

**FORM B. FIRST INTERVENTION DATA COLLECTION FORM**

Date of first intervention	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD-MMM-YYYY eg. 26-Dec-2017
Time of first intervention	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24 hour time (HH:MM eg. 17:45)
Respiratory support immediately before first intervention(circle)	Nasal High flow (gas flow) <span style="float:right">L/min</span>
	CPAP or NIPPV(Pressure) <span style="float:right">cmH<sub>2</sub>O</span>
	Mechanically ventilated via an ETT (MAP) <span style="float:right">cmH<sub>2</sub>O</span>
FiO <sub>2</sub> immediately before first intervention	<input type="text"/> . <input type="text"/> <input type="text"/> (Room air =0.21, unknown=9.99)
SpO <sub>2</sub> immediately before first intervention	<input type="text"/> <input type="text"/> <input type="text"/> %
Heart rate immediately before first intervention	<input type="text"/> <input type="text"/> <input type="text"/> bpm
Date of blood gas if measured ≤ 6 hours before first intervention	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD-MMM-YYYY eg. 26-Dec-2017
Time of blood gas	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (HH:MM eg. 17:45)
pH	<input type="text"/> . <input type="text"/> <input type="text"/>
PCO <sub>2</sub>	<input type="text"/> <input type="text"/> . <input type="text"/>
Base Excess (circle either plus or minus)	<b>+ or --</b> <input type="text"/> <input type="text"/> . <input type="text"/>
Glucose	<input type="text"/> <input type="text"/> . <input type="text"/> (mmols/L)

***During intervention***

How was surfactant given?	<input type="text"/> enter appropriate number 1=Less invasive surfactant administration without an endotracheal tube for ongoing ventilation (LISA, MIST) 2=Via an endotracheal tube with ongoing ventilation
Lowest heart rate during intervention	<input type="text"/> <input type="text"/> <input type="text"/> bpm
Lowest SpO <sub>2</sub> during intervention	<input type="text"/> <input type="text"/> <input type="text"/> %
Cardiac compression ≤ 60 minutes of intervention	<input type="text"/> 0= No 1=Yes
Intubation or re-intubation required ≤ 60 minutes of intervention	<input type="text"/> 0= No 1=Yes

Name of person completing form: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_