



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

Daily Growth and Nutrition Data

For question 1 and 2: If more than one measurement is taken on the same day, enter the first value obtained.

- 1. What was the baby's body weight? ___ ___ ___ gms ₉₉ Not done
- 2. What was the baby's head circumference? ___ . ___ cm ₉₉ Not done
- 3. How much milk did the baby receive today? ₀ None
₁ Partial Feed
₂ Full Feed (no parenteral nutrition on this day)
- 3a. If **Partial** or **Full** milk feed, indicate the type of milk provided: ₁ Human milk
₂ Formula
₃ Both

Daily Medication Data

- 4. Were any drugs given today? ₀ No ₁ Yes

If **Yes**, indicate which of the following drugs were given today:

- 5. Methylxanthine drugs: ₀ No ₁ Yes

5a. If **Yes**, choose one:

- ₁ Caffeine Citrate* Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- ₂ Aminophylline Dose: _____ mg Given every ___ hour(s)
- ₃ Theophylline Dose: _____ mg Given every ___ hour(s)
- ₉₈ Other (record on the Additional Medication Log)

* If your site calculates the dose of Anhydrous Caffeine Base rather than Caffeine Citrate, multiply the Caffeine Base dose by 2.

- 6. Systemic Corticosteroid drugs: ₀ No ₁ Yes

6a. If **Yes**, check all that apply:

- Hydrocortisone Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Dexamethasone Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Prednisone / Prednisolone Dose: _____ mg Given every ___ hour(s)
- Methylprednisolone Dose: _____ mg Given every ___ hour(s)
- Other (record on the Additional Medication Log)



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NOTE: If utilizing a combination therapy drug, record the individual components in their respective drug categories. For example Symbicort (budesonide and formoterol) would be recorded as budesonide – Inhaled Steroid and formoterol – Inhaled Bronchodilator.

7. Inhaled Steroid drugs: ₀ No ₁ Yes

7a. If **Yes**, check all that apply:

- | | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> Budesonide (Nebulized or MDI) | Dose: _____ <input type="checkbox"/> mcg <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Beclomethasone (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Ciclesonide (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Flunisolide (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Fluticasone (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Mometasone (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Triamcinolone (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Dexamethasone (Nebulized) | Dose: _____ mg | Given every ___ hour(s) |
| <input type="checkbox"/> Other (record on the Additional Medication Log) | | |

If route of administration is Metered Dose Inhalator (MDI), calculate dose by multiplying the number of puffs by strength per puff.

8. Inhaled Bronchodilator drugs: ₀ No ₁ Yes

8a. If **Yes**, check all that apply:

- | | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> Albuterol (Nebulized or MDI) | Dose: _____ <input type="checkbox"/> mcg <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Levalbuterol (Nebulized or MDI) | Dose: _____ <input type="checkbox"/> mcg <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Ipratropium bromide
(Nebulized or MDI) | Dose: _____ <input type="checkbox"/> mcg <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Formoterol | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Racemic epinephrine (Nebulized) | Dose: _____ mg | Given every ___ hour(s) |
| <input type="checkbox"/> Other (record on the Additional Medication Log) | | |



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WEEK ___ / DAY ___

NOTE: If utilizing a combination therapy drug, record the individual components in their respective drug categories. For example Aldactazide (Spironolactone and Hydrochlorothiazide) would be recorded as Spironolactone and Hydrochlorothiazide.

9. Diuretic drugs: ₀ No ₁ Yes

9a. If **Yes**, check all that apply:

- Furosemide Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Bumetanide Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Chlorothiazide Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Hydrochlorothiazide Dose: _____ mg Given every ___ hour(s)
- Spironolactone Dose: _____ mg Given every ___ hour(s)
- Metolazone Dose: _____ mg Given every ___ hour(s)
- Other (record on the Additional Medication Log)

10. Cardiovascular drugs: ₀ No ₁ Yes

10a. If **Yes**, check all that apply:

- Epinephrine Infusion Vasopressin
- Dopamine Infusion Norepinephrine
- Dobutamine Infusion

11. Other Cardio/Respiratory drugs: ₀ No ₁ Yes

11a. If **Yes**, check all that apply:

- Vitamin A IM or Oral Other pulmonary vasodilators for treatment
(for prevention of BPD) of pulmonary hypertension other than Nitric Oxide
- Surfactant Mucolytic
- Sildenafil Dornase alfa
- Milrinone

