



## Liver Biopsy (Pediatric)

Patient ID \_\_\_ - \_\_\_ ID \_\_\_ - \_\_\_

Date of Biopsy: **BIOPDATE**

**Instructions:** This form should be completed at least 24 hours after the liver biopsy is performed.

1. Reason for biopsy (check one): **BXRSN**  
1  Clinically indicated for diagnosis, grading or staging  
4  Other, specify \_\_\_\_\_ **BXRSNOS** \_\_\_\_\_
2. Operator: **BXOP** 1  Hepatologist/Gastro 2  Radiologist 3  Fellow 4  Other, \_\_\_ **BXOPOS** \_\_\_  Unknown
3. Coagulation parameters available within 1 month prior to biopsy (most recent result):
  - a. Platelet count: **BXPLAT** x10<sup>3</sup> mm<sup>3</sup>  Not done
  - b. Prothrombin time: **BXPROT** seconds  Not done
  - c. INR **BXINR**  Not done
4. Was the biopsy image-guided? **BXIMG**  Yes  No  Unknown
5. Type of needle used: 1  Aspiration (Jamshidi, Klatskin, or Menghini) **BXNEED**  
2  Cutting (Tru-cut, Vim Silverman, Bard Monopty, BioPince or Tri-axial)  
3  Other, \_\_\_\_\_ **BXNEEDOS** \_\_\_\_\_  
 Unknown
6. Needle diameter (gauge): \_\_\_\_\_ **NGAUGE** \_\_\_\_\_  Unknown
7. Number of passes: \_\_\_ **BXPASS** \_\_\_  Unknown
8. Was liver tissue obtained? **BXTISS**  Yes  No  Unknown
9. Was biopsy fragmented? **BXFRAG**  Yes  No  Unknown
10. Was sedation used? **CONSED** 0  No 1  Conscious 2  General  Unknown
11. Were there any complications of biopsy? **BXCOMP**  Yes  No  Unknown

If Yes,

- 11.1 Pain (unexpected):  Yes  No  Unknown **BXPN**

If Yes,

- a. Onset of pain: **BXPNONS** 1  Immediate 2  Delayed (>1 hour after biopsy)  Unknown
- b. Duration in hours: **BXPNDUR** 1  < 1 2  1-4 3  5-24 4  > 24  Unknown
- c. Severity: 1  Mild (not requiring analgesia) 3  Severe (use of parenteral analgesics)  
**BXPNSEV** 2  Moderate (use of oral analgesics only)  Unknown

- 11.2 Bile leak:  Yes  No  Unknown **BXBL**

If Yes, management: 1  Conservative 2  ERCP 3  Surgery  
**BXBLMG** 4  Other, \_\_\_ **BXBLMGOS** \_\_\_  Unknown

- 11.3 Bleeding (unexpected):  Yes  No  Unknown **BXBLD**

If Yes, severity (check all that apply):

- Uncomplicated **BXBLDSUC**  Required radiologic/surgical intervention **BXBLDSSI**  
 Required blood transfusion **BXBLDSTR**  Unknown **BXBLDSUK**

- 11.4 Vasovagal episode:  Yes  No  Unknown **BXVV**

- 11.5 Other:  Yes, specify \_\_\_ **BXOTHS** \_\_\_  No  Unknown **BXOTH**

- 11.6 Did complications lead to an emergency room visit?  Yes  No  Unknown **BXER**

- 11.7 Did complications lead to hospital admission or prolongation of hospital stay?  Yes  No  Unk  
**BXHOSP**

- 11.8 Did complication lead to (check all that apply):  Permanent injury  Disability  Death  
**BXINJ** **BXDAB** **BXDTH**

Data collector initials: **DCID** Date data collection completed (mm/dd/yy): **DCM / DCD / DCY**