MATERNAL AND PERINATAL DATA
(to be filled out only for randomized patients)

1. Infant's ID ..... ☐☐☐☐☐☐☐☐

2. Mother's Date of Birth ..... Month ☐☐ Day ☐☐ Year ☐☐

********** SES DATA **********

3. Education (*check one for each parent*)

	Mother	Father
Less than 7th grade	☐ 01	☐ 01
Jr. High 9th grade	☐ 02	☐ 02
Partial high school (10th or 11th grade)	☐ 03	☐ 03
High school graduate	☐ 04	☐ 04
Partial college or trade school	☐ 05	☐ 05
College graduate	☐ 06	☐ 06
Graduate study	☐ 07	☐ 07
Refused to answer or Don't Know	☐ 08	☐ 08
Unknown	☐ 94	☐ 94

4. Marital Status (*check one*)

Married and living with spouse ..... ☐ 01

Not married and living with infant's father ..... ☐ 02

Not married and living with extended family ..... ☐ 03

Single parent household ..... ☐ 04

Other ..... ☐ 05

5. Occupation:
   A. Father's Occupation:
      1. What is your husband's occupation (or the man you are living with now)?

      _____

      _____

      2. What kind of work does he do day-to-day?

      _____

      _____

      3. Has he been unemployed in the last year?

Yes	No	Don't Know
☐ 01	☐ 02	☐ 94

      For how long? ..... ☐☐ weeks

   B. Mother's Occupation:
      1. Did you work outside the home before your baby was born?

Yes	No
☐ 01	☐ 02

      2. What was your occupation? _____

      _____

      3. What kind of work does that involve?

      _____

      _____

      4. How much education, training or on the job experience did you need to get that job?

      _____

      _____

C. Occupational Classification: (*check appropriate categories*)

	Mother	Father
1. Professional, Technical High Level Administrative and Managerial Positions	☐ 01	☐ 01
2. Managers, Proprieters, "Lesser" Professionals and Technical Positions	☐ 02	☐ 02
3. Sales and Miscellaneous "White Collar" Positions	☐ 03	☐ 03
4. "Blue Collar" Supervisory Positions, Self-Employed in Skilled Trades, Trades Extensive Training Requirements, and Higher Level Service Workers	☐ 04	☐ 04
5. Skilled Trades at a Non-supervisory Level and Service Workers	☐ 05	☐ 05
6. Semi-skilled and Unskilled Workers	☐ 06	☐ 06
7. Other (*specify*) _____	☐ 07	☐ 07
8. Unknown	☐ 94	☐ 94

********** MEDICAL HISTORY **********

6. Prior to this pregnancy, has the mother ever had any of the following conditions?

	Yes	No	Don't Know
A. Diabetes	☐ 01	☐ 02	☐ 94

If YES, classification (*check all that apply*):

Type I (insulin dependent) ..... ☐ 01

Type II (non-insulin dependent) ..... ☐ 02

Type III (gestational) ..... ☐ 03

Type IV (secondary) ..... ☐ 04

Don't Know ..... ☐ 05

B. Chronic hypertension	☐ 01	☐ 02	☐ 94
C. Others (*specify*) _____ ..	☐ 01	☐ 02	☐ 94

********** PREGNANCY HISTORY **********

7. Pregnancy data including present delivery:

   A. ☐☐ gravida

   B. ☐☐ full term, ☐☐ premature (< 37 weeks)

   C. ☐☐ abortion

   D. ☐☐ stillborn

   E. ☐☐ neonatal deaths

   F. ☐☐ living children

8. On the average during the current pregnancy, how many ciagettes did the mother smoke per day? ..... ☐☐

9. On the average during the current pregnancy, how many drinks with alcohol did the mother drink per week? ..... ☐☐

10. Check any of the following drugs which the patient reported using during pregnancy:

		Yes	No	Don't Know
A.	Marihuana	☐ 01	☐ 02	☐ 94
B.	Heroin	☐ 01	☐ 0201	☐ 94
C.	Cocaine	☐ 01	☐ 02	☐ 94
D.	Methadone	☐ 01	☐ 02	☐ 94
E.	Methaqualone	☐ 01	☐ 02	☐ 94
F.	Barbiturates	☐ 01	☐ 02	☐ 94
G.	Other (*specify*) _____	☐ 01		
H.	None	☐ 01		

11. Did the mother have any of the following during this pregnancy?

		Yes	No	Don't Know
A.	Pregnancy induced hypertension	☐ 01	☐ 02	☐ 94
B.	Gestational diabetes	☐ 01	☐ 02	☐ 94
	If YES, insulin dependent	☐ 01	☐ 02	☐ 94
C.	Previous episodes of premature labor	☐ 01	☐ 02	☐ 94
	If YES, was beta sympathomimetic used?	☐ 01	☐ 02	☐ 94

		Yes	No	Don't Know
D.	Severe vaginal bleeding	☐ 01	☐ 02	☐ 94
E.	Other significant illness during pregnancy ..	☐ 01	☐ 02	☐ 94

Specify _____

********** LABOR **********

12. What was the gestational age of the baby (babies) when delivered (best obstetric estimate)? ..... ☐☐ weeks, Unknown ☐ 94

13. Duration of rupture of membranes prior to this delivery ..... Days ☐☐ Hours ☐☐ Unknown ☐

14. Was labor
    - A. Induced ..... ☐ 01
    - B. Spontaneous .. ☐ 02
    - C. No labor ..... ☐ 03
    - D. Don't Know ... ☐ 94

15. Length of labor in hours ..... ☐☐ hours, Unknown ☐ 94

16. Did the mother have any of the following complications during labor?

		Yes	No	Don't Know
A.	Fever	☐ 01	☐ 02	☐ 94
B.	Endometritis	☐ 01	☐ 02	☐ 94

********** DRUGS DURING LABOR AND DELIVERY **********

17. Has the mother received any of the following within 48 hours prior to delivery? (*check all that apply*)
    - A. Anesthesia
      - 1. General ..... ☐ 01
      - 2. Spinal ..... ☐ 02
      - 3. Epidural ..... ☐ 03
      - 4. Local ..... ☐ 04
      - 5. Don't Know ..... ☐ 05
      - 6. None ..... ☐ 06

		Yes	No	Don't Know
B.	Analgesia	☐01	☐02	☐94
C.	Antibiotics	☐01	☐02	☐94
D.	Oxytocin	☐01	☐02	☐94
E.	Tocolytics	☐01	☐02	☐94
F.	Magnesium sulfate	☐01	☐02	☐94
G.	Other	☐01	☐02	☐94
	Specify: _____			
H.	None	☐ 01		

18. Did mother receive steroids to induce fetal lung maturity? ..... ☐01 ☐02 ☐94

If YES, week of gestation ..... ☐☐

SIGNATURE OF CLINICAL COORDINATOR: _____

DATE: _____

FLOW DATA FORM

1 Infant ID .....

2. Date of birth ..... Month Day Year

3. Sex ..... 01 ☐ Male 02 ☐ Female

4. Time Schedule of Ventilator Usage: *(exclude initial ventilator)*

Make	Model	Serial No.	Starting Date	Ending Date
			Month Day Year Time	Month Day Year Time
			Month Day Year Time	Month Day Year Time
			Month Day Year Time	Month Day Year Time
			Month Day Year Time	Month Day Year Time
			Month Day Year Time	Month Day Year Time

Form D 1-30-86

INFANT VENTILATOR DATA

I. Blood Gases, Ventilator, Cardiac Variables, and Medications

A. Qualifying Data:

	Pre 1	Pre 2	Preentry
1. Ventilation			
On CMV	☐ 01	☐ 01	☐ 01
No mechanical ventilation	☐ 02	☐ 02	☐ 02
2. Blood Gases Date	☐☐ Month ☐☐ Day ☐☐ Year	☐☐ Month ☐☐ Day ☐☐ Year	☐☐ Month ☐☐ Day ☐☐ Year
Time (24-hr clock)	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1; transcutaneous = 2; capillary = 3	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐
3. % O_2	☐☐☐	☐☐☐	☐☐☐
4. Ventilator Variables			
a Conventional ventilator Ventilator rate (cpm)	☐☐	☐☐	☐☐
Inspiratory time (sec)	☐☐.☐	☐☐.☐	☐☐.☐
PEEP (cm H_2O)	☐☐	☐☐	☐☐
PIP (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐

	Pre 1	Pre 2	Preentry
4. **Ventilator variables (con.)**			
$\bar{P}aw$ (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
Flow rate (Lpm)	☐☐	☐☐	☐☐
5. **Cardiac/respiratory variables:**			
Heart rate (bpm)	☐☐☐	☐☐☐	☐☐☐
Respiratory rate (bpm)	☐☐☐☐	☐☐☐☐	☐☐☐☐
Blood pressure—systolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—diastolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—Mean (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Method (direct = 1; indirect = 2)	☐	☐	☐
6. **Medications**			
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____

INFANT VENTILATOR DATA

Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

B. Entry Data and Data Every Two Hours

Time Since Entry	2 hr	4 hr	6 hr
1. Respiratory Support			
a CMV	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐
e Hood	05 ☐	05 ☐	05 ☐
2. Blood Gases:			
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1 transcutaneous = 2; capillary = 3)	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐
3. % O_2	☐☐☐	☐☐☐	☐☐☐
4. Ventilator Variables:			
a. High Frequency Ventilator			
Ventilator rate (Hz)	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐

4. Ventilator Variables (con.)

	2 hr	4 hr	6 hr
Amplitude (cm H_2O)			
PIP (peak) (cm H_2O)			
$\bar{P}aw$ (cmH_2O)			
Flow rate (Lpm)			
b. Conventional Ventilator			
Ventilator rate (cpm)			
Inspiratory time (sec)			
PEEP(cm H_2O)			
PIP (cm H_2O)			
$\bar{P}aw$ (cm H_2O)			
Flow rate (Lpm)			
5. Sigh Data			
Machine rate (cpm)			
Manual rate (cph)			
Inspiratory time (sec)			
PIP (peak) (cm H_2O)			
$\bar{P}aw$ (cm H_2O)			

6. Cardiac/Respiratory Variables:	2 hr	4 hr	6 hr
Heart rate (bpm)	☐☐☐	☐☐☐	☐☐☐
Respiratory rate (bpm)	☐☐☐☐	☐☐☐☐	☐☐☐☐
Blood pressure—systolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—diastolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—mean (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Method (direct = 1; indirect = 2)	☐	☐	☐

7. Medications	2 hr	4 hr	6 hr
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

C. Data Every Six Hours

Time Since Entry	12 hr	18 hr	24 hr	30 hr	36 hr
1. Respiratory Support					
a CMV	01 ☐	01 ☐	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐	04 ☐	04 ☐
e Hood	05 ☐	05 ☐	05 ☐	05 ☐	05 ☐
2. Blood Gases:					
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2; capillary = 3)	☐	☐	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐	☐.☐☐	☐.☐☐
3. % O_2	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
4. Ventilator Variables:					
a. High Frequency Ventilator					
Ventilator rate (Hz)	☐☐	☐☐	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐	☐☐.☐	☐☐.☐

4. Ventilator Variables (con.)

	12 hr	18 hr	24 hr	30 hr	36 hr
Amplitude (cm H_2O)	□□	□□	□□	□□	□□
PIP (peak) (cm H_2O)	□□	□□	□□	□□	□□
$\bar{P}aw$ (cmH_2O)	□□	□□	□□	□□	□□
Flow rate (Lpm)	□□	□□	□□	□□	□□

b. Conventional Ventilator

Ventilator rate (cpm)	□□	□□	□□	□□	□□
Inspiratory time (sec)	□□.□	□□.□	□□.□	□□.□	□□.□
PEEP(cm H_2O)	□□	□□	□□	□□	□□
PIP (cm H_2O)	□□.□	□□.□	□□.□	□□.□	□□.□
$\bar{P}aw$ (cm H_2O)	□□.□	□□.□	□□.□	□□.□	□□.□
Flow rate (Lpm)	□□	□□	□□	□□	□□

5. Sigh Data

Machine rate (cpm)	□□	□□	□□	□□	□□
Manual rate (cph)	□□□.□	□□□.□	□□□.□	□□□.□	□□□.□
Inspiratory time (sec)	□□.□	□□.□	□□.□	□□.□	□□.□
PIP (peak) (cm H_2O)	□□.□	□□.□	□□.□	□□.□	□□.□
$\bar{P}aw$ (cm H_2O)	□□.□	□□.□	□□.□	□□.□	□□.□

6. **Cardiac/Respiratory Variables:**

	12 hr	18 hr	24 hr	30 hr	36 hr
Heart rate (bpm)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Respiratory rate (bpm)	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Blood pressure—systolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Blood pressure—diastolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Blood pressure—mean (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Method (direct = 1; indirect = 2)	☐	☐	☐	☐	☐

7. **Medications**

	12 hr	18 hr	24 hr	30 hr	36 hr
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____

Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

D. Data Every Twelve Hours

Time Since Entry	48 hr	60 hr	72 hr	84 hr	96 hr
1. Respiratory Support					
a. CMV	01 ☐	01 ☐	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐	04 ☐	04 ☐
e. Hood	05 ☐	05 ☐	05 ☐	05 ☐	05 ☐
2. Blood Gases:					
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2, capillary = 3)	☐	☐	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐	☐.☐☐	☐.☐☐
3. % O_2	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
4. Ventilator Variables:					
a. High Frequency Ventilator					
Ventilator rate (Hz)	☐☐	☐☐	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐	☐☐.☐	☐☐.☐

4 Ventilator Variables (con.)

	48 hr	60 hr	72 hr	84 hr	96 hr
Amplitude (cm H_2O)					
PIP (peak) (cm H_2O)					
$\bar{P}aw$ (cm H_2O)					
Flow rate (Lpm)					
b. Conventional Ventilator					
Ventilator rate (cpm)					
Inspiratory time (sec)	.	.	.	.	.
PEEP(cm H_2O)					
PIP (cm H_2O)	.	.	.	.	.
$\bar{P}aw$ (cm H_2O)	.	.	.	.	.
Flow rate (Lpm)					
5. Sigh Data					
Machine rate (cpm)					
Manual rate (cph)	.	.	.	.	.
Inspiratory time (sec)	.	.	.	.	.
PIP (peak) (cm H_2O)	.	.	.	.	.
$\bar{P}aw$ (cm H_2O)	.	.	.	.	.

6. Cardiac/Respiratory Variables:	48 hr	60 hr	72 hr	84 hr	96 hr
Heart rate (bpm)	☐☐☐				
Respiratory rate (bpm)	☐☐☐☐				
Blood pressure—systolic (mm Hg)	☐☐☐				
Blood pressure—diastolic (mm Hg)	☐☐☐				
Blood pressure—mean (mm Hg)	☐☐☐				
Method (direct = 1; indirect = 2)	☐				

7. Medications					
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

E. Every Two or Three Days

	5 days	7 days	10 days
Time Since Entry (as specified in the protocol-in days)			
1. Respiratory Support			
a CMV	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐
e Hood	05 ☐	05 ☐	05 ☐
2. Blood Gases:			
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2; capillary = 3)	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐
3. % O_2	☐☐☐	☐☐☐	☐☐☐
4. Ventilator Variables:			
a. High Frequency Ventilator			
Ventilator rate (Hz)	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐

4. Ventilator Variables (con.)

	5 days	7 days	10 days
Amplitude (cm H_2O)	□□	□□	□□
PIP (peak) (cm H_2O)	□□	□□	□□
$\bar{P}aw$ (cmH_2O)	□□	□□	□□
Flow rate (Lpm)	□□	□□	□□
b. Conventional Ventilator			
Ventilator rate (cpm)	□□	□□	□□
Inspiratory time (sec)	□□.□	□□.□	□□.□
PEEP(cm H_2O)	□□	□□	□□
PIP (cm H_2O)	□□.□	□□.□	□□.□
$\bar{P}aw$ (cm H_2O)	□□.□	□□.□	□□.□
Flow rate (Lpm)	□□	□□	□□
5. Sigh Data			
Machine rate (cpm)	□□	□□	□□
Manual rate (cph)	□□□.□	□□□.□	□□□.□
Inspiratory time (sec)	□□.□	□□.□	□□.□
PIP (peak) (cm H_2O)	□□.□	□□.□	□□.□
$\bar{P}aw$ (cm H_2O)	□□.□	□□.□	□□.□

6. **Medications**

	5 days	7 days	10 days
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type
	Dose _____	Dose _____	Dose
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____

Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

F. Every Seven Days

Time Since Entry
(as specified in the protocol-in days)

	14 days	21 days	28 days
1. Respiratory Support			
a CMV	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐
c. CPAP (nasal)	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐
e. Hood	05 ☐	05 ☐	05 ☐
2. Blood Gases:			
Date	☐☐ ☐☐ Month Day	☐☐ ☐☐ Month Day	☐☐ ☐☐ Month Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2; capillary = 3)	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐
3. % O_2	☐☐☐	☐☐☐	☐☐☐
4. Ventilator Variables:			
a. High Frequency Ventilator			
Ventilator rate (Hz)	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐

4. Ventilator Variables (con.)	14 days	21 days	28 days
Amplitude (cm H_2O)	□□	□□	□□
PIP (peak) (cm H_2O)	□□	□□	□□
$\bar{P}aw$ (cmH_2O)	□□	□□	□□
Flow rate (Lpm)	□□	□□	□□
b. Conventional Ventilator			
Ventilator rate (cpm)	□□	□□	□□
Inspiratory time (sec)	□□.□	□□.□	□□.□
PEEP(cm H_2O)	□□	□□	□□
PIP (cm H_2O)	□□.□	□□.□	□□.□
$\bar{P}aw$ (cm H_2O)	□□.□	□□.□	□□.□
Flow rate (Lpm)	□□	□□	□□
5. Sigh Data			
Machine rate (cpm)	□□	□□	□□
Manual rate (cph)	□□□.□	□□□.□	□□□.□
Inspiratory time (sec)	□□.□	□□.□	□□.□
PIP (peak) (cm H_2O)	□□.□	□□.□	□□.□
$\bar{P}aw$ (cm H_2O)	□□.□	□□.□	□□.□

6. Medications

	14 days	21 days	28 days
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type
	Dose _____	Dose _____	Dose
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____

Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

G. After 28 days

Time Since Entry
(as specified in the protocol-in days) ☐☐☐ ☐☐☐ ☐☐☐

1. **Respiratory Support**

a CMV	01	☐	01 ☐	01 ☐
b HFV	02	☐	02 ☐	02 ☐
c CPAP (nasal)	03	☐	03 ☐	03 ☐
d Nasal cannula/prongs	04	☐	04 ☐	04 ☐
e Hood	05	☐	05 ☐	05 ☐

2. **Blood Gases:**

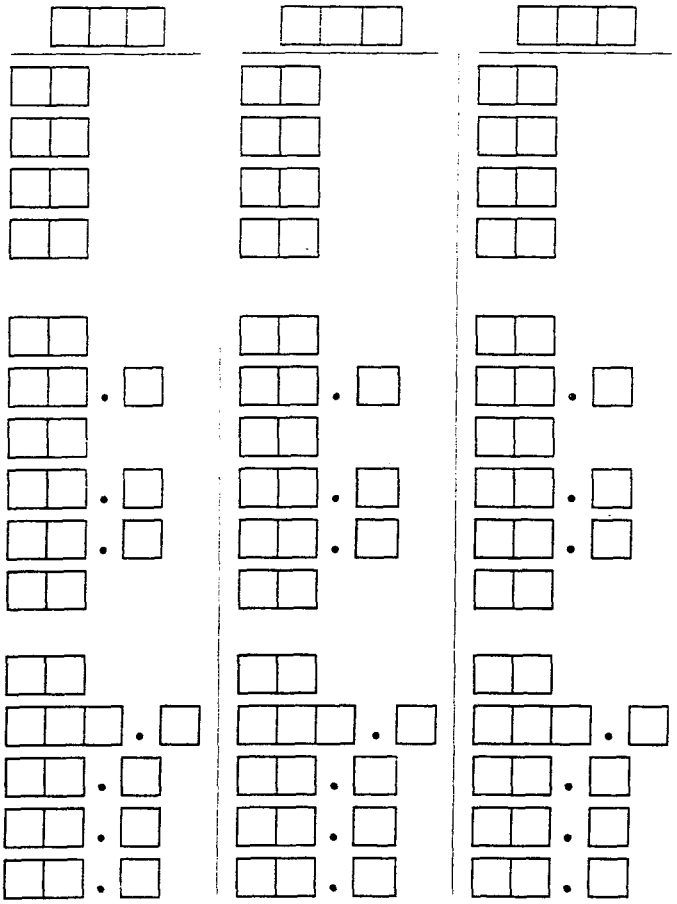
Date	☐☐ Month	☐☐ Day	☐☐ Month	☐☐ Day	☐☐ Month	☐☐ Day
Time	☐☐☐☐		☐☐☐☐		☐☐☐☐	
Source (arterial = 1, transcutaneous = 2; capillary = 3)	☐		☐		☐	
PaO_2 (mm Hg)	☐☐☐		☐☐☐		☐☐☐	
$PaCO_2$ (mm Hg)	☐☐☐		☐☐☐		☐☐☐	
pH	☐.☐☐		☐.☐☐		☐.☐☐	

3. **% O_2** ☐☐☐ ☐☐☐ ☐☐☐

4. **Ventilator Variables:**

a. **High Frequency Ventilator**

Ventilator rate (Hz)	☐☐	☐☐.	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐



4. **Ventilator Variables (con.)**

   Amplitude (cm H_2O)

   PIP (peak) (cm H_2O)

   $\bar{P}aw$ (cmH_2O)

   Flow rate (Lpm)

   b. Conventional Ventilator

   Ventilator rate (cpm)

   Inspiratory time (sec)

   PEEP(cm H_2O)

   PIP (cm H_2O)

   $\bar{P}aw$ (cm H_2O)

   Flow rate (Lpm)

5. **Sigh Data**

   Machine rate (cpm)

   Manual rate (cph)

   Inspiratory time (sec)

   PIP (peak) (cm H_2O)

   $\bar{P}aw$ (cm H_2O)

	☐☐☐	☐☐☐	☐☐☐
6. Medications			
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type
	Dose _____	Dose _____	Dose
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

G. After 28 days

Time Since Entry
(as specified in the protocol-in days)

	☐☐☐	☐☐☐	☐☐☐
1. Respiratory Support			
a CMV	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐
d. Nasal cannula/prongs	04 ☐	04 ☐	04 ☐
e Hood	05 ☐	05 ☐	05 ☐
2. Blood Gases:			
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2; capillary = 3)	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐
3. % O_2	☐☐☐	☐☐☐	☐☐☐
4. Ventilator Variables:			
a. High Frequency Ventilator			
Ventilator rate (Hz)	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐

4. **Ventilator Variables (con.)**

Amplitude (cm H_2O)

PIP (peak) (cm H_2O)

$\bar{P}aw$ (cmH_2O)

Flow rate (Lpm)

b. **Conventional Ventilator**

Ventilator rate (cpm)

Inspiratory time (sec)

PEEP(cm H_2O)

PIP (cm H_2O)

$\bar{P}aw$ (cm H_2O)

Flow rate (Lpm)

5. **Sigh Data**

Machine rate (cpm)

Manual rate (cph)

Inspiratory time (sec)

PIP (peak) (cm H_2O)

$\bar{P}aw$ (cm H_2O)

6. Medications	☐☐☐	☐☐☐	☐☐☐
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type
	Dose _____	Dose _____	Dose
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____

II. Nutrition, Environment, and Other Data

	Month / Day	Month / Day	Month / Day
A. Day	**Day 0**	**Day 1**	**Day2**
B. Nutrition			
1 Total Fluid Intake:			
a Parenteral (mL/24 hr)			
b Enteral (Kcal/24 hr)			
2 Caloric Intake (Kcal/24 hr)			
C. Weight (gm)			
D. Type of Bed (radiant warmer = 1; incubator = 2; open crib/bassinette = 3, other = 4)			
E. Urine (mL/24 hr)			

II. Nutrition, Environment, and Other Data (continued)

	Month / Day	Month / Day	Month / Day
A. Day	Day 3	Day 4	Day 5
B. Nutrition			
1 Total Fluid Intake:			
a Parenteral (mL/24 hr)			
b Enteral (Kcal/24 hr)			
2 Caloric Intake (Kcal/24 hr)			
C. Weight (gm)			
D. Type of Bed (radiant warmer = 1; incubator = 2; open crib/bassinette = 3, other = 4)			
E. Urine (mL/24 hr)			

II. Nutrition, Environment, and Other Data (continued)

	Month / Day	Month / Day	Month / Day	Month / Day
A. Day	**Day 7**	**Day 14**	**Day 21**	**Day 28**
B. Nutrition				
1 Total Fluid Intake:				
a Parenteral (mL/24 hr)				
b Enteral (Kcal/24 hr)				
2 Caloric Intake (Kcal/24 hr)				
C. Weight (gm)				
D. Type of Bed (radiant warmer = 1; incubator = 2; open crib/bassinette = 3; other = 4)				
E. Urine (mL/24 hr)				

II. Nutrition, Environment, and Other Data (continued)

	Month / Day	Month / Day	Month / Day
A. Day			
B Nutrition			
1 Total Fluid Intake:			
a Parenteral (mL/24 hr)			
b. Enteral (Kcal/24 hr)			
2 Caloric Intake (Kcal/24 hr)			
C. Weight (gm)			
D. Type of Bed (radiant warmer = 1; incubator = 2; open crib/bassinette = 3; other = 4)			
E. Urine (mL/24 hr)			