12. Neuro-Muscular Blocking Agent: ₀ No ₁ Yes

13. Antimicrobial drugs and other agents to prevent infections: ₀ No ₁ Yes

13a. If **Yes**, check all that apply:

- Antibacterial
- Antifungal



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

- Antiviral
- Palivizumab
- Probiotic

14. Anxiolytic, Anticonvulsant, and Narcotic Analgesic drugs: ₀ No ₁ Yes

14a. If **Yes**, check all that apply:

- Benzodiazepines
- Phenobarbital
- Phenytoin
- Levetiracetam
- Morphine
- Fentanyl
- Methadone
- Dexmedetomidine

15. Anti-Gastroesophageal Reflux drugs: ₀ No ₁ Yes

15a. If **Yes**, check all that apply:

- Proton Pump Inhibitors
- H₂ Receptor Antagonists
- Motility agents
- Other

16. Use of blood products and Hematologic Supplements: ₀ No ₁ Yes

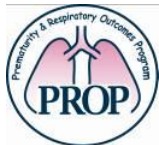
16a. If **Yes**, check all that apply:

- Erythropoietin
- Red Blood Cell Transfusion
- Platelets
- Iron Supplements

17. Oral Vitamins and Electrolyte Supplements: ₀ No ₁ Yes

17a. If **Yes**, check all that apply:

- Vitamin D
- Vitamin E
- Multivitamin
- Potassium Supplement
- Sodium Supplement



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY RESPIRATORY DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

1. Did the baby receive any supplemental oxygen today? ₀ No ₁ Yes

1a. If **Yes**, how long was supplemental oxygen used for? ₁ 12 hours or less
₂ More than 12 hours

1b. What was the concentration of supplemental oxygen at 1200 (Noon) today? _____ %

2. Did the baby receive any other respiratory support today? ₀ No ₁ Yes

If Questions 1 or 2 are **Yes**, answer questions 3 – 6.

3. Was Positive Airway Pressure with Endotracheal Tube used today? ₀ No ₁ Yes

3a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Conventional Mechanical Ventilation (CMV):
Mean Airway Pressure (MAP): _____ cmH₂O
Positive End Expiratory Pressure (PEEP): _____ cmH₂O

High Frequency Oscillation:
MAP: _____ cmH₂O

High Frequency Jet Ventilation:
MAP: _____ cmH₂O

4. Was Respiratory support without Endotracheal Tube used today? ₀ No ₁ Yes

4a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Nasal Intermittent Mandatory Ventilation (NIMV):
MAP: _____ cmH₂O
PEEP: _____ cmH₂O

Continuous Positive Airway Pressure (CPAP):
CPAP: _____ cmH₂O

Nasal Cannula with flow rate:
Nasal Cannula Flow: _____ Lpm

5. Was inhaled nitric oxide given today? ₀ No ₁ Yes

5a. If **Yes**, record the concentration at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available. _____ ppm

6. Was the baby reintubated today? ₀ No ₁ Yes

6a. If **Yes**, indicate the primary reason why the baby was reintubated:

- ₁ Increasing respiratory distress
- ₂ Stridor
- ₃ Apnea and Bradycardia
- ₄ Suspected infection
- ₅ For diagnostic or therapeutic procedures, including surgery
- ₆ Unplanned extubation(s), indicate the number of occurrences this day: _____
- ₉₈ Other, specify: _____



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

NOTE: If utilizing a combination therapy drug, record the individual components in their respective drug categories. For example Symbicort (budesonide and formoterol) would be recorded as budesonide – Inhaled Steroid and formoterol – Inhaled Bronchodilator.

7. Inhaled Steroid drugs: ₀ No ₁ Yes

7a. If **Yes**, check all that apply:

- | | | | | |
|--------------------------------------------------------------------------|-------------|------------------------------|-----------------------------|---------------------------|
| <input type="checkbox"/> Budesonide (Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every _____ hour(s) |
| <input type="checkbox"/> Beclomethasone (MDI) | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Ciclesonide (MDI) | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Flunisolide (MDI) | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Fluticasone (MDI) | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Mometasone (MDI) | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Triamcinolone (MDI) | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Dexamethasone (Nebulized) | Dose: _____ | mg | | Given every _____ hour(s) |
| <input type="checkbox"/> Other (record on the Additional Medication Log) | | | | |

If route of administration is Metered Dose Inhalator (MDI), calculate dose by multiplying the number of puffs by strength per puff.

