

Patronage: Société suisse de pédiatrie (SSP) et Office fédéral de la santé publique (OFSP)

## Vitamin K deficiency Bleeding (VKDB)

### 1. Patient information :

Gender :  f  m Date of birth : .....

Canton of residence: ..... Canton of birth:.....

Place of birth:  home  birthing center  private maternity  public maternity

### 2. Pregnancy and birth information :

Gestational age: ....../7 Birth weight : ..... g

Drugs during pregnancy:

Anticonvulsants/ antibiotics/ tuberculostatic agents/ VK-antagonists during pregnancy:

no  yes If yes, which one: .....

### 3. VK prophylaxis :

Was any vitamin K prophylaxis given?  yes  no

If no, please explain why: .....

If yes, please describe which one:

Oral Konakion® MM?

Birth yes  no  Dose .....mg

Day 4 yes  no  Dose .....mg

Week 4 yes  no  Dose .....mg

Another type of vitamin K prophylaxis ?  yes  no

If yes, which one? .....

and why? .....

### 4. Clinical information on VKDB :

Site bleeding :

intra-cranial bleeding

extra-cranial bleeding\*

skin

umbilicus

digestive

urogenital

intrathoracic

intraabdominal

intramuscular

nose

heel capillary blood sampling

other

Very first bleeding

date : .....

date : .....

date : .....

date : .....

date : .....

date : .....

date : .....

date : .....

date : .....

date : .....

date : .....

date : .....

At hospital admission

date: .....

date: .....

date: .....

date: .....

date: .....

date: .....

date: .....

date: .....

date: .....

date: .....

date: .....

date: .....

\*( Caput succedaneum,  subgaleal hemorrhage,  cephalhematoma)

Date of hospital admission : .....

### 5. Patient's diet (between birth and first bleeding):

Mother's milk exclusively : yes  no

Formula milk exclusively: yes  no  name of formula(s): .....

Fully breast fed until date? .....

