

**FORM C. SECOND INTERVENTION DATA COLLECTION FORM**

Was a second intervention given?	<input type="checkbox"/> 0= No (given reason) 1=Yes (complete form)	
Reason second intervention not given (if applicable)		
Date of second 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"/> <small>DD-MMM-YYYY eg. 26-Dec-2017</small>	
Time of second 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 second intervention(circle)	Nasal High flow (gas flow)	L/min
	CPAP or NIPPV(Pressure)	cmH <sub>2</sub> O
	Mechanically ventilated via an ETT (MAP)	cmH <sub>2</sub> O
FiO <sub>2</sub> immediately before second intervention	<input type="text"/> . <input type="text"/> <input type="text"/> (Room air =0.21, unknown=9.99)	
SpO <sub>2</sub> immediately before second intervention	<input type="text"/> <input type="text"/> <input type="text"/> %	
Heart rate immediately before second intervention	<input type="text"/> <input type="text"/> <input type="text"/> bpm	
Date of blood gas if measured ≤ 6 hours before second 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"/> <small>DD-MMM-YYYY eg. 26-Dec-2017</small>	
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)	+ or -- <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=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="checkbox"/> 0= No 1=Yes
Intubation or re-intubation required ≤ 60 minutes of intervention	<input type="checkbox"/> 0= No 1=Yes

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

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