

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)
FiO ₂ immediately before first intervention	<input type="text"/> . <input type="text"/> <input type="text"/> (Room air =0.21, unknown=9.99)
SpO ₂ 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 within 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 ₂	<input type="text"/> <input type="text"/> . <input type="text"/>
Base Excess	-/+ <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="checkbox"/> enter appropriate number 1.LISA/MIST: intervention via a thin catheter or thin tube (not an ETT) with the infant on non-invasive respiratory support (CPAP/NIPPV/nHF) during the intervention 2.ETT with ongoing MV: intervention via an ETT with ongoing MV for ≥2 hours 3.INSURE (INTubate-SURfactant-Extubate): intervention via an in-out ETT or with brief subsequent MV for <2 hours
Lowest SpO ₂ during intervention	<input type="text"/> <input type="text"/> <input type="text"/> %
Lowest heart rate during intervention	<input type="text"/> <input type="text"/> <input type="text"/> bpm
Cardiac compression within 60 minutes of intervention	<input type="checkbox"/> 0= No 1=Yes
Intubation or re-intubation required within 60 minutes of intervention	<input type="checkbox"/> 0= No 1=Yes

Name of person completing form: _____

Signature of person completing form _____