Signature of Clinical Coordinator _____ Date _____

II. Nutrition, Environment, and Other Data (continued)

	Month / Day	Month / Day	Month / Day
A. Day	☐☐☐	☐☐☐	☐☐☐
B Nutrition			
1. Total Fluid Intake:			
a Parenteral (mL/24 hr)	☐☐☐	☐☐☐	☐☐☐
b. Enteral (Kcal/24 hr)	☐☐☐	☐☐☐	☐☐☐
2 Caloric Intake (Kcal/24 hr)	☐☐☐	☐☐☐	☐☐☐
C. Weight (gm)	☐☐☐☐	☐☐☐☐	☐☐☐☐
D. Type of Bed (radiant warmer = 1; incubator = 2; open crib/bassinette = 3; other = 4)	☐	☐	☐
E. Urine (mL/24 hr)	☐☐☐	☐☐☐	☐☐☐

Signature of Clinical Coordinator _____ Date _____

FLOW DATA FORM

1. Infant ID .... ☐☐☐☐☐☐☐☐
2. Date of birth .... ☐☐ Month ☐☐ Day ☐☐ Year
3. Sex .... 01 ☐ Male 02 ☐ Female
4. Time Schedule of Ventilator Usage: *(exclude initial ventilator)*

Make	Model	Serial No.	Starting Date	Ending Date
			☐☐ Month ☐☐ Day ☐☐ Year ☐☐☐☐ Time	☐☐ Month ☐☐ Day ☐☐ Year ☐☐☐☐ Time
			☐☐ Month ☐☐ Day ☐☐ Year ☐☐☐☐ Time	☐☐ Month ☐☐ Day ☐☐ Year ☐☐☐☐ Time
			☐☐ Month ☐☐ Day ☐☐ Year ☐☐☐☐ Time	☐☐ Month ☐☐ Day ☐☐ Year ☐☐☐☐ Time
			☐☐ Month ☐☐ Day ☐☐ Year ☐☐☐☐ Time	☐☐ Month ☐☐ Day ☐☐ Year ☐☐☐☐ Time
			☐☐ Month ☐☐ Day ☐☐ Year ☐☐☐☐ Time	☐☐ Month ☐☐ Day ☐☐ Year ☐☐☐☐ Time

INFANT VENTILATOR DATA

I. Blood Gases, Ventilator, Cardiac Variables, and Medications

A. Qualifying Data:	Pre 1	Pre 2	Preentry
1. Ventilation			
On CMV	☐ 01	☐ 01	☐ 01
No mechanical ventilation	☐ 02	☐ 02	☐ 02
2. Blood Gases Date	☐☐ Month ☐☐ Day ☐☐ Year	☐☐ Month ☐☐ Day ☐☐ Year	☐☐ Month ☐☐ Day ☐☐ Year
Time (24-hr clock)	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1; transcutaneous = 2, capillary = 3	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐
3. a. % O_2 (22-100%)	☐☐☐	☐☐☐	☐☐☐
b. Nasal cannula (mL/minute of 100% O_2)	☐☐☐☐	☐☐☐☐	☐☐☐☐
4. Conventional ventilators			
Ventilator rate (cpm)	☐☐☐	☐☐☐	☐☐☐
Inspiratory time (sec)	☐☐	☐☐	☐☐
PEEP (cm H_2O)	☐☐	☐☐	☐☐
PIP (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐

	Pre 1	Pre 2	Preentry
4. Conventional ventilators (con.)			
$\bar{P}aw$ (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
Flow rate (Lpm)	☐☐	☐☐	☐☐
5. Cardiac/respiratory variables:			
Heart rate (bpm)	☐☐☐	☐☐☐	☐☐☐
Respiratory rate (bpm)	☐☐☐☐	☐☐☐☐	☐☐☐☐
Blood pressure—systolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—diastolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—Mean (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Method (direct = 1, indirect = 2)	☐	☐	☐
6. Medications			
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____

INFANT VENTILATOR DATA

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

B. Entry Data and Data Every Two Hours

Time Since Entry	2 hr	4 hr	6 hr
1. Respiratory Support			
a. CMV	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐
c. CPAP (nasal)	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐
e Hood	05 ☐	05 ☐	05 ☐
2. Blood Gases:			
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2; capillary = 3)	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐
3. % O_2	☐☐☐	☐☐☐	☐☐☐
4. HFV			
a. Ventilator Variables			
Ventilator rate (Hz)	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐

4. a. Ventilator Variables (con.)	2 hr	4 hr	6 hr
Amplitude (cm H_2O)	□□	□□	□□
PIP (peak) (cm H_2O)	□□	□□	□□
$\bar{P}aw$ (cmH_2O)	□□	□□	□□
Flow rate (Lpm)	□□	□□	□□
b. Machine Sigh Data			
Machine rate (cpm)	□□	□□	□□
Machine rate (cph)	□□	□□	□□
Inspiratory time (sec)	□□.□	□□.□	□□.□
PIP (peak) (cm H_2O)	□□.□	□□.□	□□.□
c. IHFO			
HFO rate (cpm)	□□	□□	□□
HFO rate (cph)	□□	□□	□□
Duration (sec)	□□	□□	□□
5. Conventional Ventilator			
Ventilator rate (cpm)	□□□	□□□	□□□
Inspiratory time (sec)	□□	□□	□□
PEEP(cm H_2O)	□□	□□	□□
PIP (cm H_2O)	□□.□	□□.□	□□.□
$\bar{P}aw$ (cm H_2O)	□□.□	□□.□	□□.□
Flow rate (Lpm)	□□	□□	□□

6. Cardiac/Respiratory Variables:	2 hr	4 hr	6 hr
Heart rate (bpm)	☐☐☐	☐☐☐	☐☐☐
Respiratory rate (bpm)	☐☐☐☐	☐☐☐☐	☐☐☐☐
Blood pressure—systolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—diastolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—mean (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Method (direct = 1; indirect = 2)	☐	☐	☐

7. Medications

	2 hr	4 hr	6 hr
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

C. Data Every Six Hours

Time Since Entry	12 hr	18 hr	24 hr	30 hr	36 hr
1. Respiratory Support					
a CMV	01 ☐	01 ☐	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐	04 ☐	04 ☐
e Hood	05 ☐	05 ☐	05 ☐	05 ☐	05 ☐
2. Blood Gases:					
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2, capillary = 3)	☐	☐	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐	☐.☐☐	☐.☐☐
3. % O_2	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
4. HFV					
a. Ventilator Variables					
Ventilator rate (Hz)	☐☐	☐☐	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐	☐☐.☐	☐☐.☐

4. a. **Ventilator Variables (con.)**

	12 hr	18 hr	24 hr	30 hr	36 hr
Amplitude (cm H_2O)	□□	□□	□□	□□	□□
PIP (peak) (cm H_2O)	□□	□□	□□	□□	□□
$\bar{P}aw$ (cmH_2O)	□□	□□	□□	□□	□□
Flow rate (Lpm)	□□	□□	□□	□□	□□
b. Machine Sigh Data					
Machine rate (cpm)	□□	□□	□□	□□	□□
Machine rate (cph)	□□	□□	□□	□□	□□
Inspiratory time (sec)	□□.□	□□.□	□□.□	□□.□	□□.□
PIP (peak) (cm H_2O)	□□.□	□□.□	□□.□	□□.□	□□.□
c. IHFO					
HFO rate (cpm)	□□	□□	□□	□□	□□
HFO rate (cph)	□□	□□	□□	□□	□□
Duration (sec)	□□	□□	□□	□□	□□
5. Conventional Ventilator					
Ventilator rate (cpm)	□□□	□□□	□□□	□□□	□□□
Inspiratory time (sec)	□□	□□	□□	□□	□□
PEEP(cm H_2O)	□□	□□	□□	□□	□□
PIP (cm H_2O)	□□.□	□□.□	□□.□	□□.□	□□.□
$\bar{P}aw$ (cm H_2O)	□□.□	□□.□	□□.□	□□.□	□□.□
Flow rate (Lpm)	□□	□□	□□	□□	□□

6. **Cardiac/Respiratory Variables:**

	12 hr	18 hr	24 hr	30 hr	36 hr
Heart rate (bpm)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Respiratory rate (bpm)	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Blood pressure—systolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Blood pressure—diastolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Blood pressure—mean (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Method (direct = 1; indirect = 2)	☐	☐	☐	☐	☐

7. **Medications**

	12 hr	18 hr	24 hr	30 hr	36 hr
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

D. Data Every Twelve Hours

Time Since Entry

	48 hr	60 hr	72 hr	84 hr	96 hr
1. Respiratory Support					
a CMV	01 ☐	01 ☐	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐	04 ☐	04 ☐
e Hood	05 ☐	05 ☐	05 ☐	05 ☐	05 ☐
2. Blood Gases:					
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2, capillary = 3)	☐	☐	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐	☐.☐☐	☐.☐☐
3. % O_2	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
4. HFV					
a. Ventilator Variables:					
Ventilator rate (Hz)	☐☐	☐☐	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐	☐☐.☐	☐☐.☐

4. a. Ventilator Variables (con.)

	48 hr	60 hr	72 hr	84 hr	96 hr
Amplitude (cm H_2O)					
PIP (peak) (cm H_2O)					
$\bar{P}aw$ (cmH_2O)					
Flow rate (Lpm)					
b. Machine Sigh Data					
Machine rate (cpm)					
Machine rate (cph)					
Inspiratory time (sec)	.	.	.	.	.
PIP (peak) (cm H_2O)	.	.	.	.	.
c. IHFO					
HFO rate (cpm)					
HFO rate (cph)					
Duration (sec)					

5. **Conventional Ventilator**

Ventilator rate (cpm)					
Inspiratory time (sec)					
PEEP(cm H_2O)					
PIP (cm H_2O)	.	.	.	.	.
$\bar{P}aw$ (cm H_2O)	.	.	.	.	.
Flow rate (Lpm)					

6. **Cardiac/Respiratory Variables:**

	48 hr	60 hr	72 hr	84 hr	96 hr
Heart rate (bpm)	☐☐☐				
Respiratory rate (bpm)	☐☐☐☐				
Blood pressure—systolic (mm Hg)	☐☐☐				
Blood pressure—diastolic (mm Hg)	☐☐☐				
Blood pressure—mean (mm Hg)	☐☐☐				
Method (direct = 1; indirect = 2)	☐				

7. **Medications**

	48 hr	60 hr	72 hr	84 hr	96 hr
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

E. Every Two or Three Days

Time Since Entry
(as specified in the protocol-in days)

	5 days	7 days	10 days
1. Respiratory Support			
a CMV	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐
e Hood	05 ☐	05 ☐	05 ☐
2. Blood Gases:			
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2; capillary = 3)	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐
3. % O_2	☐☐☐	☐☐☐	☐☐☐
4. HFV			
a. Ventilator Variables:			
Ventilator rate (Hz)	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐

4. a. **Ventilator Variables (con.)**

	5 days	7 days	10 days
Amplitude (cm H_2O)	□□	□□	□□
PIP (peak) (cm H_2O)	□□	□□	□□
$\bar{P}aw$ (cmH_2O)	□□	□□	□□
Flow rate (Lpm)	□□	□□	□□
b. Machine Sigh Data			
Machine rate (cpm)	□□	□□	□□
Machine rate (cph)	□□	□□	□□
Inspiratory time (sec)	□□.□	□□.□	□□.□
PIP (peak) (cm H_2O)	□□.□	□□.□	□□.□
c. IHFO			
HFO rate (cpm)	□□	□□	□□
HFO rate (cph)	□□	□□	□□
Duration (sec)	□□	□□	□□
5. Conventional Ventilator			
Ventilator rate (cpm)	□□□	□□□	□□□
Inspiratory time (sec)	□□	□□	□□
PEEP(cm H_2O)	□□	□□	□□
PIP (cm H_2O)	□□.□	□□.□	□□.□
$\bar{P}aw$ (cm H_2O)	□□.□	□□.□	□□.□
Flow rate (Lpm)	□□	□□	□□

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

F. Every Seven Days

	14 days	21 days	28 days
Time Since Entry (as specified in the protocol-in days)			
1 Respiratory Support			
a CMV	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐
e Hood	05 ☐	05 ☐	05 ☐
2 **Blood Gases:**			
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1 transcutaneous = 2, capillary = 3)	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐
3. % O_2	☐☐☐	☐☐☐	☐☐☐
4. **HFV**			
a. **Ventilator Variables:**			
Ventilator rate (Hz)	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐

4. a. **Ventilator Variables (con.)**

	14 days	21 days	28 days
Amplitude (cm H_2O)	☐☐	☐☐	☐☐
PIP (peak) (cm H_2O)	☐☐	☐☐	☐☐
$\bar{P}aw$ (cmH_2O)	☐☐	☐☐	☐☐
Flow rate (Lpm)	☐☐	☐☐	☐☐
b. Machine Sigh Data			
Machine rate (cpm)	☐☐	☐☐	☐☐
Machine rate (cph)	☐☐	☐☐	☐☐
Inspiratory time (sec)	☐☐.☐	☐☐.☐	☐☐.☐
PIP (peak) (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
c. IHFO			
HFO rate (cpm)	☐☐	☐☐	☐☐
HFO rate (cph)	☐☐	☐☐	☐☐
Duration (sec)	☐☐	☐☐	☐☐
5. Conventional Ventilator			
Ventilator rate (cpm)	☐☐☐	☐☐☐	☐☐☐
Inspiratory time (sec)	☐☐	☐☐	☐☐
PEEP(cm H_2O)	☐☐	☐☐	☐☐
PIP (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
$\bar{P}aw$ (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
Flow rate (Lpm)	☐☐	☐☐	☐☐

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

G. After 28 days

Time Since Entry
(as specified in the protocol-in days) ☐☐☐ ☐☐☐ ☐☐☐

1. Respiratory Support

a CMV	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐
e Hood	05 ☐	05 ☐	05 ☐

2. Blood Gases:

Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2, capillary = 3)	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐

3. % O_2 ☐☐☐ ☐☐☐ ☐☐☐

4. HFV

a. Ventilator Variables:

Ventilator rate (Hz)	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐

4. a. **Ventilator Variables (con.)**

Amplitude (cm H_2O)

PIP (peak) (cm H_2O)

$\bar{P}aw$ (cmH_2O)

Flow rate (Lpm)

b. **Machine Sigh Data**

Machine rate (cpm)

Machine rate (cph)

Inspiratory time (sec)

PIP (peak) (cm H_2O)

c. **IHFO**

HFO rate (cpm)

HFO rate (cph)

Duration (sec)

5. **Conventional Ventilator**

Ventilator rate (cpm)

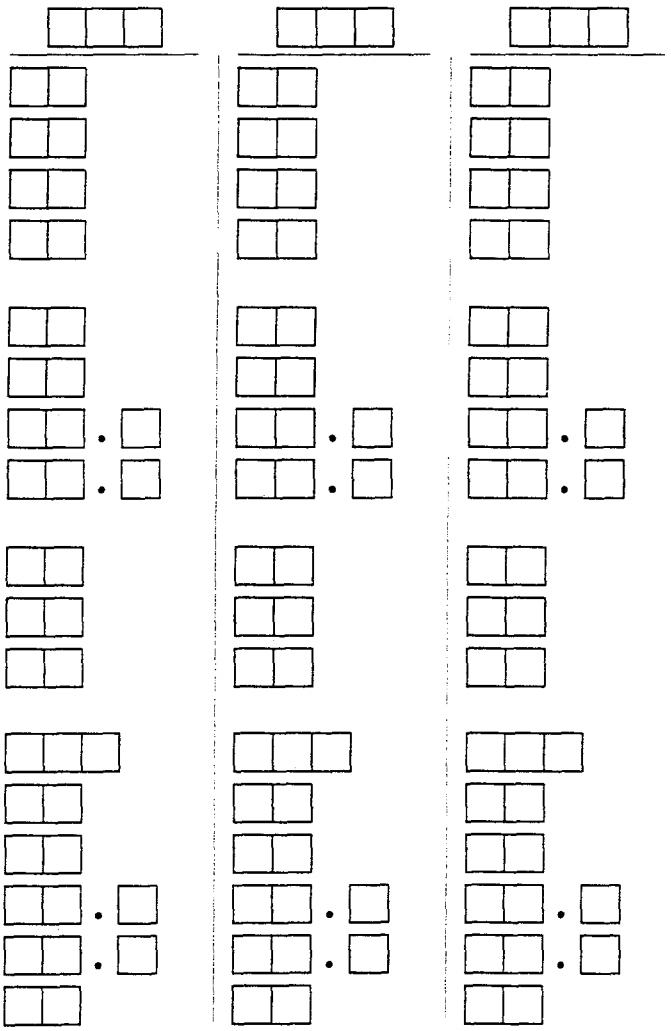
Inspiratory time (sec)

PEEP(cm H_2O)

PIP (cm H_2O)

$\bar{P}aw$ (cm H_2O)

Flow rate (Lpm)



I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

G. After 28 days

Time Since Entry
(as specified in the protocol-in days) ☐☐☐ ☐☐☐ ☐☐☐

1. **Respiratory Support**

a CMV	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐
e Hood	05 ☐	05 ☐	05 ☐

2. **Blood Gases:**

Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2; capillary = 3)	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐

3. **% O_2** ☐☐☐ ☐☐☐ ☐☐☐

4. **HFV**

a. Ventilator Variables:

Ventilator rate (Hz)	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐

4. a. **Ventilator Variables (con.)**

Amplitude (cm H_2O)

PIP (peak) (cm H_2O)

$\bar{P}aw$ (cmH_2O)

Flow rate (Lpm)

b. **Machine Sigh Data**

Machine rate (cpm)

Machine rate (cph)

Inspiratory time (sec)

PIP (peak) (cm H_2O)

c. **IHFO**

HFO rate (cpm)

HFO rate (cph)

Duration (sec)

5. **Conventional Ventilator**

Ventilator rate (cpm)

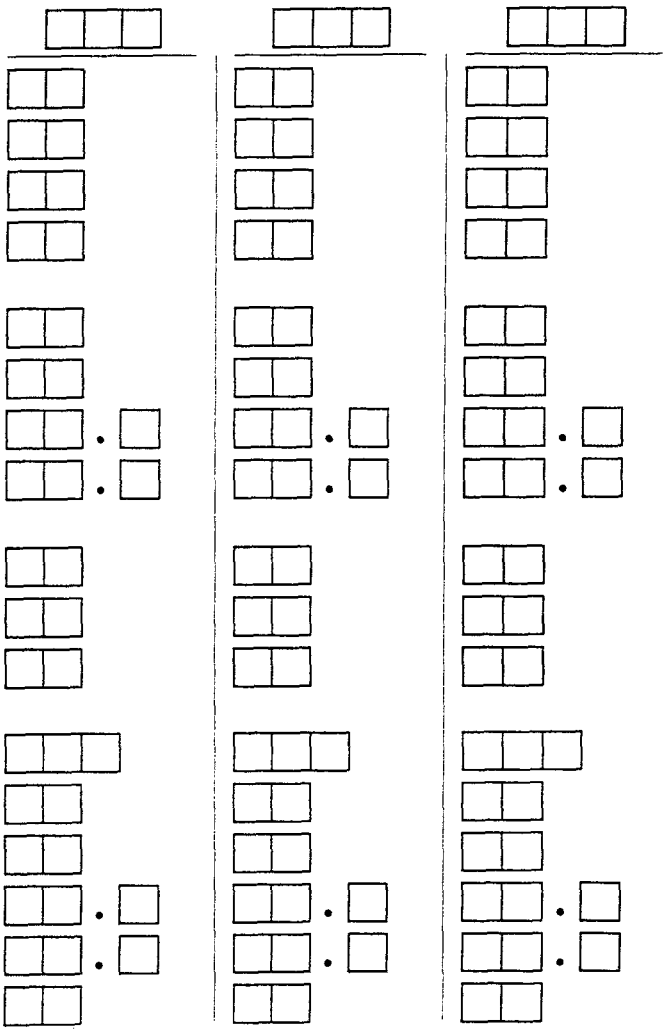
Inspiratory time (sec)

PEEP(cm H_2O)

PIP (cm H_2O)

$\bar{P}aw$ (cm H_2O)

Flow rate (Lpm)



II. Nutrition, Environment, and Other Data

	Month / Day	Month / Day	Month / Day
A. Day	**Day 0**	**Day 1**	**Day2**
B. Nutrition			
1 Total Fluid Intake:			
a Parenteral (mL/24 hr)			
b Enteral (mL/24 hr)			
2 Caloric Intake (Kcal/24 hr)			
C. Weight (gm)			
D. Type of Bed (radiant warmer = 1; incubator = 2; open crib/bassinette = 3; other = 4)			
E. Urine (mL/24 hr)			

II. Nutrition, Environment, and Other Data (continued)

	Month	Day	Month	Day	Month	Day
A. Day	Day 3		Day 4		Day 5	
B. Nutrition						
1 Total Fluid Intake						
a Parenteral (mL/24 hr)						
b Enteral (mL/24 hr)						
2 Caloric Intake (Kcal/24 hr)						
C. Weight (gm)						
D. Type of Bed (radiant warmer = 1, incubator = 2, open crib/bassinette = 3; other = 4)						
E. Urine (mL/24 hr)						

II. **Nutrition, Environment, and Other Data** (continued)

	Month / Day	Month / Day	Month / Day	Month / Day
A Day	**Day 7**	**Day 14**	**Day 21**	**Day 28**
B Nutrition				
1 Total Fluid Intake				
a Parenteral (mL/24 hr)	☐☐☐	☐☐☐	☐☐☐	☐☐☐
b Enteral (mL/24 hr)	☐☐☐	☐☐☐	☐☐☐	☐☐☐
2 Caloric Intake (Kcal/24 hr)	☐☐☐	☐☐☐	☐☐☐	☐☐☐
C. Weight (gm)	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
D Type of Bed (radiant warmer = 1, incubator = 2, open crib/bassinette = 3, other = 4)	☐	☐	☐	☐
E. Urine (mL/24 hr)	☐☐☐	☐☐☐	☐☐☐	☐☐☐

II. Nutrition, Environment, and Other Data (continued)

	Month Day	Month Day	Month Day
A. Day			
B Nutrition			
1 Total Fluid Intake:			
a Parenteral (mL/24 hr)			
b Enteral (mL/24 hr)			
2 Caloric Intake (Kcal/24 hr)			
C. Weight (gm)			
D. Type of Bed (radiant warmer = 1; incubator = 2; *open crib/bassinette = 3; other = 4*)			
E. Urine (mL/24 hr)			

Signature of Clinical Coordinator _____ Date _____

II. Nutrition, Environment, and Other Data (continued)

	Month / Day	Month / Day	Month / Day
A Day	☐☐☐	☐☐☐	☐☐☐
B Nutrition			
1 Total Fluid Intake			
a *Parenteral (mL/24 hr)*	☐☐☐	☐☐☐	☐☐☐
b Enteral (mL/24 hr)	☐☐☐	☐☐☐	☐☐☐
2 Caloric Intake (Kcal/24 hr)	☐☐☐	☐☐☐	☐☐☐
C. **Weight** (gm)	☐☐☐☐	☐☐☐☐	☐☐☐☐
D **Type of Bed** (radiant warmer = 1, incubator = 2, open crib/bassinette = 3, other = 4)	☐	☐	☐
E. **Urine** (mL/24 hr)	☐☐☐	☐☐☐	☐☐☐

Signature of Clinical Coordinator _____ Date _____

FLOW DATA FORM

1. Infant ID .... [ ][ ][ ][ ][ ][ ][ ][ ]

2. Date of birth .... [ ][ ] Month [ ][ ] Day [ ][ ] Year

3. Sex .... 01 [ ] Male 02 [ ] Female

4. Time Schedule of Ventilator Usage: *(exclude initially assigned ventilator)*

Make	Model	Serial No.	Starting Date	Ending Date
______	______	______	Month / Day / Year; Time	Month / Day / Year; Time
______	______	______	Month / Day / Year; Time	Month / Day / Year; Time
______	______	______	Month / Day / Year; Time	Month / Day / Year; Time
______	______	______	Month / Day / Year; Time	Month / Day / Year; Time
______	______	______	Month / Day / Year; Time	Month / Day / Year; Time

INFANT VENTILATOR DATA

I. Blood Gases, Ventilator, Cardiac Variables, and Medications

A. Qualifying Data:

	Pre 1	Pre 2	Preentry
1. Ventilation			
On CMV	☐ 01	☐ 01	☐ 01
No mechanical ventilation	☐ 02	☐ 02	☐ 02
2. Blood Gases Date	☐☐ Month ☐☐ Day ☐☐ Year	☐☐ Month ☐☐ Day ☐☐ Year	☐☐ Month ☐☐ Day ☐☐ Year
Time (24-hr clock)	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2, capillary = 3, venous = 4)	Source ☐	Source ☐	Source ☐
PaO_2 (mm Hg)	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐
$PaCO_2$ (mm Hg)	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐
pH	☐.☐☐ ☐	☐.☐☐ ☐	☐.☐☐ ☐
a. O_2 Saturation % (pulse oximeter)	☐☐☐	☐☐☐	☐☐☐
3. % O_2 (22-100%)	☐☐☐	☐☐☐	☐☐☐
4. Conventional ventilators			
Ventilator rate (cpm)	☐☐☐	☐☐☐	☐☐☐
Inspiratory time (sec)	☐.☐☐	☐.☐☐	☐.☐☐
PEEP (cm H_2O)	☐☐	☐☐	☐☐
PIP (cm H_2O)	☐☐	☐☐	☐☐

	Pre 1	Pre 2	Preentry
4. Conventional ventilators (con.)			
$\bar{P}aw$ (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
Flow rate (Lpm)	☐☐.☐	☐☐.☐	☐☐.☐
5. Cardiac/respiratory variables:			
Heart rate (bpm)	☐☐☐	☐☐☐	☐☐☐
Respiratory rate (bpm)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—systolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—diastolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—Mean (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Method (direct = 1; indirect = 2)	☐	☐	☐
6. Medications			
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____

INFANT VENTILATOR DATA

Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

B. Entry Data and Data Every Two Hours

Time Since Entry	**2 hr**	**4 hr**	**6 hr**
1. Respiratory Support			
a CMV	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐
e Hood/isolette	05 ☐	05 ☐	05 ☐
2. Blood Gases:			
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2, capillary = 3, venous = 4)	**Source** ☐	**Source** ☐	**Source** ☐
PaO_2 (mm Hg)	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐
$PaCO_2$ (mm Hg)	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐
pH	☐.☐☐ ☐	☐.☐☐ ☐	☐.☐☐ ☐
a. O_2 Saturation % (pulse oximeter)	☐☐☐	☐☐☐	☐☐☐
3. a. % O_2 (22-100%)	☐☐☐	☐☐☐	☐☐☐
b. Nasal cannula (mL/min of 100% O_2)	☐☐☐☐	☐☐☐☐	☐☐☐☐
4. HFV			
a. Ventilator Variables			
Ventilator rate (Hz)	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐

4. a. **Ventilator Variables (con.)**

	2 hr	4 hr	6 hr
Amplitude (cm H_2O)			
PIP (peak) (cm H_2O)			
$\bar{P}aw$ (cmH_2O)			
Flow rate (Lpm)	.	.	.
b. Machine Sigh Data			
Machine rate (cpm)			
Machine rate (cph)			
Inspiratory time (sec)	.	.	.
PIP (peak) (cm H_2O)			
c. IHFO			
HFO rate (cpm)			
HFO rate (cph)			
Duration (sec)			
5. Conventional Ventilator			
Ventilator rate (cpm)			
Inspiratory time (sec)	.	.	.
PEEP(cm H_2O)			
PIP (cm H_2O)			
$\bar{P}aw$ (cm H_2O)	.	.	.
Flow rate (Lpm)	.	.	.

