was CSF obtained and sent to lab? ☐ Yes ☐ No

If CSF result obtained please give: (10⁶/L or per mm³ or per microlitre)
RBC count

WBC count (10⁶/L or per mm³ or per microlitre)

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID: _____
Interviewer Name: _____
Interview Date: _____

Section Title: Baseline Assessment

Instructions:

C1. What is the primary indication for lumbar puncture? (please tick all that apply)

- ☐ Raised CRP
- ☐ Risk factors for sepsis
- ☐ Clinical signs of sepsis (e.g. fever)
- ☐ Abnormal blood white cell (or neutrophil) count or morphology
- ☐ Specific signs of meningitis (or encephalitis)
- ☐ Neurometabolic investigation
- ☐ Therapeutic (raised intracranial pressure)
- ☐ Other If Other, please specify

Protocol ID: _____

Study Subject ID:_____

Study Name: _____

Interviewer Name:_____

Site: _____

Interview Date:_____

Event Name: _____

Event Date: _____

Section Title: Notes

Notes