8. Inhaled Bronchodilator drugs: ₀ No ₁ Yes

8a. If **Yes**, check all that apply:

- | | | | | |
|--------------------------------------------------------------------------|-------------|------------------------------|-----------------------------|---------------------------|
| <input type="checkbox"/> Albuterol (Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every _____ hour(s) |
| <input type="checkbox"/> Levalbuterol (Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every _____ hour(s) |
| <input type="checkbox"/> Ipratropium bromide
(Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every _____ hour(s) |
| <input type="checkbox"/> Formoterol | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Racemic epinephrine (Nebulized) | Dose: _____ | mg | | Given every _____ hour(s) |
| <input type="checkbox"/> Other (record on the Additional Medication Log) | | | | |



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DATE: ___ / ___ / _____

WEEK ___ / DAY ___

NOTE: If utilizing a combination therapy drug, record the individual components in their respective drug categories. For example Aldactazide (Spironolactone and Hydrochlorothiazide) would be recorded as Spironolactone and Hydrochlorothiazide.

9. Diuretic drugs: ₀ No ₁ Yes

9a. If **Yes**, check all that apply:

- Furosemide Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Bumetanide Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Chlorothiazide Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Hydrochlorothiazide Dose: _____ mg Given every ___ hour(s)
- Spironolactone Dose: _____ mg Given every ___ hour(s)
- Metolazone Dose: _____ mg Given every ___ hour(s)
- Other (record on the Additional Medication Log)

10. Cardiovascular drugs: ₀ No ₁ Yes

10a. If **Yes**, check all that apply:

- Epinephrine Infusion Vasopressin
- Dopamine Infusion Norepinephrine
- Dobutamine Infusion

11. Other Cardio/Respiratory drugs: ₀ No ₁ Yes

11a. If **Yes**, check all that apply:

- Vitamin A IM or Oral Other pulmonary vasodilators for treatment
(for prevention of BPD) of pulmonary hypertension other than Nitric Oxide
- Surfactant Mucolytic
- Sildenafil Dornase alfa
- Milrinone

12. Neuro-Muscular Blocking Agent: ₀ No ₁ Yes

13. Antimicrobial drugs and other agents to prevent infections: ₀ No ₁ Yes

13a. If **Yes**, check all that apply:

- Antibacterial
- Antifungal



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DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

- Antiviral
- Palivizumab
- Probiotic

14. Anxiolytic, Anticonvulsant, and Narcotic Analgesic drugs: ₀ No ₁ Yes

14a. If **Yes**, check all that apply:

- Benzodiazepines
- Phenobarbital
- Phenytoin
- Levetiracetam
- Morphine
- Fentanyl
- Methadone
- Dexmedetomidine

15. Anti-Gastroesophageal Reflux drugs: ₀ No ₁ Yes

15a. If **Yes**, check all that apply:

- Proton Pump Inhibitors
- H₂ Receptor Antagonists
- Motility agents
- Other

16. Use of blood products and Hematologic Supplements: ₀ No ₁ Yes

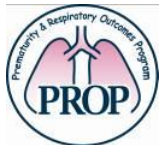
16a. If **Yes**, check all that apply:

- Erythropoietin
- Red Blood Cell Transfusion
- Platelets
- Iron Supplements

17. Oral Vitamins and Electrolyte Supplements: ₀ No ₁ Yes

17a. If **Yes**, check all that apply:

- Vitamin D
- Vitamin E
- Multivitamin
- Potassium Supplement
- Sodium Supplement



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY RESPIRATORY DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

1. Did the baby receive any supplemental oxygen today? ₀ No ₁ Yes

1a. If **Yes**, how long was supplemental oxygen used for? ₁ 12 hours or less
₂ More than 12 hours

1b. What was the concentration of supplemental oxygen at 1200 (Noon) today? _____ %

2. Did the baby receive any other respiratory support today? ₀ No ₁ Yes

If Questions 1 or 2 are **Yes**, answer questions 3 – 6.