6. Cardiac/Respiratory Variables:	2 hr	4 hr	6 hr
Heart rate (bpm)	☐☐☐	☐☐☐	☐☐☐
Respiratory rate (bpm)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—systolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—diastolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Blood pressure—mean (mm Hg)	☐☐☐	☐☐☐	☐☐☐
Method (direct = 1; indirect = 2)	☐	☐	☐
7. Medications			
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____

Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

C. Data Every Six Hours

Time Since Entry	12 hr	18 hr	24 hr	30 hr	36 hr
1. Respiratory Support					
a CMV	01 ☐	01 ☐	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐	04 ☐	04 ☐
e Hood/isolette	05 ☐	05 ☐	05 ☐	05 ☐	05 ☐
2. **Blood Gases:**					
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2, capillary = 3, venous = 4)	**Source** ☐	**Source** ☐	**Source** ☐	**Source** ☐	**Source** ☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐	☐.☐☐	☐.☐☐
a. **O_2 Saturation %** (pulse oximeter)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
3. a. **% O_2** (22-100%)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
b. **Nasal cannula** (mL/min of 100% O_2)	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
4. **HFV**					
a. **Ventilator Variables**					
Ventilator rate (Hz)	☐☐	☐☐	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐	☐☐.☐	☐☐.☐

4. a. **Ventilator Variables (con.)**

	12 hr	18 hr	24 hr	30 hr	36 hr
Amplitude (cm H_2O)					
PIP (peak) (cm H_2O)					
$\bar{P}aw$ (cmH_2O)					
Flow rate (Lpm)	.	.	.	.	.
b. Machine Sigh Data					
Machine rate (cpm)					
Machine rate (cph)					
Inspiratory time (sec)	.	.	.	.	.
PIP (peak) (cm H_2O)					
c. IHFO					
HFO rate (cpm)					
HFO rate (cph)					
Duration (sec)					

5. **Conventional Ventilator**

Ventilator rate (cpm)					
Inspiratory time (sec)	.	.	.	.	.
PEEP(cm H_2O)					
PIP (cm H_2O)					
$\bar{P}aw$ (cm H_2O)	.	.	.	.	.
Flow rate (Lpm)	.	.	.	.	.

6. Cardiac/Respiratory Variables:

	12 hr	18 hr	24 hr	30 hr	36 hr
Heart rate (bpm)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Respiratory rate (bpm)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Blood pressure—systolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Blood pressure—diastolic (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Blood pressure—mean (mm Hg)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Method (direct = 1; indirect = 2)	☐	☐	☐	☐	☐

7. Medications

	12 hr	18 hr	24 hr	30 hr	36 hr
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

D. Data Every Twelve Hours

Time Since Entry	48 hr	60 hr	72 hr	84 hr	96 hr
1. Respiratory Support					
a CMV	01 ☐	01 ☐	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐	03 ☐	03 ☐
d. Nasal cannula/prongs	04 ☐	04 ☐	04 ☐	04 ☐	04 ☐
e. Hood/isolette	05 ☐	05 ☐	05 ☐	05 ☐	05 ☐
2. Blood Gases:					
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1; transcutaneous = 2; capillary = 3; venous = 4)	Source ☐	Source ☐	Source ☐	Source ☐	Source ☐
PaO_2 (mm Hg)	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐
$PaCO_2$ (mm Hg)	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐
pH	☐.☐☐ ☐	☐.☐☐ ☐	☐.☐☐ ☐	☐.☐☐ ☐	☐.☐☐ ☐
a. O_2 Saturation % (pulse oximeter)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
3. a. % O_2 (22-100%)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
b. Nasal cannula (mL/min of 100% O_2)	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
4. HFV					
a. Ventilator Variables					
Ventilator rate (Hz)	☐☐	☐☐	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐	☐☐.☐	☐☐.☐

4. a. Ventilator Variables (con.)

	48 hr	60 hr	72 hr	84 hr	96 hr
Amplitude (cm H_2O)	□□	□□	□□	□□	□□
PIP (peak) (cm H_2O)	□□	□□	□□	□□	□□
$\bar{P}$aw (cm H_2O)	□□	□□	□□	□□	□□
Flow rate (Lpm)	□□.□	□□.□	□□.□	□□.□	□□.□
b. Machine Sigh Data					
Machine rate (cpm)	□□	□□	□□	□□	□□
Machine rate (cph)	□□	□□	□□	□□	□□
Inspiratory time (sec)	□□.□	□□.□	□□.□	□□.□	□□.□
PIP (peak) (cm H_2O)	□□	□□	□□	□□	□□
c. IHFO					
HFO rate (cpm)	□□	□□	□□	□□	□□
HFO rate (cph)	□□	□□	□□	□□	□□
Duration (sec)	□□	□□	□□	□□	□□
5. Conventional Ventilator					
Ventilator rate (cpm)	□□□	□□□	□□□	□□□	□□□
Inspiratory time (sec)	□.□□	□.□□	□.□□	□.□□	□.□□
PEEP(cm H_2O)	□□	□□	□□	□□	□□
PIP (cm H_2O)	□□	□□	□□	□□	□□
$\bar{P}$aw (cm H_2O)	□□.□	□□.□	□□.□	□□.□	□□.□
Flow rate (Lpm)	□□.□	□□.□	□□.□	□□.□	□□.□

6. Cardiac/Respiratory Variables:	48 hr	60 hr	72 hr	84 hr	96 hr
Heart rate (bpm)	☐☐☐				
Respiratory rate (bpm)	☐☐☐				
Blood pressure—systolic (mm Hg)	☐☐☐				
Blood pressure—diastolic (mm Hg)	☐☐☐				
Blood pressure—mean (mm Hg)	☐☐☐				
Method (direct = 1; indirect = 2)	☐				

7. Medications	48 hr	60 hr	72 hr	84 hr	96 hr
Sodium bicarbonate/THAM	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Vasopressors	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Volume expanders	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____
Muscle relaxants	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No	01 ☐ Yes 02 ☐ No
	Type _____	Type _____	Type _____	Type _____	Type _____
	Dose _____	Dose _____	Dose _____	Dose _____	Dose _____

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

E. Every Two or Three Days

Time Since Entry
(as specified in the protocol-in days)

	5 days	7 days	10 days
1. Respiratory Support			
a CMV	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐
c. CPAP (nasal)	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐
e. Hood/isolette	05 ☐	05 ☐	05 ☐
2. Blood Gases:			
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1, transcutaneous = 2; capillary = 3; venous = 4)	Source	Source	Source
PaO_2 (mm Hg)	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐
$PaCO_2$ (mm Hg)	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐
pH	☐.☐☐ ☐	☐.☐☐ ☐	☐.☐☐ ☐
a. O_2 Saturation % (pulse oximeter)	☐☐☐	☐☐☐	☐☐☐
3. a. % O_2 (22-100%)	☐☐☐	☐☐☐	☐☐☐
b. Nasal cannula (mL/min of 100% O_2)	☐☐☐☐	☐☐☐☐	☐☐☐☐
4. HFV			
a. Ventilator Variables			
Ventilator rate (Hz)	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐

4. a. Ventilator Variables (con.)	5 days	7 days	10 days
Amplitude (cm H_2O)	☐☐	☐☐	☐☐
PIP (peak) (cm H_2O)	☐☐	☐☐	☐☐
$\bar{P}aw$ (cmH_2O)	☐☐	☐☐	☐☐
Flow rate (Lpm)	☐☐.☐	☐☐.☐	☐☐.☐
b. Machine Sigh Data			
Machine rate (cpm)	☐☐	☐☐	☐☐
Machine rate (cph)	☐☐	☐☐	☐☐
Inspiratory time (sec)	☐☐.☐	☐☐.☐	☐☐.☐
PIP (peak) (cm H_2O)	☐☐	☐☐	☐☐
c. IHFO			
HFO rate (cpm)	☐☐	☐☐	☐☐
HFO rate (cph)	☐☐	☐☐	☐☐
Duration (sec)	☐☐	☐☐	☐☐
5. Conventional Ventilator			
Ventilator rate (cpm)	☐☐☐	☐☐☐	☐☐☐
Inspiratory time (sec)	☐.☐☐	☐.☐☐	☐.☐☐
PEEP(cm H_2O)	☐☐	☐☐	☐☐
PIP (cm H_2O)	☐☐	☐☐	☐☐
$\bar{P}aw$ (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
Flow rate (Lpm)	☐☐.☐	☐☐.☐	☐☐.☐

Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

F. Every Seven Days

	14 days	21 days	28 days
Time Since Entry (as specified in the protocol-in days)			
1. Respiratory Support			
a CMV	01 ☐	01 ☐	01 ☐
b HFV	02 ☐	02 ☐	02 ☐
c CPAP (nasal)	03 ☐	03 ☐	03 ☐
d Nasal cannula/prongs	04 ☐	04 ☐	04 ☐
e *Hood/isolette*	05 ☐	05 ☐	05 ☐
2. Blood Gases:			
Date	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day	☐☐ Month ☐☐ Day
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source (arterial = 1; transcutaneous = 2; capillary = 3; venous = 4)	**Source** ☐	**Source** ☐	**Source** ☐
PaO_2 (mm Hg)	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐
$PaCO_2$ (mm Hg)	☐☐☐ ☐	☐☐☐ ☐	☐☐☐ ☐
pH	☐.☐☐ ☐	☐.☐☐ ☐	☐.☐☐ ☐
a. O_2 Saturation % (pulse oximeter)	☐☐☐	☐☐☐	☐☐☐
3. a. % O_2 (22-100%)	☐☐☐	☐☐☐	☐☐☐
b. Nasal cannula (mL/min of 100% O_2)	☐☐☐☐	☐☐☐☐	☐☐☐☐
4. HFV			
a. Ventilator Variables			
Ventilator rate (Hz)	☐☐	☐☐	☐☐
Stroke volume (mL)	☐☐.☐	☐☐.☐	☐☐.☐

4. a. Ventilator Variables (con.)	14 days	21 days	28 days
Amplitude (cm H_2O)	□□	□□	□□
PIP (peak) (cm H_2O)	□□	□□	□□
$\bar{P}aw$ (cmH_2O)	□□	□□	□□
Flow rate (Lpm)	□□.□	□□.□	□□.□
b. Machine Sigh Data			
Machine rate (cpm)	□□	□□	□□
Machine rate (cph)	□□	□□	□□
Inspiratory time (sec)	□□.□	□□.□	□□.□
PIP (peak) (cm H_2O)	□□	□□	□□
c. IHFO			
HFO rate (cpm)	□□	□□	□□
HFO rate (cph)	□□	□□	□□
Duration (sec)	□□	□□	□□
5. Conventional Ventilator			
Ventilator rate (cpm)	□□□	□□□	□□□
Inspiratory time (sec)	□.□□	□.□□	□.□□
PEEP(cm H_2O)	□□	□□	□□
PIP (cm H_2O)	□□	□□	□□
$\bar{P}aw$ (cm H_2O)	□□.□	□□.□	□□.□
Flow rate (Lpm)	□□.□	□□.□	□□.□

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

G. After 28 days

Time Since Entry
(as specified in the protocol-in days)

1. **Respiratory Support**
   - a. CMV — 01
   - b. HFV — 02
   - c. CPAP (nasal) — 03
   - d. Nasal cannula/prongs — 04
   - e. Hood/isolette — 05
2. **Blood Gases:**
   - Date (Month / Day)
   - Time
   - Source (arterial = 1; transcutaneous = 2; capillary = 3; venous = 4) — Source
   - **PaO_2 (mm Hg)**
   - **$PaCO_2$ (mm Hg)**
   - **pH**
   - a. **O_2 Saturation %** (pulse oximeter)
3. a. **% O_2** (22-100%)
   - b. **Nasal cannula** (mL/min of 100% O_2)
4. **HFV**
   - a. **Ventilator Variables**
     - Ventilator rate (Hz)
     - Stroke volume (mL)

4. a. **Ventilator Variables (con.)**

Amplitude (cm H_2O)	□□	□□	□□
PIP (peak) (cm H_2O)	□□	□□	□□
$\bar{P}aw$ (cmH_2O)	□□	□□	□□
Flow rate (Lpm)	□□.□	□□.□	□□.□

b. **Machine Sigh Data**

Machine rate (cpm)	□□	□□	□□
Machine rate (cph)	□□	□□	□□
Inspiratory time (sec)	□□.□	□□.□	□□.□
PIP (peak) (cm H_2O)	□□	□□	□□

c. **IHFO**

HFO rate (cpm)	□□	□□	□□
HFO rate (cph)	□□	□□	□□
Duration (sec)	□□	□□	□□

5. **Conventional Ventilator**

Ventilator rate (cpm)	□□□	□□□	□□□
Inspiratory time (sec)	□.□□	□.□□	□.□□
PEEP(cm H_2O)	□□	□□	□□
PIP (cm H_2O)	□□	□□	□□
$\bar{P}aw$ (cm H_2O)	□□.□	□□.□	□□.□
Flow rate (Lpm)	□□.□	□□.□	□□.□

I. Blood Gases, Ventilator, Cardiac Variables, and Medications (continued)

G. After 28 days

Time Since Entry
(as specified in the protocol-in days)

1. Respiratory Support

a CMV 01

b HFV 02

c CPAP (nasal) 03

d Nasal cannula/prongs 04

e Hood/isolette 05

2. Blood Gases:

Date (Month / Day)

Time

Source (arterial = 1; transcutaneous = 2; capillary = 3; venous = 4) — Source

PaO_2 (mm Hg)

$PaCO_2$ (mm Hg)

pH

a. O_2 Saturation % (pulse oximeter)

3. a. % O_2 (22-100%)

b. Nasal cannula (mL/min of 100% O_2)

4. HFV

a. Ventilator Variables

Ventilator rate (Hz)

Stroke volume (mL)

4. a. **Ventilator Variables (con.)**

Amplitude (cm H_2O)

PIP (peak) (cm H_2O)

$\bar{P}aw$ (cmH_2O)

Flow rate (Lpm)

b. **Machine Sigh Data**

Machine rate (cpm)

Machine rate (cph)

Inspiratory time (sec)

PIP (peak) (cm H_2O)

c. **IHFO**

HFO rate (cpm)

HFO rate (cph)

Duration (sec)

5. **Conventional Ventilator**

Ventilator rate (cpm)

Inspiratory time (sec)

PEEP(cm H_2O)

PIP (cm H_2O)

$\bar{P}aw$ (cm H_2O)

Flow rate (Lpm)

Nutrition, Environment, and Other Data

	Month / Day	Month / Day	Month / Day
A. Day	**Day 0**	**Day 1**	**Day2**
B. Nutrition			
1 Total Fluid Intake:			
a Parenteral (mL/24 hr)			
b Enteral (mL/24 hr)			
2 Caloric Intake (Kcal/24 hr)			
C. Weight (gm)			
D. Type of Bed (radiant warmer = 1; incubator = 2; open crib/bassinette = 3; other = 4)			
E. Urine (mL/24 hr)			

II. Nutrition, Environment, and Other Data (continued)

	Month / Day	Month / Day	Month / Day
A. Day	**Day 3**	**Day 4**	**Day 5**
B. Nutrition			
1 Total Fluid Intake:			
a Parenteral (mL/24 hr)			
b Enteral (mL/24 hr) .			
2 Caloric Intake (Kcal/24 hr)			
C. Weight (gm) . .			
D. Type of Bed (radiant warmer = 1; incubator = 2; open crib/bassinette = 3; other = 4) .			
E. Urine (mL/24 hr)			

II. Nutrition, Environment, and Other Data (continued)

	Month / Day	Month / Day	Month / Day	Month / Day
A. **Day**	**Day 7**	**Day 14**	**Day 21**	**Day 28**
B. **Nutrition**				
1 Total Fluid Intake				
a Parenteral (mL/24 hr)	☐☐☐	☐☐☐	☐☐☐	☐☐☐
b Enteral (mL/24 hr)	☐☐☐	☐☐☐	☐☐☐	☐☐☐
2 Caloric Intake (Kcal/24 hr)	☐☐☐	☐☐☐	☐☐☐	☐☐☐
C. **Weight** (gm)	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
D. **Type of Bed** (radiant warmer = 1, incubator = 2; open crib/bassinette = 3; other = 4)	☐	☐	☐	☐
E. **Urine** (mL/24 hr)	☐☐☐	☐☐☐	☐☐☐	☐☐☐

II. Nutrition, Environment, and Other Data (continued)

	Month / Day	Month / Day	Month / Day
A. Day			
B. Nutrition			
1. Total Fluid Intake:			
a. Parenteral (mL/24 hr)			
b. Enteral (mL/24 hr)			
2. Caloric Intake (Kcal/24 hr)			
C. Weight (gm)			
D. Type of Bed (radiant warmer = 1; incubator = 2; open crib/bassinette = 3; other = 4)			
E. Urine (mL/24 hr)			

II. Nutrition, Environment, and Other Data (continued)

	Month / Day	Month / Day	Month / Day
A. Day			
B Nutrition			
1 Total Fluid Intake			
a Parenteral (mL/24 hr)			
b Enteral (mL/24 hr)			
2 Caloric Intake (Kcal/24 hr)			
C. Weight (gm)			
D. Type of Bed (radiant warmer = 1, incubator = 2, open crib/bassinette = 3, other = 4)			
E. Urine (mL/24 hr)			

Signature of Clinical Coordinator _____ Date _____

PROTOCOL INTERRUPTION

1. Infant ID Number ..... ☐☐☐☐☐☐☐☐

2. Date of Birth ..... Month ☐☐ Day ☐☐ Year ☐☐

3. Sex ..... Male ☐ 01 Female ☐ 02

4. Ventilator at the time of interruption: CMV ☐ 01 HFV ☐ 02

Duration of Interruption:

	Month	Day	Year	Time
from:	☐☐	☐☐	☐☐	☐☐☐☐
to:	☐☐	☐☐	☐☐	☐☐☐☐

Reason for Interruption:

_____

_____

INTERIM VISIT
(9 Months Post-Term)

1. Infant ID Number ..... [ ][ ][ ][ ][ ][ ][ ][ ]

Month Day Year

2. Date of Examination ..... [ ][ ] [ ][ ] [ ][ ]

3. Post-Term Age ..... [ ][ ] months

4. Infant Status at the Time of Examination:

[ ] 01 Outpatient [ ] 02 Inpatient

If Inpatient: [ ] 01 Study Hospital [ ] 02 Other Hospital

5. Ventilatory Support:

A. Current Ventilatory Aid:

1. None ..... ☐ 01

2. Conventional Mechanical Ventilation ..... ☐ 02

3. High Frequency Ventilation ..... ☐ 03

4. Continuous Distending Airway Pressure (CDAP) ..... ☐ 04

5. O_2 Therapy ..... ☐ 05

	Yes	No
a) Continuous	☐ 01	☐ 02

1) % O_2 (22-100%) ..... ☐☐☐

2) Nasal Cannula ..... ☐☐☐☐
(L/minutes of 100% O_2)

	Yes	No
b) Intermittent O_2 Supplementation	☐ 01	☐ 02

B. If O_2 Therapy was discontinued after initial discharge,

	Month	Day	Year
record date	☐☐	☐☐	☐☐

6. Current Medications:

A. Diuretics ..... ☐ 01

B. Bronchodilators ..... ☐ 02

1) Systemic ..... ☐ 01

2) Aerosolized ..... ☐ 02

C. Others (SPECIFY) _____ ... ☐ 03

7. Respiratory Tract Complications Since Initial Discharge to Home:

A. Infections:	None	1-2	More Than 2
1. Otitis Media	☐ 01	☐ 02	☐ 03
2. Upper respiratory infections	☐ 01	☐ 02	☐ 03
3. Lower respiratory infections	☐ 01	☐ 02	☐ 03

B. Number of hospital admissions for respiratory infections ..... ☐☐

(Total) duration of hospital stay since original discharge for respiratory infections ☐☐☐ days

C. Number of hospital admissions for respiratory problems other than infections: ☐☐

Specify: _____

_____

Total Duration of hospital stay since original discharge for other respiratory problems ☐☐☐ days

8. Hospital Admissions For <u>All</u> Causes Since Discharge to Home:

A. Number of admissions since original discharge for all causes ..... ☐☐

Specify cause(s): _____

_____

B. (Total) duration of hospital stay since original discharge for all causes ☐☐☐ days

********** PHYSICAL EXAMINATION **********

9. Condition During Exam:

Satisfactory (infant cooperative) ..... ☐ 01

Suboptimal (SPECIFY) _____ ... ☐ 02

10. Growth Measurements:

A. Weight ..... ☐☐•☐☐ kg

B. Length ..... ☐☐•☐ cm

C. Head Circumference ..... ☐☐•☐ cm

D. Temperature ..... ☐☐•☐ °C

11. Respiratory System:

	At Rest	After Exercise (pull to sit x 3)
A. Rate (breaths per minute)	☐☐☐	☐☐☐

	At Rest		After Exercise (pull to sit x 3)	
	Yes	No	Yes	No
B. Retractions	☐ 01	☐ 02	☐ 01	☐ 02
C. Stridor	☐ 01	☐ 02	☐ 01	☐ 02
D. Wheezing	☐ 01	☐ 02	☐ 01	☐ 02

	At Rest Yes	At Rest No	After Exercise (pull to sit x 3) Yes	After Exercise (pull to sit x 3) No
E. Prolonged Expiratory Phase	☐ 01	☐ 02	☐ 01	☐ 02
F. Rales, rhonchi, etc.	☐ 01	☐ 02	☐ 01	☐ 02
G. Cyanosis	☐ 01	☐ 02	☐ 01	☐ 02
H. Clubbing	☐ 01	☐ 02		

12. Airway Pathology:

A. Voice Quality: (CHECK ALL THAT APPLY)

1. Absent ..... ☐ 01
2. Hoarse ..... ☐ 02
3. Low volume ..... ☐ 03
4. Normal ..... ☐ 04
5. Cannot score ..... ☐ 05

B. Nose/Mouth:

1. Nasal discharge or obstruction ..... ☐ 01
2. Deformation of nostrils ..... ☐ 02
3. Palatal Groove ..... ☐ 03

C. Tracheostomy ..... ☐ 04

D. Subglottic stenosis ..... ☐ 05

E. Other (SPECIFY) _____ .... ☐ 06

13. Cardiovascular System:

A. Heart Rate ..... ☐☐☐ /min

B. Blood Pressure ..... ☐☐☐ / ☐☐☐ Doppler ☐ 01 Other ☐ 02

C. Abnormal Rhythm ..... Yes ☐ 01 No ☐ 02

D. Murmur ..... ☐ 01 ☐ 02

If yes: yes no

a. Innocent ..... ☐ 01 ☐ 02

b. Other ..... ☐ 01 ☐ 02

Clinical Impression: _____

E. Excess Precordial Activity ..... Yes ☐ 01 No ☐ 02

F. Other Abnormal Findings ..... ☐ 01 ☐ 02

(SPECIFY) _____

14. Abdomen:

A. Liver (measured below costal margin) ..... ☐☐ cm

B. Spleen (measured below costal margin) ..... ☐☐ cm

C. Inguinal Hernia ..... Yes ☐ 01 No ☐ 02

1) Already surgically corrected ..... Yes ☐ 01 No ☐ 02

D. Other Abnormalities (SPECIFY) _____ ... ☐ 01 ☐ 02

_____

15. Eyes:

	Normal	Abnormal
A. Pupils	☐ 01	☐ 02
B. Light Reflex	☐ 01	☐ 02

	Yes	No
C. Fixes	☐ 01	☐ 02
D. Follows	☐ 01	☐ 02
E. Nystagmus	☐ 01	☐ 02
F. Other abnormal findings	☐ 01	☐ 02

Specify: _____

16. Hearing:

A. Responds to bell	☐ 01	☐ 02
B. Responds to voice	☐ 01	☐ 02

17. Neurological Assessment:

A. Tone:	Increased	Decreased	Normal
1. Neck Extensors	☐ 01	☐ 02	☐ 03
2. Hamstrings	☐ 01	☐ 02	☐ 03
3. Hip Adductors	☐ 01	☐ 02	☐ 03
4. Gastrocnemei	☐ 01	☐ 02	☐ 03
5. Trunk	☐ 01	☐ 02	☐ 03

B. Reflexes:

1. Deep Tendon Reflexes:

	Right	Left
a. Biceps:		
Increased with Clonus	☐ 01	☐ 01
Increased, no Clonus	☐ 02	☐ 01
Absent or very diminished	☐ 03	☐ 03
Normal	☐ 04	☐ 04
b. Patellar:		
Increased with Clonus	☐ 01	☐ 01
Increased, no Clonus	☐ 02	☐ 02
Absent or very diminished	☐ 03	☐ 03
Normal	☐ 04	☐ 04
c. Ankle:		
Increased with Clonus	☐ 01	☐ 01
Increased, no Clonus	☐ 02	☐ 02
Absent or very diminished	☐ 03	☐ 03
Normal	☐ 04	☐ 04

2. Primary Reflexes Present (check all that apply):

	Yes	No
a. Moro	☐ 01	☐ 02
b. Asymmetric Tonic neck	☐ 01	☐ 02

	Yes	No
c. Standing	☐ 01	☐ 02
d. Obligatory palmar grasp	☐ 01	☐ 02

C. Movements:

	Absent	Normal
1. Voluntary movements	☐ 01	☐ 02

2. Involuntary movements:

	Yes	No
a. Seizures (include by history)	☐ 01	☐ 02
b. Other (specify): _____ ...	☐ 01	☐ 02

D. Hydrocephalus	☐ 01	☐ 02
1. Shunted	☐ 01	☐ 02

If YES, date ..... Month ☐☐ Day ☐☐ Year ☐☐

18. Chest X-Ray:

A. Normal ..... ☐ 01

B. Abnormal ..... ☐ 02

(SPECIFY) _____

C. Not done ..... ☐ 03

********** PULMONARY FUNCTION TESTING **********

19. Total Chloral Hydrate Given During PFT ..... [ ][ ][ ] mg

20. O_2 Saturation:

A. Brand and model number of pulse oximeter used:

_____

B. Baseline Period Saturation at on room air:

1. 0 seconds..... [ ][ ][ ] %
2. 10 seconds..... [ ][ ][ ] %
3. 20 seconds..... [ ][ ][ ] %
4. 30 seconds..... [ ][ ][ ] %
5. 40 seconds..... [ ][ ][ ] %
6. 50 seconds..... [ ][ ][ ] %

a. Mean ..... [ ][ ]

b. Standard Deviation ..... [ ][ ]

C. Saturation at 17% O_2 at:

1. One Minute ..... [ ][ ][ ] %
2. Two Minutes ..... [ ][ ][ ] %
3. Three Minutes ..... [ ][ ][ ] %
4. Four Minutes ..... [ ][ ][ ] %
5. Five Minutes ..... [ ][ ][ ] %

6. Five Minutes, 10 Seconds ..... [ ][ ][ ] %

7. Five Minutes, 20 Seconds ..... [ ][ ][ ] %

8. Five Minutes, 30 Seconds ..... [ ][ ][ ] %

9. Five Minutes, 40 Seconds ..... [ ][ ][ ] %

10. Five Minutes, 50 Seconds ..... [ ][ ][ ] %

11. Six Minutes ..... [ ][ ][ ] %

a. Mean of values 6-11 ..... [ ][ ]

b. Standard Deviation ..... [ ][ ]

21. Resistance and Compliance:

A. Inspiratory Time ..... [ ] • [ ][ ] seconds

B. Expiratory Time ..... [ ] • [ ][ ] seconds

C. Minute Ventilation ..... [ ][ ][ ][ ] mL/min

D. Tidal Volume (V_T) ..... [ ][ ] • [ ] mL

E. Peak Esophageal Inspiratory Pressure ..... [ ][ ][ ] Cm H_2O

F. Dynamic Compliance ..... [ ][ ] • [ ] mL/cm H_2O

G. Dynamic Compliance (SPECIFIC) ..... [ ][ ] • [ ][ ] mL/CmH_2O/LFRC

H. Total Pulmonary Resistance ..... [ ][ ][ ] Cm H_2O/L/sec

I. Expiratory Pulmonary Resistance ..... [ ][ ][ ] Cm H_2O/L/sec

J. E_TCO_2 (%) ..... | | |

K. Inspired Oxygen (%) ..... | | | |

22. Forced Expiratory Maneuvers:

A. Expiratory Flow at 75% V_T ..... | | | | • | | %

B. Expiratory Flow at 50% V_T ..... | | | | • | | %

C. Expiratory Flow at 25% V_T ..... | | | | • | | %

D. Expiratory Flow at FRC ..... | | | | • | |

23. Functional Residual Capacity ..... | | | • | | mL

EXAMINER'S NAMER: _____

FORM X 8/1/88

INTERIM VISIT ADDENDA

1. Infant ID Number: | | | | | | | | |

2. If hydrocephalus was checked yes on Question 17D,

	Yes	No
Arrested, No Shunt	☐ 01	☐ 02

FORM E 8/1/88

FINAL VISIT AND BAYLEY EVALUATION ADDENDA

1. Infant ID Number: ☐☐☐☐☐☐☐☐

2. Date of Birth: Month ☐☐ Day ☐☐ Year ☐☐

3. If "hydrocephalus diagnosed since interim visit" was checked yes on Final Visit Form:

   a. Arrested, No Shunt ..... ☐ 01

   b. Shunted ..... ☐ 02

   c. Date of Primary Shunt Insertion: Month ☐☐ Day ☐☐ Year ☐☐

   d. Number of Revisions: ☐☐

4. Date of Bayley Evaluation: Month ☐☐ Day ☐☐ Year ☐☐

5. Test Conditions:

   a. Optimal ..... ☐ 01

   b. Suboptimal ..... ☐ 02

   If suboptimal, state reason: _____

   _____

6. Was the Bayley evaluation performed at a place other than a HIFI center?

   Yes No

   a. ☐ 01 b. ☐ 02

   If yes, give details: _____

   _____

7. Was the Bayley evaluation administered in the primary language of the child?

	Yes		No
a.	☐ 01	b.	☐ 02

a. If not, were the instructions translated by a parent for the child?

	Yes		No
a.	☐ 01	b.	☐ 02

b. Were the instructions translated by some other interpreter for the child?

	Yes		No
a.	☐ 01	b.	☐ 02

FORM Y 8/1/88

BAYLEY MENTAL SCALE

1. Date Form Received: Month ☐☐ Day ☐☐ Year ☐☐

2. Infant ID Number: ☐☐☐☐☐☐☐☐

3. Date Tested: Month ☐☐ Day ☐☐ Year ☐☐

4. Reported Raw Score: ☐☐☐

5. Coordinating Center Calculated Raw Score: ☐☐☐

6. An indication as to whether or not the Coordinating Center made any changes in the raw score calculated by the test administrator. ☐ 01 Yes ☐ 02 No

7. Number of Non-blank Test Items: ☐☐☐

BAYLEY SCALES OF INFANT DEVELOPMENT

MENTAL SCALE RECORD FORM

NAME _____ AGE _____ SEX _____

	Year	Month	Day
Date Tested			
Date of Birth			
Age			

	Raw Score	Development Index*
Mental Scale		(MDI)
Motor Scale		(PDI)

* The standard score for the Mental Scale is called the MDI (for Mental Development Index); for the Motor Scale it is the PDI (for Psychomotor Development Index). See Manual for discussion.

Note.—If both the MENTAL SCALE and the MOTOR SCALE are administered to the child, the information below need only be filled in on the Record Form for the MENTAL SCALE.

NOTES:

ADDRESS _____

BIRTHPLACE _____

BIRTH WEIGHT _____ BIRTH ORDER _____

PRENATAL OR BIRTH DIFFICULTIES _____

_____

CHILD'S HEALTH _____

_____

PARENT'S NAME _____

FATHER: EDUCATION _____ OCCUPATION _____

MOTHER: EDUCATION _____ OCCUPATION _____

HOUSEHOLD COMPOSITION

	Father	Mother	Siblings 1	2	3	4	5	6	7	8	Other Children 1	2	3
Check if Present in Household													
Approximate Age													
Sex (M for Male, F for Female)													
Comments:													

PLACE OF TESTING _____

TESTED BY _____

Printed in U. S. A.

The Psychological Corporation, Cleveland, Ohio

69-101AS 9-026436

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score			Notes
				P	F	Other	
1	0.1	A	Responds to sound of bell				
2	0.1	B	Quiets when picked up				
3	0.1 *(.1-3)*	C	Responds to sound of rattle				
4	0.1 *(.1-4)*		Responds to sharp sound: click of light switch				
5	0.1 *(.1-1)*	D	Momentary regard of red ring				
6	0.2 *(.1-1)*	E	Regards person momentarily				
7	0.4 *(.1-2)*	D	Prolonged regard of red ring				
8	0.5 *(.1-2)*	D	Horizontal eye coordination: red ring				
9	0.7 *(.3-3)*	F	Horizontal eye coordination: light				
10	0.7 *(.3-2)*	E	Eyes follow moving person				
11	0.7 *(.3-2)*	E	Responds to voice				
12	0.8 *(.3-3)*	F	Vertical eye coordination: light				
13	0.9 *(.5-3)*	G	* Vocalizes once or twice				
14	1.0 *(.5-3)*	D	Vertical eye coordination: red ring				
15	1.2 *(.5-3)*	F	Circular eye coordination: light				
16	1.2 *(.5-3)*	D	Circular eye coordination: red ring				
17	1.3 *(.5-3)*	G[1]	* Free inspection of surroundings				
18	1.5 *(.5-4)*	E	Social smile: E talks and smiles				
19	1.6 *(.7-4)*	D	Turns eyes to red ring				
20	1.6 *(.5-4)*	F	Turns eyes to light				
21	1.6 *(.5-5)*	G	* Vocalizes at least 4 times				
22	1.7 *(1-4)*	B	Anticipatory excitement				
23	1.7 *(.5-5)*		Reacts to paper on face				
24	1.9 *(1-4)*		Blinks at shadow of hand				
25	2.0 *(1-5)*	E	Visually recognizes mother				

* May be observed incidentally.

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score P	Score F	Score Other	Notes
26	2.1 *(.7-6)*	E	Social smile: E smiles, quiet				
27	2.1 *(1-6)*	E	* Vocalizes to E's social smile and talk				
28	2.2 *(.7-5)*	AC	Searches with eyes for sound (Specify)				____Bell ____Rattle
29	2.3 *(.7-5)*		Eyes follow pencil				
30	2.3 *(1-5)*	G	* Vocalizes 2 different sounds				
31	2.4 *(1-5)*	E	Reacts to disappearance of face				
32T‡	2.5 *(1-5)*	H	Regards cube				
33	2.6 *(1-5)*	D^1	Manipulates red ring				
34	2.6 *(1-5)*	AC	Glances from one object to another				
35	2.6 *(1-6)*	B	Anticipatory adjustment to lifting				
36	2.8 *(2-5)*	C	Simple play with rattle				
37	3.1 *(1-5)*	D^1	Reaches for dangling ring				
38T	3.1 *(2-5)*		Follows ball visually across table				
39	3.2 *(1-6)*	G^1	* Fingers hand in play				
40T	3.2 *(1-5)*	D^1	Head follows dangling ring				
41T	3.2 *(1-6)*	I	Head follows vanishing spoon				
42	3.3 *(2-6)*	G^1	* Aware of strange situation				
43T	3.3 *(2-6)*	G^2	* Manipulates table edge slightly				
44	3.8 *(2-6)*	D^1	Carries ring to mouth				
45	3.8 *(2-6)*	G^1	* Inspects own hands				
46	3.8 *(2-6)*	D^1	Closes on dangling ring (Check hand preference)				____Right ____Left ____None
47	3.8 *(2-6)*	A	Turns head to sound of bell				
48	3.9 *(2-6)*	C	Turns head to sound of rattle				
49	4.1 *(2-6)*	H	Reaches for cube				
50	4.3 *(2-7)*	G^2	* Manipulates table edge actively				

* May be observed incidentally.

‡ See Manual, Chapter 4, for explanation of "T."

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score P	Score F	Score Other	Notes
51	4.4 (2-6)	H	Eye-hand coordination in reaching				
52	4.4 (2-7)	J	Regards pellet				
53	4.4 (2-7)	K	Mirror image approach				
54	4.6 (3-7)	H	Picks up cube (Check hand preference)				____Right ____Left ____None
55	4.6 (3-8)	G^3	* Vocalizes attitudes (Describe)				Pleasure: Displeasure: Eagerness: Satisfaction:
56	4.7 (3-7)	H	Retains 2 cubes				
57	4.8 (3-7)		Exploitive paper play				
58	4.8 (3-8)	E^1	* Discriminates strangers				
59	4.9 (4-8)	C	Recovers rattle, in crib				
60	5.0 (3-8)	H	Reaches persistently				
61	5.1 (3-8)	E^1	Likes frolic play				
62	5.2 (4-8)	I	Turns head after fallen spoon				
63	5.2 (4-8)	L	Lifts inverted cup				
64	5.4 (4-8)	H	Reaches for 2nd cube				
65	5.4 (3-12)	K	Smiles at mirror image				
66	5.4 (4-8)	G^2	* Bangs in play				
67	5.4 (4-8)	D^2	Sustained inspection of ring				
68	5.4 (4-8)	D^2	Exploitive string play				
69	5.5 (4-8)	G^2	* Transfers object hand to hand				
70	5.7 (4-8)	H	Picks up cube deftly and directly				
71	5.7 (4-8)	D^2	Pulls string: secures ring				
72	5.8 (4-8)	G^2	* Interest in sound production				
73	5.8 (4-11)	L	Lifts cup with handle				

* May be observed incidentally.

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score			Notes
				P	F	Other	
74	5.8 *(4-10)*	M	Attends to scribbling				
75	6.0 *(5-10)*	I	Looks for fallen spoon				
76	6.2 *(4-12)*	K	Playful response to mirror				
77	6.3 *(4-10)*	H	Retains 2 of 3 cubes offered				
78	6.5 *(5-10)*	A^1	Manipulates bell: interest in detail				
79	7.0 *(5-12)*	G^3	* Vocalizes 4 different syllables				
80	7.1 *(5-10)*	D^2	Pulls string adaptively: secures ring				
81	7.6 *(5-12)*	E^1	Cooperates in games				Note skill at pat-a-cake for Motor Scale item 44
82	7.6 *(5-14)*	H	Attempts to secure 3 cubes				
83	7.8 *(5-13)*	A^1	Rings bell purposively				
84	7.9 *(5-14)*	N	* Listens selectively to familiar words				
85	7.9 *(5-14)*	G^3	* Says "da-da" or equivalent				
86	8.1 *(6-12)*	H^1	Uncovers toy				
87	8.9 *(6-12)*	O	Fingers holes in peg board				
88	9.0 *(6-14)*	L	Picks up cup: secures cube				
89	9.1 *(6-14)*	N	Responds to verbal request				
90	9.4 *(6-13)*	L	Puts cube in cup on command (Note number placed)				Items 90, 100, 114 ____No. of cubes
91	9.5 *(8-14)*	P	Looks for contents of box				
92	9.7 *(8-15)*	L	Stirs with spoon in imitation				
93	10.0 *(7-16)*	Q	Looks at pictures in book				
94	10.1 *(7-17)*	M	Inhibits on command				
95	10.4 *(7-15)*	M	Attempts to imitate scribble				
96	10.5 *(8-17)*	H^1	Unwraps cube				
97	10.8 *(8-17)*	E^1	* Repeats performance laughed at				
98	11.2 *(8-15)*	M	Holds crayon adaptively				

* May be observed incidentally.

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score P	Score F	Score Other	Notes
99	11.3 *(8-15)*		Pushes car along				
100	11.8 *(9-18)*	L	Puts 3 or more cubes in cup				
101	12.0 *(9-18)*	G^3	* Jabbers expressively				
102	12.0 *(9-17)*	P	Uncovers blue box				
103	12.0 *(8-18)*	Q	Turns pages of book				
104	12.2 *(8-19)*		Pats whistle doll, in imitation				
105	12.4 *(7-18)*	D^2	Dangles ring by string				
106	12.5 *(9-18)*	N	* Imitates words (Record words used)				
107	12.9 *(10-17)*	P	Puts beads in box (6 of 8)				
108	13.0 *(10-17)*	O	Places 1 peg repeatedly				
109	13.4 *(10-19)*	J	Removes pellet from bottle				
110	13.6 *(10-20)*	R	Blue board: places 1 round block (Specify)				Items 110, 121, 129, 142, 155, 159, 160 ____No. round placed ____No. square placed _____Completion time
111	13.8 *(10-19)*	H^1	Builds tower of 2 cubes (Note number of cubes)				Items 111, 119, 143, 161 ____No. of cubes
112	14.0 *(10-21)*	M	Spontaneous scribble				
113	14.2 *(10-23)*	G^3	* Says 2 words (Note words)				Heard: Reported:
114	14.3 *(11-20)*	L	Puts 9 cubes in cup				
115	14.6 *(10-20)*	P	Closes round box				
116	14.6 *(11-19)*		* Uses gestures to make wants known				
117	15.3 *(11-23)*	N	Shows shoes or other clothing, or own toy				
118	16.4 *(13-20)*	O	Pegs placed in 70 seconds (Note times)				Items 118, 123, 134, 156 Trial 1 2 3 Time ____ ____ ____
119	16.7 *(13-21)*	H^1	Builds tower of 3 cubes				
120	16.8 *(12-26)*	S	Pink board: places round block (Specify)				Items 120, 137, 151 ____Round placed ____All placed ____All placed (reversed board)
121	17.0 *(12-26)*	R	Blue board: places 2 round blocks				

* May be observed incidentally.

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score P	Score F	Score Other	Notes
122	17.0 *(12-24)*		Attains toy with stick				
123	17.6 *(14-22)*	O	Pegs placed in 42 seconds				
124	17.8 *(13-27)*	T	Names 1 object (Check objects named)				Items 124, 138, 146 ____Ball ____Scissors ____Watch ____Cup ____Pencil
125	17.8 *(13-26)*	M	Imitates crayon stroke				
126	17.8 *(14-26)*	U	Follows directions, doll (Check parts passed)				____Chair ____Cup ____Handkerchief
127	18.8 *(14-27)*	G[3]	* Uses words to make wants known				
128	19.1 *(15-26)*	U	Points to parts of doll (Check parts recognized)				____Hair ____Eyes ____Mouth ____Feet ____Ears ____Nose ____Hands
129	19.3 *(14-30+)*	R	Blue board: places 2 round and 2 square blocks				
130	19.3 *(14-27)*	V	Names 1 picture (Check list)				Items 130, 132, 139, 141, 148, 149 Names / Points Dog ____ ____ Shoe ____ ____ Cup ____ ____ House ____ ____ Clock ____ ____ Flag ____ ____ Star ____ ____ Leaf ____ ____ Purse ____ ____ Book ____ ____ No. Named____ ____No. Pointed
131	19.7 *(14-30+)*		Finds 2 objects (Check successful trials)				Trial 1 2 3 Ball ____ ____ ____ Rabbit ____ ____ ____
132	19.9 *(16-28)*	V	Points to 3 pictures (Check list at item 130)				
133	19.9 *(15-27)*	W	Broken doll: mends marginally				
134	20.0 *(16-29)*	O	Pegs placed in 30 seconds				
135	20.5 *(14-30+)*	M	Differentiates scribble from stroke				
136	20.6 *(16-30)*	G[3]	* Sentence of 2 words				
137	21.2 *(16-30+)*	S	Pink board: completes				
138	21.4 *(16-30)*	T	Names 2 objects				
139	21.6 *(17-30+)*	V	Points to 5 pictures (Check list at item 130)				

* May be observed incidentally.

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score			Notes
				P	F	Other	
140	21.9 *(15-30)*	W	Broken doll: mends approximately				
141	22.1 *(17-30+)*	V	Names 3 pictures (Check list at item 130)				
142	22.4 *(16-30+)*	R	Blue board: places 6 blocks				
143	23.0 *(17-30+)*	H'	Builds tower of 6 cubes				
144	23.4 *(16-30+)*	X	Discriminates 2: cup, plate, box (Check which)				Items 144, 152 ____Cup ____Box ____Plate ____All
145	23.8 *(17-30+)*	Y	Names watch, 4th picture (Check at which named)				Items 145, 150 ____5th picture ____3rd picture ____4th picture ____2nd picture
146	24.0 *(17-30+)*	T	Names 3 objects				
147	24.4 *(19-30+)*	M	Imitates strokes: vertical and horizontal				
148	24.7 *(19-30+)*	V	Points to 7 pictures (Check list at item 130)				
149	25.0 *(19-30+)*	V	Names 5 pictures (Check list at item 130)				
150	25.2 *(18-30+)*	Y	Names watch, 2nd picture				
151	25.4 *(18-30+)*	S	Pink board: reversed				
152	25.6 *(18-30+)*	X	Discriminates 3: cup, plate, box				
153	26.1 *(16-30+)*	W	Broken doll: mends exactly				
154	26.1 *(19-30+)*	H'	Train of cubes				
155	26.3 *(19-30+)*	R	Blue board: completes in 150 seconds				
156	26.6 *(19-30+)*	O	Pegs placed in 22 seconds				
157	27.9 *(22-30+)*	M	Folds paper				
158	28.2 *(22-30+)*	Z	Understands 2 prepositions				
159	30.0 *(22-30+)*	R	Blue board: completes in 90 seconds				
160	30+ *(22-30+)*	R	Blue board: completes in 60 seconds				
161	30+ *(22-30+)*	H'	Builds tower of 8 cubes				
162	30+ *(21-30+)*	H'	Concept of one				
163	30+ *(23-30+)*	Z	Understands 3 prepositions				

FORM B 8/1/88

BAYLEY MOTOR SCALE

1. Date Form Received: Month Day Year

2. Infant ID Number:

3. Date Tested: Month Day Year

4. Reported Raw Score:

5. Coordinating Center Calculated Raw Score:

6. An indication as to whether or not the Coordinating Center made any changes in the raw score calculated by the test administrator.

☐ 01 Yes ☐ 02 No

7. Number of Non-blank Test Items:

BAYLEY SCALES OF INFANT DEVELOPMENT

MOTOR SCALE RECORD FORM

NAME _____ AGE _____ SEX _____

	Year	Month	Day
Date Tested			
Date of Birth			
Age			

	Raw Score	Development Index*
Mental Scale		(MDI)
Motor Scale		(PDI)

*The standard score for the Mental Scale is called the MDI (for Mental Development Index); for the Motor Scale it is the PDI (for Psychomotor Development Index). See Manual for discussion.

NOTES:

Note.—If both the MENTAL SCALE and the MOTOR SCALE are administered to the child, the information below need only be filled in on the Record Form for the MENTAL SCALE.

ADDRESS _____

BIRTHPLACE _____

BIRTH WEIGHT _____ BIRTH ORDER _____

PRENATAL OR BIRTH DIFFICULTIES _____

_____

CHILD'S HEALTH _____

_____

PARENT'S NAME _____

FATHER: EDUCATION _____ OCCUPATION _____

MOTHER: EDUCATION _____ OCCUPATION _____

HOUSEHOLD COMPOSITION

	Father	Mother	Siblings								Other Children		
			1	2	3	4	5	6	7	8	1	2	3
Check if Present in Household													
Approximate Age													
Sex (M for Male, F for Female)													

Comments:

PLACE OF TESTING _____

TESTED BY _____

The Psychological Corporation, Cleveland

Printed in U. S. A.

77-132AS 9-026451

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score			Notes
				P	F	Other	
1	0.1	A	Lifts head when held at shoulder				
2	0.1	A	Postural adjustment when held at shoulder				
3	0.1	B	Lateral head movements				
4	0.4 *(.1-3)*	B	Crawling movements				
5	0.8 *(.3-3)*	C	† Retains red ring				
6	0.8 *(.3-2)*	C	* Arm thrusts in play				
7	0.8 *(.3-2)*	C	* Leg thrusts in play				
8	0.8 *(.3-3)*	A	Head erect: vertical				
9	1.6 *(.7-4)*	A	Head erect and steady				
10	1.7 *(.7-4)*	C	Lifts head: dorsal suspension				
11	1.8 *(.7-5)*	C^1	Turns from side to back				
12	2.1 *(.7-5)*	B	Elevates self by arms: prone				
13	2.3 *(1-5)*	D	Sits with support				
14	2.5 *(1-5)*	A	Holds head steady				
15	2.7 *(.7-6)*		* Hands predominantly open				
16	3.7 *(2-7)*	E	† Cube: ulnar-palmar prehension				
17	3.8 *(2-6)*	D	Sits with slight support				
18	4.2 *(2-6)*	A	Head balanced				
19	4.4 *(2-7)*	C^1	* Turns from back to side				
20	4.8 *(3-8)*	F	Effort to sit				
21	4.9 *(4-8)*	E	† Cube: partial thumb opposition (radial-palmar)				
22	5.3 *(4-8)*	F	Pulls to sitting position				
23	5.3 *(4-8)*	D	Sits alone momentarily				
24	5.4 *(4-8)*	G	* Unilateral reaching				
25	5.6 *(4-8)*	H	† Attempts to secure pellet				
26	5.7 *(4-8)*	G	* Rotates wrist				
27	6.0 *(5-8)*	D	Sits alone 30 seconds or more				
28	6.4 *(4-10)*	C^1	* Rolls from back to stomach				

* May be observed incidentally. † May be presented during administration of Mental Scale.

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score P	Score F	Score Other	Notes
29	6.6 *(5-9)*	D	Sits alone, steadily				
30	6.8 *(5-9)*	H	† Scoops pellet				
31	6.9 *(5-10)*	D	Sits alone, good coordination				
32	6.9 *(5-9)*	E	† Cube: complete thumb opposition (radial-digital)				
33	7.1 *(5-11)*	B	Prewalking progression (Check method)				_____On abdomen _____Hands and knees _____Hands and feet _____Sits and hitches _____Other (Describe):
34	7.4 *(5-11)*	I	Early stepping movements				
35	7.4 *(6-10)*	H	† Pellet: partial finger prehension (inferior pincer)				
36	8.1 *(5-12)*	F	Pulls to standing position				
37	8.3 *(6-11)*	J	Raises self to sitting position				
38	8.6 *(6-12)*	J	Stands up by furniture				
39	8.6 *(6-12)*	G	† Combines spoons or cubes: midline				
40	8.8 *(6-12)*	I	Stepping movements				
41	8.9 *(7-12)*	H	† Pellet: fine prehension (neat pincer)				
42	9.6 *(7-12)*	I	Walks with help				
43	9.6 *(7-14)*	I	Sits down				
44	9.7 *(7-15)*	G	† Pat-a-cake: midline skill				
45	11.0 *(9-16)*	I	Stands alone				
46	11.7 *(9-17)*	I	Walks alone				
47	12.6 *(9-18)*	K	Stands up: I				
48	13.3 *(9-18)*		†Throws ball				
49	14.1 *(10-20)*	L	Walks sideways				
50	14.6 *(11-20)*	L	Walks backward				
51	15.9 *(12-21)*	M	Stands on right foot with help				
52	16.1 *(12-23)*	M	Stands on left foot with help				
53	16.1 *(12-23)*	N	Walks up stairs with help				
54	16.4 *(13-23)*	N	Walks down stairs with help				

† May be presented during administration of Mental Scale.

To score: Check P (Pass) or F (Fail). If "Other," mark O (Omit), R (Refused), or RPT (Reported by mother).

Item No.	Age Placement and Range (Months)	Situation	Item Title	Score			Notes
				P	F	Other	
55	17.8 *(13-26)*	O	Tries to stand on walking board				
56	20.6 *(15-29)*	O	Walks with one foot on walking board				
57	21.9 *(11-30+)*	K	Stands up: II				
58	22.7 *(15-30+)*	M	Stands on left foot alone				
59	23.4 *(17-30+)*	P	Jumps off floor, both feet				
60	23.5 *(16-30+)*	M	Stands on right foot alone				
61	23.9 *(18-30+)*	Q	Walks on line, general direction				
62	24.5 *(17-30+)*	O	Walking board: stands with both feet				
63	24.8 *(19-30+)*	R	Jumps from bottom step				
64	25.1 *(18-30+)*	N	Walks up stairs alone: both feet on each step				
65	25.7 *(16-30+)*	Q	Walks on tiptoe, few steps				
66	25.8 *(19-30+)*	N	Walks down stairs alone: both feet on each step				
67	27.6 *(19-30+)*	O	Walking board: attempts step				
68	27.8 *(20-30+)*	Q	Walks backward, 10 feet				
69	28.1 *(21-30+)*	R	Jumps from second step				
70	29.1 *(22-30+)*	R	Distance jump: 4 to 14 inches (Note distance)				Items 70, 76, 78 Trial 1 2 3 Distance ____ ____ ____
71	30+ *(22-30+)*	K	Stands up: III				
72	30+ *(23-30+)*	N	Walks up stairs: alternating forward foot				
73	30+ *(20-30+)*	Q	Walks on tiptoe, 10 feet				
74	30+ *(24-30+)*	O	Walking board: alternates steps part way				
75	30+ *(23-30+)*	Q	Keeps feet on line, 10 feet				
76	30+ *(25-30+)*	R	Distance jump: 14 to 24 inches				
77	30+ *(24-30+)*	P	Jumps over string 2 inches high				
78	30+ *(28-30+)*	R	Distance jump: 24 to 34 inches				
79	30+ *(30+)*		Hops on one foot, 2 or more hops				
80	30+ *(30+)*	N	Walks down stairs: alternating forward foot				
81	30+ *(28-30+)*	P	Jumps over string 8 inches high				

FORM T

1-6-86

TERMINATION FORM

1. Infant ID Number ..... ☐☐☐☐☐☐☐☐

2. Reason for termination:*
   - A. Voluntary withdrawal from study ..... ☐ 01
   - B. Withdrawn by physician ..... ☐ 02
   - C. Death ..... ☐ 03
   - D. Lost to follow-up (can't trace, moved, etc.) ..... ☐ 04
   - E. Other ..... ☐ 05

3. Date of termination ..... Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

* Narrative explanation for termination: _____

_____

_____

********** FOR DEATHS ONLY **********

4. Causes of death (specify):
   - A. Primary _____
   - B. Secondary _____
   - C. Tertiary 1 _____
   - D. Tertiary 2 _____

ICDA CODES
RTI USE ONLY

☐☐☐ ☐
☐☐☐ ☐
☐☐☐ ☐
☐☐☐ ☐

5. Cause of death obtained from:
   - A. Autopsy ..... ☐ 01
   - B. Clinical impression ..... ☐ 02

6. Autopsy Information: (*staple copies of autopsy report and death certificate with name deleted*)

SIGNATURE _____

DATE _____

AUTOPSY FORM

1. Infant ID ..... ☐☐☐☐☐☐☐☐

	Month	Day	Year
2. Date of Death	☐☐	☐☐	☐☐
3. Date Autopsy Performed	☐☐	☐☐	☐☐

4. Brain:

	Yes	No
A. Evidence of IVH	☐ 01	☐ 02
1. Blood in the germinal layer	☐ 01	☐ 02
2. Blood in the ventricles	☐ 01	☐ 02
3. Blood in the periventricular white matter	☐ 01	☐ 02
B. Evidence of PVL	☐ 01	☐ 02
C. Cysts or other structural abnormalities	☐ 01	☐ 02

D. Brain weight ..... ☐☐☐ grams

5. Respiratory Tract:

A. Trachea:

1. Middle of trachea:

a. Not examined ..... ☐ 06

b. Normal ..... ☐ 01

c. Edema only ..... ☐ 02

d. Mucosal sloughing ..... ☐ 03

2. Carina:

a. Not examined ..... ☐ 06

b. Normal ..... ☐ 01

c. Edema only ..... ☐ 02

d. Mucosal sloughing ..... ☐ 03

B. Hilar Level:

1. Not examined ..... ☐ 06

2. Normal ..... ☐ 01

3. Inspissated mucus ..... ☐ 02

C. Parenchyma:

	Present	Absent
1. Hyaline membrane disease	☐ 01	☐ 02
2. Hemorrhage	☐ 01	☐ 02
3. Septal destruction	☐ 01	☐ 02
4. Metaplastic changes	☐ 01	☐ 02
5. Evidence of inflammation	☐ 01	☐ 02
6. Bacteria	☐ 01	☐ 02

D. Lung Weight ..... Right ☐☐☐ gm Left ☐☐☐ gm

6. Cardiac:

	Present	Absent
A. RV hypertrophy	☐ 01	☐ 02
B. LV hypertrophy	☐ 01	☐ 02

C. Cardiac weight ..... ☐☐☐ grams

D. Structural defect: _____

_____

7. Liver:

A. Weight ..... ☐☐☐ grams

	Yes	No
B. Congested	☐ 01	☐ 02

	Normal	Abnormal	Not Examined
8. GI Tract	☐ 01	☐ 02	☐ 06
9. Thyroid	☐ 01	☐ 02	☐ 06
10. Pituitary	☐ 01	☐ 02	☐ 06
11. Adrenal	☐ 01	☐ 02	☐ 06
12. Kidneys and collection system	☐ 01	☐ 02	☐ 06

If any of the above are abnormal, specify:

_____

_____

13. Evidence for Infection:	Yes	No	Not Examined
Positive splenic or other organ culture	☐ 01	☐ 02	☐ 03

14. Organism:

_____

_____

15. Other significant findings:

_____

_____

NAME OF PERSON REVIEWING AUTOPSY: _____

DATE: _____

FINAL VISIT
(18 Months Post-Term)

1. Infant ID Number ..... [| | | | | | | |]

Month Day Year

2. Date of Examination ..... [| |] [| |] [| |]

3. Post Term Age ..... [| |] months

4. Infant Status at the Time of Examination:

[ ] 01 Outpatient [ ] 02 Inpatient

If Inpatient: [ ] 01 Study Hospital [ ] 02 Other Hospital

5. Ventilation:

A. Current Ventilatory Aid:

1. None ..... [ ] 01
2. Conventional Mechanical Ventilation ..... [ ] 02
3. High Frequency Ventilation ..... [ ] 03
4. Continuous Distending Airway Pressure (CDAP) ..... [ ] 04
5. O_2 Therapy ..... [ ] 05

If YES,
a. Continuous ..... [ ] 01

b. Nighttime/Intermittent ..... [ ] 02

B. If O_2 therapy was discontinued after interim visit,

Month Day Year

when discontinued ..... [| |] [| |] [| |]

6. Current Medication:

A. Diuretics ..... ☐ 01

B. Bronchodilators ..... ☐ 02

C. Others (specify) _____ ... ☐ 03

7. Respiratory Tract Complications Since Interim Visit:

A. Infections:

	None	1-2	More Than 2
1. Otitis Media	☐ 01	☐ 02	☐ 03
2. Upper respiratory infections	☐ 01	☐ 02	☐ 03
3. Lower respiratory infections	☐ 01	☐ 02	☐ 03

B. Number of hospital admissions for respiratory infections ..... ☐☐

(Total) duration of hospital stay since interim visit for respiratory infections ☐☐☐ days

C. Number of hospital admissions for other respiratory problems ..... ☐☐

Specify: _____

_____

_____

(Total) Duration of hospital stay since interim visit for other respiratory problems ☐☐☐ days

8. Hospital Admission Since Interim Visit for <u>All</u> Causes:

A. Number of admissions ..... ☐☐

Specify cause(s): _____

_____

B. (Total) duration of hospital stay since interim visit for all causes ☐☐☐ days

	Yes	No
9. Seizures since Interim Visit	☐ 01	☐ 02
If YES,		
Febrile	☐ 01	☐ 02

********** PHYSICAL EXAMINATION **********

10. Condition During Exam:

Satisfactory (infant cooperative) ☐ 01

Suboptimal (specify) _____ ☐ 02

11. Measurements:

A. Weight ☐☐ • ☐☐ kg

B. Length ☐☐☐ • ☐ cm

C. Head Circumference ☐☐ • ☐ cm

D. Temperature ☐☐ • ☐ °C

12. Respiratory System:

	At Rest		After Exercise (pull to sit x 3)	
A. Rate/(breaths per min)	☐☐☐		☐☐☐	
	Yes	No	Yes	No
B. Retractions	☐ 01	☐ 02	☐ 01	☐ 02
C. Stridor	☐ 01	☐ 02	☐ 01	☐ 02
D. Wheezing	☐ 01	☐ 02	☐ 01	☐ 02
E. Prolonged Expiration Phase	☐ 01	☐ 02	☐ 01	☐ 02

	At Rest Yes	At Rest No	After Exercise (pull to sit x 3) Yes	After Exercise (pull to sit x 3) No
F. Rales	☐ 01	☐ 02	☐ 01	☐ 02
G. Cyanosis	☐ 01	☐ 02	☐ 01	☐ 02
H. Clubbing	☐ 01	☐ 02		

13. Airway Pathology:

A. Voice Quality (check all that apply):

1. Absent ..... ☐ 01
2. Hoarse ..... ☐ 02
3. Low Volume ..... ☐ 03
4. Normal ..... ☐ 04
5. Cannot score ..... ☐ 05

B. Nose:

1. Nasal discharge or obstruction ..... ☐ 01
2. Deformation of nostrils ..... ☐ 02
3. Palatal Groove ..... ☐ 03

C. Tracheostomy ..... ☐ 04

D. Subglottic stenosis ..... ☐ 05

E. Other (specify) _____ ... ☐ 06

14. Cardiovascular System:

A. Heart Rate ..... ☐☐☐ /min.

B. Blood Pressure ..... ☐☐☐/☐☐☐ Doppler ☐ 01 Other ☐ 02

	Yes	No
C. Abnormal Rhythm	☐ 01	☐ 02
D. Murmur	☐ 01	☐ 02

If YES:

	Yes	No
a. Innocent	☐ 01	☐ 02
b. Other	☐ 01	☐ 02

	Yes	No
E. Excess Precordial Activity	☐ 01	☐ 02
F. Other Abnormal Findings	☐ 01	☐ 02

(specify) _____

15. Abdomen:

A. Liver (measured below costal margin) ..... ☐☐ • ☐ cm

B. Spleen (measured below costal margin) ..... ☐☐ • ☐ cm

	Yes	No
C. Inguinal Hernia	☐ 01	☐ 02
D. Other abnormalities	☐ 01	☐ 02

(specify) _____

16. Eyes:

	Normal	Abnormal
A. Pupils	☐ 01	☐ 02
B. Light reflex	☐ 01	☐ 02

	Yes	No
C. Fixes	☐ 01	☐ 02
D. Follows	☐ 01	☐ 02
E. Nystagmus	☐ 01	☐ 02
F. Other abnormal findings	☐ 01	☐ 02

(specify) _____

17. Neurological Examination

A. Movement:

	ARMS		LEGS	
1. Voluntary:	Right	Left	Right	Left
a. normal	☐ 01	☐ 01	☐ 01	☐ 01
b. decreased ...	☐ 02	☐ 02	☐ 02	☐ 02
2. Involuntary:				
a. absent	☐ 01	☐ 01	☐ 01	☐ 01
b. present	☐ 02	☐ 02	☐ 02	☐ 02
If present:				
a. tremor	☐ 01	☐ 01	☐ 01	☐ 01
b. athetosis ...	☐ 02	☐ 02	☐ 02	☐ 02
c. dystonic	☐ 03	☐ 03	☐ 03	☐ 03

B. Tone:

1. Neck, Shoulder Extensors:

increased ☐ 01

decreased ☐ 02

normal ☐ 03

		Right	Left
2.	Arms:		
	a. increased	☐ 01	☐ 01
	b. decreased	☐ 02	☐ 02
	c. normal	☐ 03	☐ 03
3.	Hamstrings:		
	a. increased	☐ 01	☐ 01
	b. decreased	☐ 02	☐ 02
	c. normal	☐ 03	☐ 03
4.	Hip Adductors:		
	a. increased	☐ 01	☐ 01
	b. decreased	☐ 02	☐ 02
	c. normal	☐ 03	☐ 03
5.	Gastrocnemei:		
	a. increased	☐ 01	☐ 01
	b. decreased	☐ 02	☐ 02
	c. normal	☐ 03	☐ 03
6.	Trunk:		
	a. increased	☐ 01	
	b. decreased	☐ 02	
	c. normal	☐ 03	

C. Reflexes:

1. Deep Tendon Reflexes:

	Right	Left
a. Biceps:		
increased with clonus	☐ 01	☐ 01
increased, no clonus	☐ 02	☐ 02
absent or very diminished	☐ 03	☐ 03
normal	☐ 04	☐ 04
b. Patellar:		
increased with clonus	☐ 01	☐ 01
increased, no clonus	☐ 02	☐ 02
absent or very diminished	☐ 03	☐ 03
normal	☐ 04	☐ 04
c. Ankle:		
increased with clonus	☐ 01	☐ 01
increased, no clonus	☐ 02	☐ 02
absent or very diminished	☐ 03	☐ 03
normal	☐ 04	☐ 04

2. Asymmetric Tonic Neck Reflex:

a. Present Bilateral ..... ☐ 01

b. Present Unilateral ..... ☐ 02

c. Absent ..... ☐ 03

	RIGHT		LEFT	
3. Obligatory Grasp:	Yes	No	Yes	No
a. palmar	☐ 01	☐ 02	☐ 01	☐ 02
b. plantar	☐ 01	☐ 02	☐ 01	☐ 02

	Yes	No
4. Primary standing	☐ 01	☐ 02
5. Parachute response	☐ 01	☐ 02
If YES, symmetrical	☐ 01	
asymmetrical	☐ 02	

	RIGHT		LEFT	
6. Babinski response: (toe flexes)	Yes	No	Yes	No
	☐ 01	☐ 02	☐ 01	☐ 02

D. Posture Abnormalities:

1. Attitude and posture of limbs at rest (e.g., hands, fisted, thumb abducted, forearm fixed, legs scissored):

Upper Extremity		Lower Extremity	
Abnormal	Normal	Abnormal	Normal
☐ 01	☐ 02	☐ 01	☐ 02

	Normal	Abnormal
2. Head Control (in upright position)	☐ 01	☐ 02
3. Sitting Position	☐ 01	☐ 02
4. Prone Position	☐ 01	☐ 02
5. Standing Position	☐ 01	☐ 02

E. Gross Motor:

1. Crawling:

a. absent ..... ☐ 01

b. present, abnormal ... ☐ 02

c. present, normal ..... ☐ 03

2. Cruising:

a. absent ..... ☐ 01

b. present, abnormal ... ☐ 02

c. present, normal ..... ☐ 03

3. Standing Alone:

a. absent ..... ☐ 01

b. present, abnormal ... ☐ 02

c. present, normal ..... ☐ 03

4. Walking (without assistance):

a. absent ..... ☐ 01

b. present, abnormal ... ☐ 02

c. present, normal ..... ☐ 03

5. Running (without assistance, ten feet):

a. absent ..... ☐ 01

b. present, abnormal ... ☐ 02

c. present, normal ..... ☐ 03

6. Stooping to retrieve object:

a. absent ..... ☐ 01

b. present, abnormal ... ☐ 02

c. present, normal ..... ☐ 03

F. Fine Motor:

	Right	Left
1. Fine pincer grasp:		
a. absent	☐ 01	☐ 01
b. present, abnormal	☐ 02	☐ 02
c. present, normal	☐ 03	☐ 03
2. Finger exploration of toy:		
a. absent	☐ 01	☐ 01
b. present, abnormal	☐ 02	☐ 02
c. present, normal	☐ 03	☐ 03

3. Handedness:

a. Prefers Right ..... ☐ 01

b. Prefers Left ..... ☐ 02

c. No preference ..... ☐ 03

	Right	Left
4. Ataxia when reaching for object:		
a. present	☐ 01	☐ 01
b. absent	☐ 02	☐ 02

G. Cranial Nerves - Motor Function:

	RIGHT Yes	RIGHT No	LEFT Yes	LEFT No
1. Ptosis	☐ 01	☐ 02	☐ 01	☐ 02
2. Strabismus	☐ 01	☐ 02	☐ 01	☐ 02

	Normal	Abnormal
3. Eye Movements: Right -	☐ 01	☐ 02
Left -	☐ 01	☐ 02

	Yes	No
4. Nystagmus	☐ 01	☐ 02
5. Facial Weakness	☐ 01	☐ 02
6. Chewing or swallowing abnormalities	☐ 01	☐ 02
H. Hydrocephalus (diagnosed since interim visit)	☐ 01	☐ 02

	Month	Day	Year
If YES, primary shunt insertion date	☐☐	☐☐	☐☐

Number of revisions ..... ☐☐

18. Cognitive Evaluation - Bayley scales (use post-term age):

A. Mental Development ..... ☐☐☐ MDI (not raw scores)

B. Motor Development ..... ☐☐☐ PDI (not raw scores)

C. Developmental Quotient (if Bayley <50 or non-applicable) ..... ☐☐

19. Chest X-ray (should be done on all infants with chronic lung disease as neonate unless chest X-ray was normal prior to this visit)

Normal ..... ☐ 01

Abnormal (specify) ..... ☐ 02 _____

Not Done ..... ☐ 03

20. Clinical Impression at 18 months:

A. Respiratory System:

1. Normal ..... ☐ 01

2. Chronic lung disease secondary to BPD ..... ☐ 02

3. Chronic lung disease secondary to other causes ..... ☐ 03

B. Cardiac System:

1. Normal ..... ☐ 01

2. Right heart failure or disfunction ..... ☐ 02

3. Other abnormality ..... ☐ 03

C. Neurologic Status:

1. Normal ..... ☐ 01

2. Uncertain ..... ☐ 02

3. Abnormal ..... ☐ 03

If abnormal, check the following appropriate abnormalities:

	Degree of Handicap: Severe	Moderate	Mild
I. Hydrocephalus:			
1. Shunted	☐ 01	☐ 02	☐ 03
2. Not shunted	☐ 01	☐ 02	☐ 03
II. Cerebral Palsy:			
1. Diplegia	☐ 01	☐ 02	☐ 03
2. Quadriplegia	☐ 01	☐ 02	☐ 03
3. Hemiplegia	☐ 01	☐ 02	☐ 03

	Degree of Handicap: Severe	Moderate	Mild
III. Seizure Disorder	01	02	03
IV. Other	01	02	03
(specify) _____			
D. Hearing Impairment	01	02	03
E. Visual Impairment	01	02	03

********** ASSESSMENT OF ENVIRONMENT **********

	Yes	No
21. Does infant attend day care or nursery?	01	02
If YES, how many children are in the group?		
22. How many people share infant's bedroom?		
23. How many people smoke in the infant's home?		
	Yes	No
24. Does a parent or sibling have asthma or chronic bronchitis?	01	02

SIGNATURE OF EXAMINER

SIGNATURE OF CLINICAL COORDINATOR

DATE: _____

SCREENING FORM

(To be completed on all infants who:
1. weigh between 750 and 2000 grams;
2. require oxygen or assisted ventilation; and
3. are less than or equal to 24 hours of age.)

********** BACKGROUND INFORMATION **********

1. Infant ID ..... [67-74] [| | | | | | |]

2. Date and time of birth ..... Month [75-76] [| |] Day [77-78] [| |] Year [79-80] [| |] Time [81-84] [| | | |]

3. A. Date and time of this screening ..... [85-86] [| |] [87-88] [| |] [89-90] [| |] [91-94] [| | | |]

   B. Has this patient been screened before? ..... [95-96] Yes [ ] 01 No [ ] 02

4. Birth Weight ..... [97-100] [| | | |] grams

5. Infant data:
   A. Inborn [ ] 01 [101-102] Outborn [ ] 02
   B. Male [ ] 01 [103-104] Female [ ] 02
   C. Gestational Age (Pediatric Assessment) ... [105-106] [| |] weeks, Unknown [ ] 94

6. Preliminary Diagnoses (*check all that apply*):
   A. Apnea ..... [ ] 01 [107-108]
   B. Pneumonia ..... [ ] 02 [109-110]
   C. Respiratory Distress Syndrome ..... [ ] 03 [111-112]
   D. Respiratory Distress Other ..... [ ] 04 [113-114]
   E. Drug related depression ..... [ ] 05 [115-116]
   F. Asphyxia ..... [ ] 06 [117-118]
   G. Other (*specify*) _____ . [ ] 07 [119-120]
   H. None ..... [ ] 08 [121-122]

7. Is the infant on IPPV? ..... [123-124] Yes [ ] 01 No [ ] 02
   If YES, for how long? ..... [125-126] [| |] hours [127-128] [| |] minutes

8. Exclusion Diagnosis (*check all that apply*)
   A. Meconium aspiration ..... [129-130] [ ] 01
   B. Neuromuscular conditions affecting respiration ..... [ ] 02 [131-132]

C. Hydrops fetalis ..... 133-134 ☐ 03

D. Congenital heart disease ..... 135-136 ☐ 04

E. Major congenital malformations ..... 137-138 ☐ 05

F. Multiple birth (≥ 3) ..... 139-140 ☐ 06

G. Newborn non-viable ..... 141-142 ☐ 07

1. Expired within three days ..... 143-144 Yes ☐ 01 No ☐ 02

H. None ..... 145-146 ☐ 08

9. Eligibility for the study at this point of screening ..... Yes ☐ No ☐

(If NO, sign and mail to RTI) 147-148

10. Mother's date of birth ..... 152-153 Month ☐☐ 154-155 Day ☐☐ 156-157 Year ☐☐

11. Ethnic Origin of Mother: 156-159

A. White, not of Hispanic origin ..... ☐ 01

B. Black, not of Hispanic origin ..... ☐ 02

C. Hispanic ..... ☐ 03

D. Asian/Pacific Islander ..... ☐ 04

E. American Indian/Alaskan Native ..... ☐ 05

F. Other (*specify*) _____ ... ☐ 06

G. Don't Know ..... ☐ 07

12. Twin Pregnancy ..... 160-161 Yes ☐ 01 No ☐ 02

13. Qualifying Data

Infants may be treated with CMV for as long as 12 hours prior to qualifying. Infants weighing between 750 and 1250 grams need only require assisted mechanical ventilation to be eligible for randomization.

A. *For infants between 750 and 1250 grams:* 162-163
Does infant meet ventilatory requirements for entry ? .... ☐ 01 ☐ 02

B. *For infants between 1251 and 2000 grams:* 164-165
Does infant meet blood gas criteria with 12 hours of ventilation? ..... ☐ 01 ☐ 02

Does infant meet blood gas criteria within 24 hours of age? ..... 166-167 ☐ 01 ☐ 02

14. Blood gases (*enter only if the infant meets blood gas criteria for entry, i.e., both parts of Q.13.B are yes*)

Time (24-hour Clock)	Measurements		
☐☐☐☐ (168-171)	P_aO_2 ☐☐☐ (172-174) mm Hg	F_IO_2 ☐.☐☐ (175-176)	$\bar{P}aw$ ☐☐.☐ (179-182) cm H_2O
	P_aO_2/F_IO_2 ☐☐☐ (183-185) mm Hg		
☐☐☐☐ (186-189)	P_aO_2 ☐☐☐ (190-192) mm Hg	F_IO_2 ☐.☐☐ (193-196)	$\bar{P}aw$ ☐☐.☐ (197-200) cm H_2O
	P_aO_2/F_IO_2 ☐☐☐ (201-203) mm Hg		

(204-205)

	Yes	No
15. Infant involved in conflicting protocol(s)?	☐ 01	☐ 02
16. Ventilators available?		
A. CMV (206-207)	☐ 01	☐ 02
B. HFV (208-209)	☐ 01	☐ 02
17. Agreed to participate in study? (210-211)	☐ 01	☐ 02

A. If NO, why? (*check all that apply*)

1. Parental/Guardian refusal ..... ☐ 01 (212-213)
2. Physician refusal ..... ☐ 02 (214-215)
3. Other (*specify*) _____ .. ☐ 03 (216-217)

B. Describe reasons for refusal: _____

_____

_____

_____

18. Disposition of Infant: (218-219)

A. ☐ 01 Randomized ☐ 02 Excluded

B. If the reason for exclusion is none of those listed above, specify ... _____

19. Ventilator assigned:

CMV ☐ 01 HFV ☐ 02

A. Date and Time of Random Assignment:

Month	Day	Year	Time
☐☐	☐☐	☐☐	☐☐☐☐

20. Was patient withdrawn prior to initiation of study ventilator/protocol? ..... Yes ☐ 01 No ☐ 02

If YES, why? _____

AFFIX RANDOMIZATION LABEL BELOW.

SIGNATURE OF CLINICAL COORDINATOR: _____

DATE: _____

FORM H

6-3-86
Revised 11-1-86

INFANT ENTRY AND HOSPITAL FORM

1. Infant ID ..... | | | | | | | | |

	Month	Day	Year
2. Date of Birth			

3. Sex ..... Male ☐ 01 Female ☐ 02

4. Birth Order (for twins only) ..... ☐

5. Ventilator Assigned ..... CMV ☐ 01 HFV ☐ 02

A. Make, Model and Serial Number of assigned ventilator:

_____

	Month	Day	Year	Time
6. Date and time of initiation of infant on study ventilator				

********** FETAL AND PERINATAL DATA **********

	Yes	No	Don't Know
7. Complications (check all that apply):			
A. Placenta previa	☐ 01	☐ 02	☐ 94
B. Abruptio placentae	☐ 01	☐ 02	☐ 94
C. Cord prolapse	☐ 01	☐ 02	☐ 94
D. Other (specify) _____ ..	☐ 01	☐ 02	☐ 94
8. a. Was a test of fetal lung maturity done on amniotic fluid within 24 hours prior to birth?	☐ 01	☐ 02	☐ 94

b. If YES, which tests were done? (check all that apply)

1) L/S Ratio ..... ☐ 01

2) Phosphatidyl Glycerol ..... ☐ 02

3) Disaturated PC ..... ☐ 03

4) Shake Test ..... ☐ 04

5) Foam Stability Index ..... ☐ 05

6) Other ..... ☐ 06

	Yes	No	Don't Know
9. Was fetal distress present?	☐ 01	☐ 02	☐ 94
A. Fetal scalp pH?	☐ 01	☐ 02	
If YES, lowest pH ..... ☐•☐☐			
B. Meconium stained amniotic fluid	☐ 01	☐ 02	☐ 94

10. Delivery Data:

A. Presentation: Vertex ☐ 01 Breech (other compound) ☐ 02

B. Route: Vaginal ☐ 01 Caesarean ..... ☐ 02

If vaginal: Forceps? ☐ 01 Spontaneous? ..... ☐ 02

11. Apgar Scores:

One minute ☐☐ Not Recorded ☐ 01

Five minutes ☐☐ Not Recorded ☐ 01

12. Infant resuscitated at birth? ..... Yes ☐ 01 No ☐ 02

A. If YES, how? (check all that apply):

1. Oxygen ..... ☐ 01
2. Bag and Mask Ventilation ..... ☐ 02
3. Intubation ..... ☐ 03
4. Cardiac Massage ..... ☐ 04
5. Drugs/Fluids ..... ☐ 05

13. Physical Measurements at Randomization:

A. Weight ..... ☐☐☐☐ gm

B. Length (to the nearest 0.5 cm) ..... ☐☐ • ☐ cm

C. Head Circumference (to the nearest 0.5 cm) ..... ☐☐ • ☐ cm

14. Ultrasound Data:

A. Ultrasound at Randomization ..... Yes ☐ 01 No ☐ 02

If YES, date and time of ultrasound: Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes ☐ 01 No ☐ 02

If YES, indicate grade: Grade 1 ☐ 01 Grade 2 ☐ 02 Grade 3 ☐ 03 Grade 4 ☐ 04

2. PVL ..... Yes ☐ 01 No ☐ 02

B. Ultrasound at Day 1 ..... ☐ 01 ☐ 02

If YES, date and time of ultrasound: Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes ☐ 01 No ☐ 02

If YES, indicate grade: Grade 1 ☐ 01 Grade 2 ☐ 02 Grade 3 ☐ 03 Grade 4 ☐ 04

2. PVL ..... Yes ☐ 01 No ☐ 02

Ultrasound at Day 2 ..... Yes 01 ☐ No 02 ☐

If YES, date and time of ultrasound: Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes 01 ☐ No 02 ☐

If YES, indicate grade: Grade 1 01 ☐ Grade 2 02 ☐ Grade 3 03 ☐ Grade 4 04 ☐

2. PVL ..... Yes 01 ☐ No 02 ☐

Ultrasound at Day 3 ..... 01 ☐ 02 ☐

If YES, date and time of ultrasound: Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes 01 ☐ No 02 ☐

If YES, indicate grade: Grade 1 01 ☐ Grade 2 02 ☐ Grade 3 03 ☐ Grade 4 04 ☐

2. PVL ..... Yes 01 ☐ No 02 ☐

Ultrasound at Day 4 ..... 01 ☐ 02 ☐

If YES, date and time of ultrasound: Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes 01 ☐ No 02 ☐

If YES, indicate grade: Grade 1 01 ☐ Grade 2 02 ☐ Grade 3 03 ☐ Grade 4 04 ☐

2. PVL ..... Yes 01 ☐ No 02 ☐

Ultrasound at Day 5 ..... Yes 01 ☐ No 02 ☐

If YES, date and time of ultrasound: Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes 01 ☐ No 02 ☐

If YES, indicate grade: Grade 1 01 ☐ Grade 2 02 ☐ Grade 3 03 ☐ Grade 4 04 ☐

2. PVL ..... Yes 01 ☐ No 02 ☐

Ultrasound at Day 6 ..... 01 ☐ 02 ☐

If YES, date and time of ultrasound: Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes 01 ☐ No 02 ☐

If YES, indicate grade: Grade 1 01 ☐ Grade 2 02 ☐ Grade 3 03 ☐ Grade 4 04 ☐

2. PVL ..... Yes 01 ☐ No 02 ☐

Ultrasound at Day 7 ..... 01 ☐ 02 ☐

If YES, date and time of ultrasound: Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes 01 ☐ No 02 ☐

If YES, indicate grade: Grade 1 01 ☐ Grade 2 02 ☐ Grade 3 03 ☐ Grade 4 04 ☐

2. PVL ..... Yes 01 ☐ No 02 ☐

********** HOSPITAL COURSE **********

15. Major Diagnoses:

Condition			Date of Diagnosis Month	Day	Year	Ventilation Support at Time of Diagnosis (CMV=1, HFV=2, None=3)
A. Respiratory Distress Syndrome.....						
B. Pneumonia						
	Proven	Suspected				
- Congenital:	01	02				
- Acquired: (first episode)	01	02				
C. Congenital viral syndrome						
Specify: _____						
D. Pulmonary Interstitial Emphysema		Right				
		Left				
	Yes	No				
Chest Tube Inserted	01	02	Right			
	01	02	Left			
E. Pneumothorax - Unilateral			Month	Day	Year	
1st episode		Right				
		Left				
Recurrent						
	Yes	No				
Chest Tube Inserted	01	02	Right			
	01	02	Left			

15. Major Diagnoses: (continued)

Condition		Date of Diagnosis Month	Day	Year	Ventilation Support at Time of Diagnosis (CMV=1, HFV=2, None=3)
2nd episode	Right				
	Left				
Recurrent					
		Yes	No		
Chest Tube Inserted	Right	01	02		
	Left	01	02		
Pheumothorax - Bilateral					
Recurrent					
		Yes	No		
Chest Tube Inserted		01	02		

	Month	Day	Year	
F. Pneumomediastinum:				
1st episode				
2nd episode				
3rd episode				
G. Pneumopericardium:				
1st episode				
2nd episode				
3rd episode				

15. Major Diagnoses: (continued)

Condition	Date of Diagnosis Month	Day	Year	Ventilation Support at Time of Diagnosis (CMV=1, HFV=2, None=3)
H. Pneumoperitoneum: Secondary to Pulmonary Causes				
1st episode				
2nd episode				
3rd episode				
Other				
Specify: _____				
I. Pulmonary Venous Air Embolism				
J. Respiratory Distress (other)				
K. Persistent Fetal Circulation/ Persistent Pulmonary Hypertension				
L. Bronchopulmonary Dysplasia				
M. Necrotizing Tracheobronchitis				
N. Tracheostomy				
Indication: _____				
O. Post Extubation Atelectasis				
P. Apnea				
Q. Necrotizing Enterocolitis				
R. Jaundice Requiring Exchange Transfusion				

15. Major Diagnoses: (continued)

Condition	Date of Diagnosis Month	Day	Year	Ventilation Support at Time of Diagnosis (CMV=1, HFV=2, None=3)
S. Congenital Heart Disease				
T. Patent Ductus Arteriosus				
U. Retinopathy				

16. If PDA diagnosed:

Was congestive heart failure present? ..... Yes ☐ 01 No ☐ 02

Were the following treatments given?

		Date First Treated Month	Day	Year
☐	Fluid restriction or diuretics			
☐	Indomethacin			
☐	Ligation			

17. Periventricular Leukomalacia (PVL) ..... ☐ 01 ☐ 02

18. IVH ..... ☐ 01 ☐ 02

	Month	Day	Year
If YES, when first detected?			

How? (check all that apply)

Ultrasound ☐ 01 Catscan ☐ 02 Clinical ☐ 03 Autopsy ☐ 04

Most severe grade during hospital course:

☐ 1, ☐ 2, ☐ 3, ☐ 4

	Yes	No
19. Post hemorrhagic hydrocephalus	01	02
Shunt	01	02
Repeat Lumbar Puncture	01	02
Ventricular Drainage	01	02
20. Seizures	01	02

	Month	Day	Year
If YES, date of onset			

Number of Episodes:
- 1 episode 01
- More than 1 episode 02

EEG Results:
- Not done 01
- Normal 02
- Abnormal 03

	Yes	No
21. Culture proven infections?	01	02

If YES, write the date of first positive culture in the box which indicates site of culture.

	Spinal		Blood		Endotracheal		Other	
	Month	Day	Month	Day	Month	Day	Month	Day
A. Pneumonia								
B. Meningitis								
C. Sepsis								
D. Other								

Specify: _____

22. Highest Bilirubin

	SIU	mg %	Month	Day	Year
A. Highest Total	☐☐☐☐	☐☐•☐	☐☐	☐☐	☐☐
B. Highest Direct	☐☐☐☐	☐☐•☐	☐☐	☐☐	☐☐

23. Medications:

	Starting Date Month	Day	Year	Duration of Therapy (days)
A. Antibiotics	☐☐	☐☐	☐☐	☐☐☐
B. Methylxanthines	☐☐	☐☐	☐☐	☐☐☐

Indications _____

C. Bronchodilators	☐☐	☐☐	☐☐	☐☐☐
D. Muscle Relaxants	☐☐	☐☐	☐☐	☐☐☐
E. Sedation	☐☐	☐☐	☐☐	☐☐☐
F. Anti-seizure medications	☐☐	☐☐	☐☐	☐☐☐
G. Volume Expansion	☐☐	☐☐	☐☐	☐☐☐
H. Vasodilators	☐☐	☐☐	☐☐	☐☐☐
I. Vasopressor Agents	☐☐	☐☐	☐☐	☐☐☐
J. Diuretics	☐☐	☐☐	☐☐	☐☐☐
K. Steroids	☐☐	☐☐	☐☐	☐☐☐
L. Bicardonates	☐☐	☐☐	☐☐	☐☐☐
M. Other	☐☐	☐☐	☐☐	☐☐☐

Specify _____

24. Technique of entrotracheal tube suctioning:

	Yes	No
A. Hand ventilation with suctioning	01	02
B. (for HFV only) Machine sigh after suctioning	01	02

25. Study Outcome:

	Yes	No
A. Crossover	01	02

1. If YES, date of first crossover .. Month ☐☐ Day ☐☐ Year ☐☐

B. Days on assigned ventilation ..... ☐☐ days

C. Date first weaned to CPAP Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

D. Extubated ..... Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1) Days on endotracheal tube CPAP ..... ☐☐☐ days

E. Days on nasal or pharyngeal CPAP ..... ☐☐☐ days

F. Days on O_2 Therapy:

> 40% ..... ☐☐☐ days

22 - 40% ..... ☐☐☐ days

G. Room air date ..... Month ☐☐ Day ☐☐ Year ☐☐

H. Need for supplemental oxygen at the 28th day .....

Yes	No
01	02

I. Enteral Feeding date ..... Month ☐☐ Day ☐☐ Year ☐☐

J. Date on which 90 cal/kg reached ..... Month ☐☐ Day ☐☐ Year ☐☐

K. Radiographic changes consistent with BPD on day 28 ± 7 days .....

Yes	No	Don't Know
01	02	94

26. Patient Disposition:

			Month	Day	Year
A.	☐	Infant still in hospital at 28 days	☐☐	☐☐	☐☐
			Yes	No	
		In O_2	☐ 01	☐ 02	
		On ventilator	☐ 01	☐ 02	
B.	☐	Discharged to home	☐☐	☐☐	☐☐
			Yes	No	
		In O_2	☐ 01	☐ 02	
		On ventilator	☐ 01	☐ 02	
C.	☐	Discharged to other hospital	☐☐	☐☐	☐☐
			Yes	No	
		In O_2	☐ 01	☐ 02	
		On ventilator	☐ 01	☐ 02	
D.	☐	Died	☐☐	☐☐	☐☐
			Yes	No	
		If died, autopsy done?	☐ 01	☐ 02	

SIGNATURE OF CLINICAL COORDINATOR: _____

DATE: _____

INFANT ENTRY AND HOSPITAL FORM

1. Infant ID ..... [| | | | | | | |]

2. Date of Birth ..... Month [|] Day [|] Year [|]

3. Sex ..... Male [ ] 01 Female [ ] 02

4. Birth Order (for twins only) ..... [ ]

5. Ventilator Assigned ..... CMV [ ] 01 HFV [ ] 02

   A. Make, Model and Serial Number of assigned ventilator:

   _____

6. Date and time of initiation of infant on study ventilator ..... Month [|] Day [|] Year [|] Time [| | |]

********** FETAL AND PERINATAL DATA **********

		Yes	No	Don't Know
7.	Complications (*check all that apply*):			
	A. Placenta previa	[ ] 01	[ ] 02	[ ] 94
	B. Abruptio placentae	[ ] 01	[ ] 02	[ ] 94
	C. Cord prolapse	[ ] 01	[ ] 02	[ ] 94
	D. Other (*specify*) _____ ..	[ ] 01	[ ] 02	[ ] 94
8.	a. Was a test of fetal lung maturity done on amniotic fluid within 24 hours prior to birth?	[ ] 01	[ ] 02	[ ] 94

   b. If YES, which tests were done? (*check all that apply*)

   1) L/S Ratio [ ] 01
   2) Phosphatidyl Glycerol [ ] 02
   3) Disaturated PC [ ] 03
   4) Shake Test [ ] 04
   5) Foam Stability Index [ ] 05
   6) Other [ ] 06

   c. Result: Mature [ ] 01 Immature [ ] 02

9.	Was fetal distress present?	[ ] 01	[ ] 02	[ ] 94
	A. Fetal scalp pH?	[ ] 01	[ ] 02	
	If YES, lowest pH ..... [ ] . [	]		
	B. Meconium stained amniotic fluid	[ ] 01	[ ] 02	[ ] 94

10. Delivery Data:

A. Presentation: Vertex ☐ 01 Breech (other compound) ☐ 02

B. Route: Vaginal ☐ 01 Caesarean ..... ☐ 02

If vaginal: Forceps? ☐ 01 Spontaneous? ☐ 02

11. Apgar Scores:

One minute ☐☐ Not Recorded ☐ 01

Five minutes ☐☐ Not Recorded ☐ 01

12. Infant resuscitated at birth? ..... Yes ☐ 01 No ☐ 02

A. If YES, how? (*check all that apply*)

1. Oxygen ..... ☐ 01
2. Bag and Mask Ventilation .... ☐ 02
3. Intubation ..... ☐ 03
4. Cardiac Massage ..... ☐ 04
5. Drugs/Fluids ..... ☐ 05

13. Physical Measurements at Randomization:

A. Weight ..... ☐☐☐☐ gm

B. Length (to the nearest 0.5 cm) ..... ☐☐ . ☐ cm

C. Head Circumference (to the nearest 0.5 cm) ..... ☐☐ . ☐ cm

14. Ultrasound Data:

A. Ultrasound at Randomization ..... Yes ☐ 01 No ☐ 02

If YES, date and time of ultrasound:

Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes ☐ 01 No ☐ 02

If YES, indicate grade:

Grade 1 ☐ 01 Grade 2 ☐ 02 Grade 3 ☐ 03 Grade 4 ☐ 04

2. PVL ..... Yes ☐ 01 No ☐ 02

B. Ultrasound at Day 1 ..... Yes ☐01 No ☐02

If YES, date and time of ultrasound:

Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes ☐01 No ☐02

If YES, indicate grade:

Grade 1 ☐01 Grade 2 ☐02 Grade 3 ☐03 Grade 4 ☐04

2. PVL ..... Yes ☐01 No ☐02

Ultrasound at Day 2 ..... Yes ☐01 No ☐02

Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes ☐01 No ☐02

If YES, indicate grade:

Grade 1 ☐01 Grade 2 ☐02 Grade 3 ☐03 Grade 4 ☐04

2. PVL ..... Yes ☐01 No ☐02

Ultrasound at Day 3 ..... Yes ☐01 No ☐02

Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes ☐01 No ☐02

If YES, indicate grade:

Grade 1 ☐01 Grade 2 ☐02 Grade 3 ☐03 Grade 4 ☐04

2. PVL ..... Yes ☐01 No ☐02

Ultrasound at Day 4 ..... Yes ☐01 No ☐02

Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes ☐01 No ☐02

If YES, indicate grade:

Grade 1 ☐01 Grade 2 ☐02 Grade 3 ☐03 Grade 4 ☐04

2. PVL ..... Yes ☐01 No ☐02

Ultrasound at Day 5 ..... Yes ☐01 No ☐02

Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes ☐01 No ☐02

If YES, indicate grade:

Grade 1 ☐01 Grade 2 ☐02 Grade 3 ☐03 Grade 4 ☐04

2. PVL ..... Yes ☐01 No ☐02

Ultrasound at Day 6 ..... Yes ☐01 No ☐02

Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes ☐01 No ☐02

If YES, indicate grade:

Grade 1 ☐01 Grade 2 ☐02 Grade 3 ☐03 Grade 4 ☐04

2. PVL ..... Yes ☐01 No ☐02

Ultrasound at Day 7 ..... Yes ☐01 No ☐02

Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

1. IVH ..... Yes ☐01 No ☐02

If YES, indicate grade:

Grade 1 ☐01 Grade 2 ☐02 Grade 3 ☐03 Grade 4 ☐04

2. PVL ..... Yes ☐01 No ☐02

********** HOSPITAL COURSE **********

15. Major Diagnoses:

Condition			Date of Diagnosis Month	Day	Year	Ventilation Support at Time of Diagnosis (CMV=1, HFV=2, None=3)
A.	Respiratory Distress Syndrome		☐☐	☐☐	☐☐	☐
B.	Pneumonia		☐☐	☐☐	☐☐	☐
	-Congenital:	Proven ☐01 Suspected ☐02	☐☐	☐☐	☐☐	
	-Acquired: (first episode)	☐01 ☐02	☐☐	☐☐	☐☐	
C.	Congenital viral syndrome		☐☐	☐☐	☐☐	
	Specify: _____					
D.	Pulmonary Interstitial Emphysema	Right	☐☐	☐☐	☐☐	☐
		Left	☐☐	☐☐	☐☐	☐
	Chest Tube Inserted	Right	Yes ☐01	No ☐02		
		Left	☐01	☐02		

Major Diagnoses: Condition		Date of Diagnosis Month	Day	Year	Ventilation Support at Time of Diagnosis (CMV=1, HFV=2, None=3)
E. Pneumothorax					
Unilateral					
1st episode	Right	☐☐	☐☐	☐☐	☐
	Left	☐☐	☐☐	☐☐	☐
	Recurrent	☐			
Chest Tube Inserted		Yes	No		
	Right	☐01	☐02		
	Left	☐01	☐02		
2nd episode	Right	☐☐	☐☐	☐☐	☐
	Left	☐☐	☐☐	☐☐	☐
	Recurrent	☐			
Chest Tube Inserted		Yes	No		
	Right	☐01	☐02		
	Left	☐01	☐02		
Bilateral		Month ☐☐	Day ☐☐	Year ☐☐	☐
	Recurrent	☐			
Chest Tube Inserted		Yes ☐ 01	No ☐ 02		
F. Pneumomediastinum					
1st episode		☐☐	☐☐	☐☐	☐
2nd episode		☐☐	☐☐	☐☐	☐
3rd episode		☐☐	☐☐	☐☐	☐
G. Pneumopericardium		☐☐	☐☐	☐☐	☐
1st episode		☐☐	☐☐	☐☐	☐
2nd episode		☐☐	☐☐	☐☐	☐
3rd episode		☐☐	☐☐	☐☐	☐

Major Diagnoses: Condition		Date of Diagnosis Month	Day	Year	Ventilation Support at Time of Diagnosis (CMV=1, HFV=2, None=3)
H.	Pneumoperitoneum: Secondary to Pulmonary Causes	☐☐	☐☐	☐☐	☐
	1st episode	☐☐	☐☐	☐☐	☐
	2nd episode	☐☐	☐☐	☐☐	☐
	3rd episode	☐☐	☐☐	☐☐	☐
	Other	☐☐	☐☐	☐☐	☐
	Specify: _____				
	_____				
I.	Pulmonary Venous Air Embolism	☐☐	☐☐	☐☐	☐
J.	Respiratory Distress (other)	☐☐	☐☐	☐☐	☐
K.	Persistent Fetal Circulation/ Persistent Pulmonary Hypertension	☐☐	☐☐	☐☐	☐
L.	Bronchopulmonary Dysplasia	☐☐	☐☐	☐☐	☐
M.	Necrotizing Tracheobronchitis	☐☐	☐☐	☐☐	☐
N.	Tracheostomy	☐☐	☐☐	☐☐	☐
	Indication: _____				
O.	Post Extubation Atelectasis	☐☐	☐☐	☐☐	☐
P.	Apnea	☐☐	☐☐	☐☐	☐
Q.	Necrotizing Enterocolitis	☐☐	☐☐	☐☐	☐
R.	Jaundice Requiring Exchange Transfusion	☐☐	☐☐	☐☐	☐
S.	Congenital Heart Disease	☐☐	☐☐	☐☐	☐
T.	Patent Ductus Arteriosus	☐☐	☐☐	☐☐	☐
U.	Retinopathy	☐☐	☐☐	☐☐	☐

16. If PDA diagnosed:
Was congestive heart failure present? ..... Yes ☐01 No ☐02

Were The Following Treatments Given? | Date First Treated (Month / Day / Year)

- ☐ Fluid restriction or diuretics ☐☐ / ☐☐ / ☐☐
- ☐ Indomethacin ☐☐ / ☐☐ / ☐☐
- ☐ Ligation ☐☐ / ☐☐ / ☐☐

17. Periventricular Leukomalacia (PVL) ..... Yes ☐01 No ☐02

18. IVH ..... ☐01 ☐02

If YES, when first detected? ..... Month ☐☐ Day ☐☐ Year ☐☐

How? (*check all that apply*)

Ultrasound ☐01 Catscan ☐02 Clinical ☐03 Autopsy ☐04

Most Severe Grade during hospital course ..... ☐ 1, ☐ 2, ☐ 3, ☐ 4

19. Post hemorrhagic hydrocephalus ..... Yes ☐01 No ☐02

Shunt ..... ☐01 ☐02

Repeat Lumbar Puncture ..... ☐01 ☐02

Ventricular Drainage ..... ☐01 ☐02

20. Seizures ..... ☐01 ☐02

If YES, date of onset .... Month ☐☐ Day ☐☐ Year ☐☐

Number of seizures .. ☐☐

ECG Results ..... ☐01 Not Done

☐02 Normal

☐03 Abnormal

21. Culture proven infections? ..... Yes ☐01 No ☐02

If YES, write the date at first positive culture in the box which indicates site of culture.

	Spinal		Blood		Endotracheal		Other	
	Month	Day	Month	Day	Month	Day	Month	Day
A. Pneumonia			☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
B. Meningitis	☐☐	☐☐	☐☐	☐☐				
C. Sepsis	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
D. Other	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

Specify: _____

22. Highest Bilirubin:

	SIU	mg. %	Month	Day	Year
A. Highest Total	☐☐☐☐	☐☐.☐	☐☐	☐☐	☐☐
B. Highest Direct ...	☐☐☐☐	☐☐.☐	☐☐	☐☐	☐☐

23. Medications:

	Starting Date			Duration of Therapy
	Month	Day	Year	(days)
A. Antibiotics	☐☐	☐☐	☐☐	☐☐☐
B. Methylxanthines ...	☐☐	☐☐	☐☐	☐☐☐

Indications _____

C. Bronchodilators	☐☐	☐☐	☐☐	☐☐☐
D. Muscle Relaxants ..	☐☐	☐☐	☐☐	☐☐☐
E. Sedation	☐☐	☐☐	☐☐	☐☐☐
F. Anti-seizure medications	☐☐	☐☐	☐☐	☐☐☐
G. Volume Expansion ..	☐☐	☐☐	☐☐	☐☐☐
H. Vasodilators	☐☐	☐☐	☐☐	☐☐☐
I. Vasopressor Agents	☐☐	☐☐	☐☐	☐☐☐
J. Diuretics	☐☐	☐☐	☐☐	☐☐☐
K. Steroids	☐☐	☐☐	☐☐	☐☐☐
L. Bicarbonates	☐☐	☐☐	☐☐	☐☐☐
M. Other	☐☐	☐☐	☐☐	☐☐☐

Specify: _____

24. Technique of entrotracheal tube suctioning:

	Yes	No
A. Hand ventilation with suctioning	☐01	☐02
B. (for HFV only) Machine sigh after suctioning	☐01	☐02

25. Study Outcome:

A. Crossover	☐01	☐02

1. If YES, Date of first crossover ..... Month ☐☐ Day ☐☐ Year ☐☐

B. Days on assigned ventilation ..... ☐☐ days

C. Date first weaned to CPAP .... Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

D. Extubated ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐

E. Days on nasal or pharyngeal CPAP ..... ☐☐☐ days

F. Days on O_2 therapy
> 40% ..... ☐☐☐ days

22 - 40% ..... ☐☐☐ days

G. Room air date ..... ☐☐ ☐☐ ☐☐

	Yes	No
H. Need for supplemental oxygen at the 28th day	☐01	☐02

I. Enteral Feeding date ..... ☐☐ ☐☐ ☐☐

J. Date on which 90 cal/kg reached ..... ☐☐ ☐☐ ☐☐

26. Patient Status at 28 Days:

A. ☐ Infant still in hospital ..... Month ☐☐ Day ☐☐ Year ☐☐

	Yes	No
In O_2	☐01	☐02
On Ventilator	☐01	☐02

B. ☐ Discharged to home ..... ☐☐ ☐☐ ☐☐

	Yes	No
In O_2	☐01	☐02
On Ventilator	☐01	☐02

		Month	Day	Year
C.	☐ Dicharged to other hospital	☐☐	☐☐	☐☐
		Yes	No	
	In O_2	☐ 01	☐ 02	
	On Ventilator	☐ 01	☐ 02	
D.	☐ Died	☐☐	☐☐	☐☐
		Yes	No	
	If died, autopsy done?	☐ 01	☐ 02	

SIGNATURE OF CLINICAL COORDINATOR: _____

DATE: _____

INFANT ENTRY AND HOSPITAL FORM

1. Infant ID ..... ☐☐☐☐☐☐☐☐

2. Date of Birth ..... Month ☐☐ Day ☐☐ Year ☐☐

3. Sex ..... Male ☐ 01 Female ☐ 02

4. Birth Order (for twins only) ..... ☐

5. Ventilator Assigned ..... CMV ☐ 01 HFV ☐ 02

   A. Make, Model and Serial Number of assigned ventilator:

   _____

6. Date and time of initiation of infant on study ventilator ..... Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

********** FETAL AND PERINATAL DATA **********

		Yes	No	Don't Know
7.	Complications (*check all that apply*):			
	A. Placenta previa	☐ 01	☐ 02	☐ 94
	B. Abruptio placentae	☐ 01	☐ 02	☐ 94
	C. Cord prolapse	☐ 01	☐ 02	☐ 94
	D. Other (*specify*) _____ ..	☐ 01	☐ 02	☐ 94
8.	a. Was a test of fetal lung maturity done on amniotic fluid within 24 hours prior to birth?	☐ 01	☐ 02	☐ 94

   b. If YES, which tests were done? (*check all that apply*)

   1) L/S Ratio ☐ 01
   2) Phosphatidyl Glycerol ☐ 02
   3) Disaturated PC ☐ 03
   4) Shake Test ☐ 04
   5) Foam Stability Index ☐ 05
   6) Other ☐ 06

   c. Result: Mature ☐ 01 Immature ☐ 02

9.	Was fetal distress present?	☐ 01	☐ 02	☐ 94
	A. Fetal scalp pH?	☐ 01	☐ 02	
	If YES, lowest pH ..... ☐ . ☐☐			
	B. Meconium stained amniotic fluid	☐ 01	☐ 02	☐ 94

10. Delivery Data:

A. Presentation: Vertex ☐ 01 Breech (other compound) ☐ 02

B. Route: Vaginal ☐ 01 Caesarean ..... ☐ 02

If vaginal: Forceps? ☐ 01 Spontaneous? ☐ 02

11. Apgar Scores:

One minute ☐☐ Not Recorded ☐ 01

Five minutes ☐☐ Not Recorded ☐ 01

12. Infant resuscitated at birth? ..... Yes ☐ 01 No ☐ 02

A. If YES, how? (*check all that apply*)

1. Oxygen ..... ☐ 01
2. Bag and Mask Ventilation .... ☐ 02
3. Intubation ..... ☐ 03
4. Cardiac Massage ..... ☐ 04
5. Drugs/Fluids ..... ☐ 05

13. Physical Measurements at Randomization:

A. Weight ..... ☐☐☐☐ gm

B. Length (to the nearest 0.5 cm) ..... ☐☐ . ☐ cm

C. Head Circumference (to the nearest 0.5 cm) ..... ☐☐ . ☐ cm

********** HOSPITAL COURSE **********

14. Major Diagnoses:

Condition	Date of Diagnosis Month	Day	Year	Ventilation Support at Time of Diagnosis (CMV=1, HFV=2, None=3)
A. Respiratory Distress Syndrome	☐☐	☐☐	☐☐	☐
B. Pneumonia	☐☐	☐☐	☐☐	☐
-Congenital: Proven ☐ 01 Suspected ☐ 02	☐☐	☐☐	☐☐	
-Acquired: (first episode) ☐ 01 ☐ 02	☐☐	☐☐	☐☐	
C. Congenital viral syndrome	☐☐	☐☐	☐☐	
Specify: _____				
D. Pulmonary Interstitial Emphysema	☐☐	☐☐	☐☐	☐ R L
	☐	☐	☐	L L
E. Pneumothorax Unilateral	☐☐	☐☐	☐☐	☐
1st episode	☐☐	☐☐	☐☐	☐
2nd episode	☐☐	☐☐	☐☐	☐
3rd episode	☐☐	☐☐	☐☐	☐
Bilateral	☐☐	☐☐	☐☐	☐
1st episode	☐☐	☐☐	☐☐	☐
2nd episode	☐☐	☐☐	☐☐	☐
3rd episode	☐☐	☐☐	☐☐	☐
Recurrent	☐			
F. Pneumomediastinum	☐☐	☐☐	☐☐	☐
1st episode	☐☐	☐☐	☐☐	☐
2nd episode	☐☐	☐☐	☐☐	☐
3rd episode	☐☐	☐☐	☐☐	☐

Major Diagnoses: Condition		Date of Diagnosis Month	Day	Year	Ventilation Support at Time of Diagnosis (CMV=1, HFV=2, None=3)
G.	Pneumopericardium	☐☐	☐☐	☐☐	☐
	1st episode	☐☐	☐☐	☐☐	☐
	2nd episode	☐☐	☐☐	☐☐	☐
	3rd episode	☐☐	☐☐	☐☐	☐
H.	Pneumoperitoneum: Secondary to Pulmonary Causes	☐☐	☐☐	☐☐	☐
	1st episode	☐☐	☐☐	☐☐	☐
	2nd episode	☐☐	☐☐	☐☐	☐
	3rd episode	☐☐	☐☐	☐☐	☐
	Other	☐☐	☐☐	☐☐	☐
	Specify: _____				
	_____				
I.	Pulmonary Venous Air Embolism	☐☐	☐☐	☐☐	☐
J.	Respiratory Distress (other)	☐☐	☐☐	☐☐	☐
K.	Persistent Fetal Circulation/ Persistent Pulmonary Hypertension	☐☐	☐☐	☐☐	☐
L.	Bronchopulmonary Dysplasia	☐☐	☐☐	☐☐	☐
M.	Necrotizing Tracheobronchitis	☐☐	☐☐	☐☐	☐
N.	Tracheostomy	☐☐	☐☐	☐☐	☐
	Indication: _____				
O.	Post Extubation Atelectasis	☐☐	☐☐	☐☐	☐
P.	Apnea	☐☐	☐☐	☐☐	☐
Q.	Necrotizing Enterocolitis	☐☐	☐☐	☐☐	☐
R.	Jaundice Requiring Exchange Transfusion	☐☐	☐☐	☐☐	☐

Major Diagnoses: Condition	Date of Diagnosis Month	Day	Year	Ventilation Support at Time of Diagnosis (CMV=1, HFV=2, None=3)
S. Congenital Heart Disease	☐☐	☐☐	☐☐	☐
T. Patent Ductus Arteriosus	☐☐	☐☐	☐☐	☐
U. Retinopathy	☐☐	☐☐	☐☐	☐

15. If PDA diagnosed:
Was congestive heart failure present? ..... Yes ☐ 01 No ☐ 02

Were The Following Treatments Given?	Date First Treated Month	Day	Year
☐ Fluid restriction or diuretics	☐☐	☐☐	☐☐
☐ Indomethacin	☐☐	☐☐	☐☐
☐ Ligation	☐☐	☐☐	☐☐

16. Periventricular Leukomalacia (PVL) ..... Yes ☐ 01 No ☐ 02

17. IVH ..... ☐ 01 ☐ 02

If YES, when first detected? ..... Month ☐☐ Day ☐☐ Year ☐☐

How? (*check all that apply*)

Ultrasound ☐ 01 Catscan ☐ 02 Clinical ☐ 03 Autopsy ☐ 04

Most Severe Grade during hospital course ..... ☐ 1, ☐ 2, ☐ 3, ☐ 4

18. Post hemorrhagic hydrocephalus ..... Yes ☐ 01 No ☐ 02

Shunt ..... ☐ 01 ☐ 02

Repeat Lumbar Puncture ..... ☐ 01 ☐ 02

Ventricular Drainage ..... ☐ 01 ☐ 02

19. Culture proven infections? ..... Yes ☐ 01 No ☐ 02

If YES, write the date at first positive culture in the box which indicates site of culture.

	Spinal Month	Spinal Day	Blood Month	Blood Day	Endotracheal Month	Endotracheal Day	Other Month	Other Day
A. Pneumonia			☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
B. Meningitis	☐☐	☐☐	☐☐	☐☐				
C. Sepsis	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
D. Other	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

Specify: _____

20. Highest Bilirubin:

	SIU	mg. %	Month	Day	Year
A. Highest Total	☐☐☐	☐☐.☐	☐☐	☐☐	☐☐
B. Highest Direct ...	☐☐☐	☐☐.☐	☐☐	☐☐	☐☐

21. Medications:

	Starting Date Month	Day	Year	Duration of Therapy (days)
A. Antibiotics	☐☐	☐☐	☐☐	☐☐☐
B. Methylxanthines ...	☐☐	☐☐	☐☐	☐☐☐
Indications _____				
C. Bronchodilators	☐☐	☐☐	☐☐	☐☐☐
D. Muscle Relaxants ..	☐☐	☐☐	☐☐	☐☐☐
E. Sedation	☐☐	☐☐	☐☐	☐☐☐
F. Anti-seizure medications	☐☐	☐☐	☐☐	☐☐☐
G. Volume Expansion ..	☐☐	☐☐	☐☐	☐☐☐
H. Vasodilators	☐☐	☐☐	☐☐	☐☐☐
I. Vasopressor Agents	☐☐	☐☐	☐☐	☐☐☐
J. Diuretics	☐☐	☐☐	☐☐	☐☐☐
K. Steroids	☐☐	☐☐	☐☐	☐☐☐
L. Bicarbonates	☐☐	☐☐	☐☐	☐☐☐
M. Other	☐☐	☐☐	☐☐	☐☐☐

Specify: _____

22. Study Outcome:

A. Crossover ..... Yes ☐ 01 No ☐ 02

1. If YES, Date of first crossover ..... Month ☐☐ Day ☐☐ Year ☐☐

B. Days on assigned ventilation ..... ☐☐ days

C. Date first weaned to CPAP .... Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

D. Extubated ..... ☐☐ ☐☐ ☐☐ ☐☐☐☐

E. Days on nasal or pharyngeal CPAP ..... ☐☐☐ days

F. Days on O_2 therapy
> 40% ..... ☐☐☐ days

21 - 40% ..... ☐☐☐ days

G. Room air date ..... ☐☐ ☐☐ ☐☐

H. Need for supplemental oxygen at the 28th day ..... Yes ☐ 01 No ☐ 02

I. Enteral Feeding date ..... ☐☐ ☐☐ ☐☐

J. Date on which 90 cal/kg reached ..... ☐☐ ☐☐ ☐☐

23. Patient Status at 28 Days:

A. ☐ Infant still in hospital ..... Month ☐☐ Day ☐☐ Year ☐☐

In O_2 ..... Yes ☐ 01 No ☐ 02

On Ventilator ..... Yes ☐ 01 No ☐ 02

B. ☐ Discharged to home ..... ☐☐ ☐☐ ☐☐

In O_2 ..... Yes ☐ 01 No ☐ 02

On Ventilator ..... Yes ☐ 01 No ☐ 02

C. ☐ Dicharged to other hospital ..... ☐☐ ☐☐ ☐☐

In O_2 ..... Yes ☐ 01 No ☐ 02

On Ventilator ..... Yes ☐ 01 No ☐ 02

D. ☐ Died ..... ☐☐ ☐☐ ☐☐

If died, autopsy done? .... Yes ☐ 01 No ☐ 02

SIGNATURE OF CLINICAL COORDINATOR: _____

DATE: _____

CROSS-OVER FORM

1. Infant ID ..... [| | | | | | | |]

2. Date of Birth ..... Month [|] Day [|] Year [|]

3. Sex ..... Male [ ] 01 Female [ ] 02

4. Original Ventilator Assignment ..... CMV [ ] HFV [ ]

5. Date and Time Infant Qualified for Cross-Over:

Month [|] Day [|] Year [|] Time [| | | |]

6. Qualifying Blood Gases for Cross-Over and Ventilator Settings:

Ventilator Type: CMV [ ] 01 HFV [ ] 02

		First			Second		
		Month	Day	Year	Month	Day	Year
A.	Blood Gases Date	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
	Time (24-hour clock)	☐☐☐☐			☐☐☐☐		
	Source: (arterial=1; transcutaneous=2; capillary=3)	☐			☐		
	PaO_2 (mm Hg)	☐☐☐			☐☐☐		
	$PaCO_2$ (mm Hg)	☐☐☐			☐☐☐		
	pH	☐.☐☐			☐.☐☐		
B.	% O_2:	☐☐☐			☐☐☐		
C.	Ventilator Variables:						
	1. High Frequency Ventilator						
	Ventilator Rate (Hz)	☐☐			☐☐		
	Stroke Volume (mℓ)	☐☐.☐			☐☐.☐		
	Amplitude (cmH_2O)	☐☐			☐☐		
	PIP (Peak)(cm H_2O)	☐☐			☐☐		
	$\bar{P}aw$ (cm H_2O)	☐☐			☐☐		
	Flow Rate (ℓpm)	☐☐			☐☐		
	2. Conventional Ventilator						
	Ventilator Rate	☐☐ cpm			☐☐ cpm		
	Inspiratory Time (sec.)	☐☐.☐			☐☐.☐		
	PEEP (cm H_2O)	☐☐			☐☐		
	PIP (cm H_2O)	☐☐.☐			☐☐.☐		
	$\bar{P}aw$ (cm H_2O)	☐☐.☐			☐☐.☐		
	Flow Rate (ℓpm)	☐☐			☐☐		

D. Sigh Data

Machine Rate	☐☐ cpm	☐☐ cpm
Manual Rate	☐☐☐.☐ cph	☐☐☐.☐ cph
Inspiratory Time (sec.)	☐☐.☐	☐☐.☐
PIP (Peak)(cm H_2O)	☐☐.☐	☐☐.☐
$\bar{P}aw$ (cm H_2O)	☐☐.☐	☐☐.☐

E. Medications:

	Yes	No	Yes	No
Sodium Bicarbonate/THAM	☐	☐	☐	☐
Type & dose:	_____		_____	
Vasopressors	☐	☐	☐	☐
Type & dose:	_____		_____	
Volume expanders	☐	☐	☐	☐
Type & dose:	_____		_____	
Muscle relaxants	☐	☐	☐	☐

7. Was The Baby Switched ..... Yes ☐ 01 No ☐ 02

If no, why not? _____

_____

_____

********** Post Cross-Over Data **********

8. Make and Model of the New Ventilator:

_____ _____

9. Post Cross-Over Blood Gases and Ventilator Settings:

Time Since Cross-Over	First		Second		6 Hours	
	Month	Day	Month	Day	Month	Day
A. Blood Gases Date	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
Time	☐☐☐☐		☐☐☐☐		☐☐☐☐	
Source ..... (arterial=1; transcutaneous=2; capillary=3)	☐		☐		☐	
PaO_2 (mm Hg)	☐☐☐		☐☐☐		☐☐☐	
$PaCO_2$ (mm Hg)	☐☐☐		☐☐☐		☐☐☐	
pH	☐.☐☐		☐.☐☐		☐.☐☐	
B. % O_2:	☐☐☐		☐☐☐		☐☐☐	
C. Ventilator Variables:						
1. High Frequency Ventilator						
Ventilator Rate (Hz)	☐☐		☐☐		☐☐	
Stroke Volume (mℓ)	☐☐.☐		☐☐.☐		☐☐.☐	
Amplitude (cmH_2O)	☐☐		☐☐		☐☐	
PIP (Peak)(cm H_2O)	☐☐		☐☐		☐☐	
$\bar{P}aw$ (cm H_2O)	☐☐		☐☐		☐☐	
Flow Rate (ℓpm)	☐☐		☐☐		☐☐	

2. Conventional Ventilator

Ventilator Rate	☐☐ cpm	☐☐ cpm	☐☐ cpm
Inspiratory Time (sec.)	☐☐.☐	☐☐.☐	☐☐.☐
PEEP (cm H_2O)	☐☐	☐☐	☐☐
PIP (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
$\bar{P}aw$ (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
Flow Rate (ℓpm)	☐☐	☐☐	☐☐

D. Sigh Data

Machine Rate (cpm)	☐☐	☐☐	☐☐
Manual Rate (cph)	☐☐☐.☐	☐☐☐.☐	☐☐☐.☐
Inspiratory Time (sec.)	☐☐.☐	☐☐.☐	☐☐.☐
PIP (Peak)(cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
$\bar{P}aw$ (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐

E. Medications:

	Yes	No	Yes	No	Yes	No
Sodium Bicarbonate/THAM	☐	☐	☐	☐	☐	☐
Type & dose:	_____		_____		_____	
Vasopressors	☐	☐	☐	☐	☐	☐
Type & dose:	_____		_____		_____	
Volume expanders	☐	☐	☐	☐	☐	☐
Type & dose:	_____		_____		_____	
Muscle relaxants	☐	☐	☐	☐	☐	☐

10. Was the Baby's Condition on This New Ventilator:

01☐ Same, 02☐ Better, 03☐ Worse

11. Was the Baby Maintained on This New Ventilator? ..... Yes ☐01 No ☐02

If no, why? _____

_____

_____

If YES to Q.11, record blood gases and ventilator data.

Time Since Cross-Over	9 Hours Month Day	12 Hours Month Day	18 Hours Month Day
A. Blood Gases Date	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐
Time	☐☐☐☐	☐☐☐☐	☐☐☐☐
Source ..... (arterial=1; transcutaneous=2; capillary=3)	☐	☐	☐
PaO_2 (mm Hg)	☐☐☐	☐☐☐	☐☐☐
$PaCO_2$ (mm Hg)	☐☐☐	☐☐☐	☐☐☐
pH	☐.☐☐	☐.☐☐	☐.☐☐
B. % O_2:	☐☐☐	☐☐☐	☐☐☐
C. Ventilator Variables:			
1. High Frequency Ventilator			
Ventilator Rate (Hz)	☐☐	☐☐	☐☐
Stroke Volume (mℓ)	☐☐.☐	☐☐.☐	☐☐.☐
Amplitude (cmH_2O)	☐☐	☐☐	☐☐
PIP (Peak)(cm H_2O)	☐☐	☐☐	☐☐
$\bar{P}aw$ (cm H_2O)	☐☐	☐☐	☐☐
Flow Rate (ℓpm)	☐☐	☐☐	☐☐
2. Conventional Ventilator			
Ventilator Rate	☐☐ cpm	☐☐ cpm	☐☐ cpm
Inspiratory Time (sec.)	☐☐.☐	☐☐.☐	☐☐.☐
PEEP (cm H_2O)	☐☐	☐☐	☐☐
PIP (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
$\bar{P}aw$ (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
Flow Rate (ℓpm)	☐☐	☐☐	☐☐

D. Sigh Data

Machine Rate (cpm)	☐☐	☐☐	☐☐
Manual Rate (cph)	☐☐☐.☐	☐☐☐.☐	☐☐☐.☐
Inspiratory Time (sec.)	☐☐.☐	☐☐.☐	☐☐.☐
PIP (Peak)(cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐
$\bar{P}aw$ (cm H_2O)	☐☐.☐	☐☐.☐	☐☐.☐

E. Medications:

	Yes	No	Yes	No	Yes	No
Sodium Bicarbonate/THAM	☐	☐	☐	☐	☐	☐
Type & dose:	_____		_____		_____	
Vasopressors	☐	☐	☐	☐	☐	☐
Type & dose:	_____		_____		_____	
Volume expanders	☐	☐	☐	☐	☐	☐
Type & dose:	_____		_____		_____	
Muscle relaxants	☐	☐	☐	☐	☐	☐

Time Since Cross-Over	24 Hours	48 Hours
A. Blood Gases		
Date	Month Day Year	Month Day Year
Time (24-hour clock)		
Source: (arterial=1; transcutaneous=2; capillary=3)		
PaO_2 (mm Hg)		
$PaCO_2$ (mm Hg)		
pH	.	.
B. % O_2:		
C. Ventilator Variables:		
1. High Frequency Ventilator		
Ventilator Rate (Hz)		
Stroke Volume (mℓ)	.	.
Amplitude (cmH_2O)		
PIP (Peak)(cm H_2O)		
$\bar{P}aw$ (cm H_2O)		
Flow Rate (ℓpm)		
2. Conventional Ventilator		
Ventilator Rate	cpm	cpm
Inspiratory Time (sec.)	.	.
PEEP (cm H_2O)		
PIP (cm H_2O)	.	.
$\bar{P}aw$ (cm H_2O)	.	.
Flow Rate (ℓpm)		

D. Sigh Data

Machine Rate	☐☐ cpm	☐☐ cpm
Manual Rate	☐☐☐.☐ cph	☐☐☐.☐ cph
Inspiratory Time (sec.)	☐☐.☐	☐☐.☐
PIP (Peak)(cm H_2O)	☐☐.☐	☐☐.☐
$\bar{P}aw$ (cm H_2O)	☐☐.☐	☐☐.☐

E. Medications:

	Yes	No	Yes	No
Sodium Bicarbonate/THAM	☐	☐	☐	☐
Type & dose:	_____		_____	
Vasopressors	☐	☐	☐	☐
Type & dose:	_____		_____	
Volume expanders	☐	☐	☐	☐
Type & dose:	_____		_____	
Muscle relaxants	☐	☐	☐	☐

12. Adjunctive Therapy In Use At The Time Cross-Over Criteria Were Met:

Muscle Relaxants ..... ☐ 01

Vasodilators ..... ☐ 02

Vasopressors ..... ☐ 03

Diuretics ..... ☐ 04

Steroids ..... ☐ 05

Sedatives ..... ☐ 06

Anticonvulsants ..... ☐ 07

SIGNATURE OF CLINICAL COORDINATOR: _____

DATE: _____

CROSS-OVER FORM

(This form must be completed if (1) the cross-over criteria are met, or (2) infant is crossed over, or (3) failed in attempts to initiate the infant on the assigned ventilator.)

1. **Infant ID** ..... ☐☐☐☐☐☐☐☐

2. **Date of birth** ..... Month ☐☐ Day ☐☐ Year ☐☐

3. **Sex** ..... Male ☐ 01 Female ☐ 02

4. **Reasons for completing this form** *(Check all that apply.):*
   - A. Cross-over criteria met ..... ☐ 01
   - B. Infant crossed over ..... ☐ 02
   - C. Other *(Specify)* ..... ☐ 03

   _____

5. **If cross-over criteria were met:**
   - A. Date and time ..... Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐
   - B. Was the infant crossed over? ..... **Yes** ☐ 01 **No** ☐ 02

     If NO, why not? _____

     _____

6. **If the infant was crossed over:**

   Date and Time ..... Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

   If the infant was switched without meeting the cross-over criteria, please explain reasons for crossing over.

   _____

   _____

7. Qualifying blood gases for cross-over/blood gases during attempts to initiate infant on the assigned ventilator and ventilator settings:

Ventilator type . . . . . CMV ☐ 01 HFV ☐ 02

	FIRST				SECOND			
A. Blood Gases:	Month	Day	Year		Month	Day	Year	
Date	☐☐	☐☐	☐☐		☐☐	☐☐	☐☐	
Time (24-hr clock)	☐☐☐☐				☐☐☐☐			
Source (arterial = 1; transcutaneous = 2; capillary = 3; venous = 4)				**Source**				**Source**
PaO_2 (mm Hg)	☐☐☐			☐	☐☐☐			☐
$PaCO_2$ (mm Hg)	☐☐☐			☐	☐☐☐			☐
pH	☐.☐☐			☐	☐.☐☐			☐
1. O_2 Saturation % (pulse oximeter) .	☐☐☐				☐☐☐			
B. % O_2 (22-100%)	☐☐☐				☐☐☐			
Nasal cannula (mL/min of 100% O_2) . . .	☐☐☐☐				☐☐☐☐			
C. HFV								
1. Ventilator Variables:								
Ventilator rate (Hz)	☐☐				☐☐			
Stroke volume (mL)	☐☐.☐				☐☐.☐			
Amplitude (cm H_2O)	☐☐				☐☐			
PIP (peak) (cm H_2O)	☐☐				☐☐			
$\bar{P}aw$ (cm H_2O)	☐☐				☐☐			
Flow rate (Lpm)	☐☐.☐				☐☐.☐			
2. Machine Sigh Data:								
Machine rate	☐☐ cpm				☐☐ cpm			
Machine rate	☐☐ cph				☐☐ cph			
Inspiratory time (sec)	☐☐.☐				☐☐.☐			
PIP (peak) (cm H_2O)	☐☐				☐☐			

	FIRST	SECOND
3. IHFO:		
HFO rate	☐☐ cpm	☐☐ cpm
HFO rate	☐☐ cph	☐☐ cph
Duration (sec)	☐☐	☐☐
D. Conventional Ventilator:		
Ventilator rate	☐☐☐ cpm	☐☐☐ cpm
Inspiratory time (sec)	☐ • ☐☐	☐ • ☐☐
PEEP (cm H_2O)	☐☐	☐☐
PIP (peak) (cm H_2O)	☐☐	☐☐
$\bar{P}$aw (cm H_2O)	☐☐ • ☐	☐☐ • ☐
Flow rate (Lmp)	☐☐ • ☐	☐☐ • ☐
E. Medications:	**Yes**	**Yes**
Sodium bicarbonate/THAM	☐ 01	☐ 01
Type and dose:	_____	_____
Vasopressors	☐ 01	☐ 01
Type and dose:	_____	_____
Volume expanders	☐ 01	☐ 01
Type and dose:	_____	_____
Muscle relaxants	☐ 01	☐ 01
Type and dose:	_____	_____

8. Adjunctive therapy in use at the time cross-over criteria were met:

Muscle relaxants	☐ 01
Vasodilators	☐ 02
Vasopressors	☐ 03
Diuretics	☐ 04
Steroids	☐ 05
Sedatives	☐ 06
Anticonvulsants	☐ 07

9. **Was an ultrasound done prior to cross-over?** ..... **Yes** ☐ 01 **No** ☐ 02

If YES, date and time of ultrasound ..... Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

IVH ..... **Yes** ☐ 01 **No** ☐ 02

If YES, indicate grade **Grade 1** ☐ 01 **Grade 2** ☐ 02 **Grade 3** ☐ 03 **Grade 4** ☐ 04

POST CROSS-OVER DATA

Questions 10 through 14 need to be completed only if the infant was crossed over.

10. Make and model of the new ventilator:

_____ _____

11. Post cross-over blood gases and ventilator settings:

Time Since Cross-Over:	**FIRST**		**SECOND**		**THIRD**	
A. Blood Gases Data:	Month	Day	Month	Day	Month	Day
Date						
Time						
Source (arterial = 1; transcutaneous = 2; capillary = 3; venous = 4)		**Source**		**Source**		**Source**
PaO_2 (mm Hg)						
$PaCO_2$ (mm Hg)						
pH						
1. O_2 Saturation % (pulse oximeter)						
B. % O_2 (22-100%)						
Nasal cannula (mL/min of 100% O_2)						
C. HFV						
1. Ventilator Variables:						
Ventilator rate (Hz)						
Stroke volume (mL)						
Amplitude (cm H_2O)						
PIP (peak) (cm H_2O)						
$\bar{P}aw$ (cm H_2O)						
Flow rate (Lpm)						
2. Machine Sigh Data:						
Machine rate (cpm)						
Machine rate (cph)						
Inspiratory time (sec)						
PIP (peak) (cm H_2O)						

	FIRST	SECOND	THIRD
3. IHFO:			
HFO rate (cpm)	☐☐	☐☐	☐☐
HFO rate (cph)	☐☐	☐☐	☐☐
Duration (sec)	☐☐	☐☐	☐☐
D. Conventional Ventilator:			
Ventilator rate (cpm)	☐☐☐	☐☐☐	☐☐☐
Inspiratory time (sec)	☐•☐☐	☐•☐☐	☐•☐☐
PEEP (cm H_2O)	☐☐	☐☐	☐☐
PIP (cm H_2O)	☐☐	☐☐	☐☐
$\bar{P}aw$ (cm H_2O)	☐☐•☐	☐☐•☐	☐☐•☐
Flow rate (Lpm)	☐☐•☐	☐☐•☐	☐☐•☐

E. Medications:	Yes	Yes	Yes
Sodium bicarbonate/THAM	☐ 01	☐ 01	☐ 01
Type and dose:	_____	_____	_____
Vasopressors	☐ 01	☐ 01	☐ 01
Type and dose:	_____	_____	_____
Volume expanders	☐ 01	☐ 01	☐ 01
Type and dose:	_____	_____	_____
Muscle relaxants	☐ 01	☐ 01	☐ 01
Type and dose:	_____	_____	_____

	Same	Better	Worse
12. Was the baby's condition on this new ventilator	☐ 01	☐ 02	☐ 03

	Yes	No
13. Was the baby maintained on this new ventilator?	☐ 01	☐ 02

If NO, why? _____

_____

_____

If YES to Q.13, record blood gases and ventilator data.

Time Since Cross-Over:	**9 Hours**		**12 Hours**		**18 Hours**	
A. Blood Gases Data:	Month	Day	Month	Day	Month	Day
Date						
Time						
Source (arterial = 1; transcutaneous = 2; capillary = 3; venous = 4)		**Source**		**Source**		**Source**
PaO_2 (mm Hg)						
$PaCO_2$ (mm Hg)						
pH						
1. O_2 Saturation % (pulse oximeter)						
B. % O_2 (22-100%)						
Nasal cannula (mL/min of 100% O_2)						
C. HFV						
1. Ventilator Variables:						
Ventilator rate (Hz)						
Stroke volume (mL)						
Amplitude (cm H_2O)						
PIP (peak) (cm H_2O)						
$\bar{P}aw$ (cm H_2O)						
Flow rate (Lpm)						
2. Machine Sigh Data:						
Machine rate (cpm)						
Machine rate (cph)						
Inspiratory time (sec)						
PIP (peak) (cm H_2O)						

	9 Hours	12 Hours	18 Hours
3. IHFO:			
HFO rate (cpm)	☐☐	☐☐	☐☐
HFO rate (cph)	☐☐	☐☐	☐☐
Duration (sec)	☐☐	☐☐	☐☐
D. Conventional Ventilator:			
Ventilator rate (cpm)	☐☐☐	☐☐☐	☐☐☐
Inspiratory time (sec)	☐•☐☐	☐•☐☐	☐•☐☐
PEEP (cm H_2O)	☐☐	☐☐	☐☐
PIP (cm H_2O)	☐☐	☐☐	☐☐
$\bar{P}aw$ (cm H_2O)	☐☐•☐	☐☐•☐	☐☐•☐
Flow rate (Lpm)	☐☐•☐	☐☐•☐	☐☐•☐

E. Medications:	Yes	Yes	Yes
Sodium bicarbonate/THAM	☐ 01	☐ 01	☐ 01
Type and dose:	_____	_____	_____
Vasopressors	☐ 01	☐ 01	☐ 01
Type and dose:	_____	_____	_____
Volume expanders	☐ 01	☐ 01	☐ 01
Type and dose:	_____	_____	_____
Muscle relaxants	☐ 01	☐ 01	☐ 01
Type and dose:	_____	_____	_____

	24 Hours				48 Hours			
A. Blood Gases:	Month	Day	Year		Month	Day	Year	
Date								
Time (24-hr clock)								
Source (arterial = 1; transcutaneous = 2; capillary = 3; venous = 4)				**Source**				**Source**
PaO_2 (mm Hg)								
$PaCO_2$ (mm Hg)								
pH								
1. O_2 Saturation % (pulse oximeter)								
B. % O_2 (22-100%)								
Nasal cannula (mL/min of 100% O_2)								
C. HFV								
1. Ventilator Variables:								
Ventilator rate (Hz)								
Stroke volume (mL)								
Amplitude (cm H_2O)								
PIP (peak) (cm H_2O)								
$\bar{P}aw$ (cm H_2O)								
Flow rate (Lpm)								
2. Machine Sigh Data:								
Machine rate				cpm				cpm
Machine rate				cph				cph
Inspiratory time (sec)								
PIP (peak) (cm H_2O)								

	24 Hours	48 Hours
3. IHFO:		
HFO rate	☐☐ cpm	☐☐ cpm
HFO rate	☐☐ cph	☐☐ cph
Duration (sec)	☐☐	☐☐
D. Conventional Ventilator:		
Ventilator rate	☐☐☐ cpm	☐☐☐ cpm
Inspiratory time (sec)	☐.☐☐	☐.☐☐
PEEP (cm H_2O)	☐☐	☐☐
PIP (peak) (cm H_2O)	☐☐	☐☐
$\bar{P}aw$ (cm H_2O)	☐☐.☐	☐☐.☐
Flow rate (Lmp)	☐☐.☐	☐☐.☐
E. Medications:	**Yes**	**Yes**
Sodium bicarbonate/THAM	☐ 01	☐ 01
Type and dose:	_____	_____
Vasopressors	☐ 01	☐ 01
Type and dose:	_____	_____
Volume expanders	☐ 01	☐ 01
Type and dose:	_____	_____
Muscle relaxants	☐ 01	☐ 01
Type and dose:	_____	_____

14. Was an ultrasound done after cross-over? **Yes** ☐ 01 **No** ☐ 02

If YES, date and time of ultrasound — Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

IVH — **Yes** ☐ 01 **No** ☐ 02

If YES, indicate grade — **Grade 1** ☐ 01 **Grade 2** ☐ 02 **Grade 3** ☐ 03 **Grade 4** ☐ 04

Signature of clinical coordinator: _____ **Date:** _____

CROSS-OVER FORM

(This form must be completed if (1) the crossover criteria are met, or (2) infant is crossed over, or (3) failed in attempts to initiate the infant on the assigned ventilator.)

1. Infant ID ..... ☐☐☐☐☐☐☐☐

2. Date of Birth ..... Month ☐☐ Day ☐☐ Year ☐☐

3. Sex ..... Male ☐ 01 Female ☐ 02

4. Reasons for completing this form (CHECK ALL THAT APPLY):

   A. Cross-over criteria met ..... ☐ 01

   B. Infant crossed over ..... ☐ 02

   C. Other (SPECIFY) ..... ☐ 03

   _____

5. If cross-over criteria were met:

   A. Date and Time:

   Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

   B. Was the infant crossed over? ..... Yes ☐ 01 No ☐ 02

   If NO, why not? _____

   _____

6. If the infant was crossed over:

   Date and Time:

   Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

   If the infant was switched without meeting the cross-over criteria, please explain reasons for crossing over.

   _____

   _____

7. Qualifying blood gases for cross-over/blood gases during attempts to initiate infant on the assigned ventilator and ventilator settings:

Ventilator Type: CMV ☐ 01 HFV ☐ 02

	First			Second		
A. Blood Gases:	Month	Day	Year	Month	Day	Year
Date	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
Time (24-Hr. Clock)	☐☐☐☐			☐☐☐☐		
Source: (arterial=1; transcutaneous=2; capillary=3)	☐			☐		
PaO_2 (mm Hg)	☐☐☐			☐☐☐		
$PaCO_2$ (mm Hg)	☐☐☐			☐☐☐		
pH	☐ • ☐☐			☐ • ☐☐		
B. % O_2:	☐☐☐			☐☐☐		

C. HFV

1. Ventilator Variables:

Ventilator Rate (Hz)	☐☐	☐☐
Stroke Volume (ml)	☐☐ • ☐	☐☐ • ☐
Amplitude (cm H_20)	☐☐	☐☐
PIP (Peak) (cm H_20)	☐☐	☐☐
$\bar{P}aw$ (cm H_20)	☐☐	☐☐
Flow Rate (lpm)	☐☐	☐☐

2. Machine Sigh Data:

Machine Rate	☐☐ cpm	☐☐ cpm
Machine Rate	☐☐ cph	☐☐ cph

Inspiratory Time (sec.)	☐☐ • ☐	☐☐ • ☐
PIP (Peak) (cm H_2O)	☐☐ • ☐	☐☐ • ☐

3. IHFO:

HFO Rate	☐☐ cpm	☐☐ cpm
HFO Rate	☐☐ cph	☐☐ cph
Duration (sec.)	☐☐	☐☐

D. Conventional Ventilator:

Ventilator Rate	☐☐☐ cpm	☐☐☐ cpm
Inspiratory Time (sec.)	☐☐	☐☐
PEEP (cm H_2O)	☐☐	☐☐
PIP (Peak) (cm H_2O)	☐☐ • ☐	☐☐ • ☐
$\bar{P}aw$ (cm H_2O)	☐☐ • ☐	☐☐ • ☐
Flow Rate (lpm)	☐☐	☐☐

E. Medications:

	Yes	No
Sodium Bicarbonate/THAM	☐ 01	☐ 02
Type & Dose:	_____	_____
Vasopressors	☐ 01	☐ 02
Type & Dose:	_____	_____
Volume Expanders	☐ 01	☐ 02
Type & Dose:	_____	_____
Muscle Relaxants	☐ 01	☐ 02

8. Adjunctive Therapy In Use At The Time Cross-Over Criteria Were Met:

Muscle Relaxants	☐ 01
Vasodilators	☐ 02
Vasopressors	☐ 03
Diuretics	☐ 04
Steroids	☐ 05
Sedatives	☐ 06
Anticonvulsants	☐ 07

9. Was an ultrasound done prior to cross-over? ..... Yes ☐ 01 No ☐ 02

If YES, date and time of ultrasound:

Month ☐☐ Day ☐☐ Year ☐☐ Time ☐☐☐☐

IVH ..... ☐ 01 ☐ 02

If YES, indicate grade:

Grade 1 ☐ 01 Grade 2 ☐ 02 Grade 3 ☐ 03 Grade 4 ☐ 04

********** POST CROSS-OVER DATA **********

Questions 10 through 14 need to be completed only if the infant was crossed over.

10. Make and Model of the New Ventilator:

_____ _____

11. Post Cross-Over Blood Gases and Ventilator Settings:

Time Since Cross-Over:	First		Second		Third	
	Month	Day	Month	Day	Month	Day
A. Blood Gases Date:	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
Time	☐☐☐☐		☐☐☐☐		☐☐☐☐	

Source (arterial=1; transcutaneous = 2; capillary=3) ☐ ☐ ☐

PaO_2 (mm Hg) ☐☐☐ ☐☐☐ ☐☐☐

$PaCO_2$ (mm Hg) ☐☐☐ ☐☐☐ ☐☐☐

pH ☐.☐☐ ☐.☐☐ ☐.☐☐

B. % O_2: ☐☐☐ ☐☐☐ ☐☐☐

C. HFV:

1. Ventilator Variables:

Ventilator Rate (Hz) ☐☐ ☐☐ ☐☐

Stroke Volume (ml) ☐☐.☐ ☐☐.☐ ☐☐.☐

Amplitude (cm H_2O) ☐☐ ☐☐ ☐☐

PIP (Peak) (cm H_2O) ☐☐ ☐☐ ☐☐

$\bar{P}aw$ (cm H_2O) ☐☐ ☐☐ ☐☐

Flow Rate (lpm) ☐☐ ☐☐ ☐☐

2. Machine Sigh Data:

Machine Rate (cpm) ☐☐ ☐☐ ☐☐

Machine Rate (cph) ☐☐ ☐☐ ☐☐

Inspiratory Time (sec.) ☐☐.☐ ☐☐.☐ ☐☐.☐

PIP (Peak) (cm H_2O) ☐☐.☐ ☐☐.☐ ☐☐.☐

3. IHFO:

HFO Rate (cpm) ☐☐ ☐☐ ☐☐

HFO Rate (cph) ☐☐ ☐☐ ☐☐

Duration (sec.) ☐☐ ☐☐ ☐☐

D. Conventional Ventilator:

Ventilator Rate	☐☐☐ cpm	☐☐☐ cpm	☐☐☐ cpm
Inspiratory Time (sec)	☐☐	☐☐	☐☐
PEEP (cm H_2O)	☐☐	☐☐	☐☐
PIP (cm H_2O)	☐☐ • ☐	☐☐ • ☐	☐☐ • ☐
$\bar{P}aw$ (cm H_2O)	☐☐ • ☐	☐☐ • ☐	☐☐ • ☐
Flow Rate (lpm)	☐☐	☐☐	☐☐

E. Medications:

Sodium Bicarbonate/ THAM	Yes ☐ 01 No ☐ 02	Yes ☐ 01 No ☐ 02	Yes ☐ 01 No ☐ 02
Type & Dose	_____	_____	_____
Vasopressors	☐ 01 ☐ 02	☐ 01 ☐ 02	☐ 01 ☐ 02
Type & Dose	_____	_____	_____
Volume expanders	☐ 01 ☐ 02	☐ 01 ☐ 02	☐ 01 ☐ 02
Type & Dose	_____	_____	_____
Muscle relaxants	☐ 01 ☐ 02	☐ 01 ☐ 02	☐ 01 ☐ 02

12. Was the Baby's Condition on This New Ventilator:

Same ☐ 01 Better ☐ 02 Worse ☐ 03

13. Was the Baby Maintained on This New Ventilator? ..... Yes ☐ 01 No ☐ 02

If NO, why? _____

_____

_____

If YES to Q13, record blood gases and ventilator data.

Time Since Cross-Over:	9 Hours		12 Hours		18 Hours	
	Month	Day	Month	Day	Month	Day
A. Blood Gases Date:	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
Time	☐☐☐☐		☐☐☐☐		☐☐☐☐	
Source (arterial=1; transcutaneous = 2; capillary=3)	☐		☐		☐	
PaO_2 (mm Hg)	☐☐☐		☐☐☐		☐☐☐	
$PaCO_2$ (mm Hg)	☐☐☐		☐☐☐		☐☐☐	
pH	☐.☐☐		☐.☐☐		☐.☐☐	
B. % O_2:	☐☐☐		☐☐☐		☐☐☐	
C. HFV:						
1. Ventilator Variables:						
Ventilator Rate (Hz)	☐☐		☐☐		☐☐	
Stroke Volume (ml)	☐☐.☐		☐☐.☐		☐☐.☐	
Amplitude (cm H_20)	☐☐		☐☐		☐☐	
PIP (Peak) (cm H_20)	☐☐		☐☐		☐☐	
$\bar{P}aw$ (cm H_20)	☐☐		☐☐		☐☐	
Flow Rate (lpm)	☐☐		☐☐		☐☐	
2. Machine Sigh Data:						
Machine Rate (cpm)	☐☐		☐☐		☐☐	
Machine Rate (cph)	☐☐		☐☐		☐☐	

Inspiratory Time (sec.) ☐☐.☐ ☐☐.☐ ☐☐.☐

PIP (Peak) ($cm\ H_2O$) ☐☐.☐ ☐☐.☐ ☐☐.☐

3. IHFO:

HFO Rate (cpm) ☐☐ ☐☐ ☐☐

HFO Rate (cph) ☐☐ ☐☐ ☐☐

Duration (sec.) ☐☐ ☐☐ ☐☐

D. Conventional Ventilator:

Ventilator Rate ☐☐☐ cpm ☐☐☐ cpm ☐☐☐ cpm

Inspiratory Time (sec) ☐☐ ☐☐ ☐☐

PEEP ($cm\ H_2O$) ☐☐ ☐☐ ☐☐

PIP ($cm\ H_2O$) ☐☐.☐ ☐☐.☐ ☐☐.☐

$\bar{P}aw$ ($cm\ H_2O$) ☐☐.☐ ☐☐.☐ ☐☐.☐

Flow Rate (lpm) ☐☐ ☐☐ ☐☐

E. Medications:

	Yes	No	Yes	No	Yes	No
Sodium Bicarbonate/ THAM	☐01	☐02	☐01	☐02	☐01	☐02
Type & Dose	_____		_____		_____	
Vasopressors	☐01	☐02	☐01	☐02	☐01	☐02
Type & Dose	_____		_____		_____	
Volume expanders	☐01	☐02	☐01	☐02	☐01	☐02
Type & Dose	_____		_____		_____	
Muscle relaxants	☐01	☐02	☐01	☐02	☐01	☐02

Time Since Cross-Over ..... | 24 Hours | 48 Hours

A. Blood Gases:

	24 Hours			48 Hours		
	Month	Day	Year	Month	Day	Year
Date	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
Time	☐☐☐☐			☐☐☐☐		
Source: (arterial=1; transcutaneous=2; capillary=3)	☐			☐		
PaO_2 (mm Hg)	☐☐☐			☐☐☐		
$PaCO_2$ (mm Hg)	☐☐☐			☐☐☐		
pH	☐ • ☐☐			☐ • ☐☐		

B. % O_2: ☐☐☐ ☐☐☐

C. HFV:

1. Ventilator Variables:

Ventilator Rate (Hz)	☐☐			☐☐		
Stroke Volume (ml)	☐☐ • ☐			☐☐ • ☐		
Amplitude (cm H_20)	☐☐			☐☐		
PIP (Peak) (cm H_20)	☐☐			☐☐		
$\bar{P}aw$ (cm H_20)	☐☐			☐☐		
Flow Rate (lpm)	☐☐			☐☐		

2. Machine Sigh Data:

Machine Rate	☐☐	cpm		☐☐	cpm	
Machine Rate	☐☐	cph		☐☐	cph	
Inspiratory Time (sec.)	☐☐ • ☐			☐☐ • ☐		
PIP (Peak) (cm H_20)	☐☐ • ☐			☐☐ • ☐		

3. IHFO:

HFO Rate	☐☐ cpm	☐☐ cpm
HFO Rate	☐☐ cph	☐☐ cph
Duration (sec.)	☐☐	☐☐

D. Conventional Ventilator:

Ventilator Rate	☐☐☐ cpm	☐☐☐ cpm
Inspiratory Time (sec.)	☐☐	☐☐
PEEP (cm H_2O)	☐☐	☐☐
PIP (Peak) (cm H_2O)	☐☐ • ☐	☐☐ • ☐
$\bar{P}aw$ (cm H_2O)	☐☐ • ☐	☐☐ • ☐
Flow Rate (lpm)	☐☐	☐☐

E. Medications:

	Yes	No	Yes	No
Sodium Bicarbonate/THAM	☐01	☐02	☐01	☐02
Dose & Type	_____		_____	
Vasopressors	☐01	☐02	☐01	☐02
Dose & Type	_____		_____	
Volume expanders	☐01	☐02	☐01	☐02
Dose & Type	_____		_____	
Muscle Relaxants	☐01	☐02	☐01	☐02

14. Was an ultrasound done after cross-over? ..... Yes ☐ 01 No ☐ 02

If YES, date and time of ultrasound:

Month	Day	Year	Time
☐☐	☐☐	☐☐	☐☐☐☐

IVH ..... Yes ☐ 01 No ☐ 02

If YES, indicate grade:

Grade 1 ☐ 01 Grade 2 ☐ 02 Grade 3 ☐ 03 Grade 4 ☐ 04

SIGNATURE OF CLINICAL COORDINATOR: _____

DATE: _____