3. Was Positive Airway Pressure with Endotracheal Tube used today? ₀ No ₁ Yes

3a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Conventional Mechanical Ventilation (CMV):
Mean Airway Pressure (MAP): _____ cmH₂O
Positive End Expiratory Pressure (PEEP): _____ cmH₂O

High Frequency Oscillation:
MAP: _____ cmH₂O

High Frequency Jet Ventilation:
MAP: _____ cmH₂O

4. Was Respiratory support without Endotracheal Tube used today? ₀ No ₁ Yes

4a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Nasal Intermittent Mandatory Ventilation (NIMV):
MAP: _____ cmH₂O
PEEP: _____ cmH₂O

Continuous Positive Airway Pressure (CPAP):
CPAP: _____ cmH₂O

Nasal Cannula with flow rate:
Nasal Cannula Flow: _____ Lpm

5. Was inhaled nitric oxide given today? ₀ No ₁ Yes

5a. If **Yes**, record the concentration at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available. _____ ppm

6. Was the baby reintubated today? ₀ No ₁ Yes

6a. If **Yes**, indicate the primary reason why the baby was reintubated:

- ₁ Increasing respiratory distress
- ₂ Stridor
- ₃ Apnea and Bradycardia
- ₄ Suspected infection
- ₅ For diagnostic or therapeutic procedures, including surgery
- ₆ Unplanned extubation(s), indicate the number of occurrences this day: _____
- ₉₈ Other, specify: _____



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Daily Growth and Nutrition Data

For question 1 and 2: If more than one measurement is taken on the same day, enter the first value obtained.

- 1. What was the baby's body weight? ___ ___ ___ gms ₉₉ Not done
- 2. What was the baby's head circumference? ___ . ___ cm ₉₉ Not done
- 3. How much milk did the baby receive today? ₀ None
₁ Partial Feed
₂ Full Feed (no parenteral nutrition on this day)
- 3a. If **Partial** or **Full** milk feed, indicate the type of milk provided: ₁ Human milk
₂ Formula
₃ Both

Daily Medication Data

- 4. Were any drugs given today? ₀ No ₁ Yes

If **Yes**, indicate which of the following drugs were given today:

- 5. Methylxanthine drugs: ₀ No ₁ Yes

5a. If **Yes**, choose one:

- ₁ Caffeine Citrate* Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- ₂ Aminophylline Dose: _____ mg Given every ___ hour(s)
- ₃ Theophylline Dose: _____ mg Given every ___ hour(s)
- ₉₈ Other (record on the Additional Medication Log)

* If your site calculates the dose of Anhydrous Caffeine Base rather than Caffeine Citrate, multiply the Caffeine Base dose by 2.

- 6. Systemic Corticosteroid drugs: ₀ No ₁ Yes

6a. If **Yes**, check all that apply:

- Hydrocortisone Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Dexamethasone Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Prednisone / Prednisolone Dose: _____ mg Given every ___ hour(s)
- Methylprednisolone Dose: _____ mg Given every ___ hour(s)
- Other (record on the Additional Medication Log)



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NOTE: If utilizing a combination therapy drug, record the individual components in their respective drug categories. For example Symbicort (budesonide and formoterol) would be recorded as budesonide – Inhaled Steroid and formoterol – Inhaled Bronchodilator.

7. Inhaled Steroid drugs: ₀ No ₁ Yes

7a. If **Yes**, check all that apply:

- | | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> Budesonide (Nebulized or MDI) | Dose: _____ <input type="checkbox"/> mcg <input type="checkbox"/> mg | Given every ___ hour(s) |
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| <input type="checkbox"/> Triamcinolone (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Dexamethasone (Nebulized) | Dose: _____ mg | Given every ___ hour(s) |
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If route of administration is Metered Dose Inhalator (MDI), calculate dose by multiplying the number of puffs by strength per puff.

8. Inhaled Bronchodilator drugs: ₀ No ₁ Yes

8a. If **Yes**, check all that apply:

- | | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> Albuterol (Nebulized or MDI) | Dose: _____ <input type="checkbox"/> mcg <input type="checkbox"/> mg | Given every ___ hour(s) |
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- Hydrochlorothiazide Dose: _____ mg Given every ____ hour(s)
- Spironolactone Dose: _____ mg Given every ____ hour(s)
- Metolazone Dose: _____ mg Given every ____ hour(s)
- Other (*record on the Additional Medication Log*)

10. Cardiovascular drugs: ₀ No ₁ Yes

10a. If **Yes**, check all that apply:

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11. Other Cardio/Respiratory drugs: ₀ No ₁ Yes

11a. If **Yes**, check all that apply:

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12. Neuro-Muscular Blocking Agent: ₀ No ₁ Yes

13. Antimicrobial drugs and other agents to prevent infections: ₀ No ₁ Yes

13a. If **Yes**, check all that apply:

- Antibacterial
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DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

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- Antiviral
- Palivizumab
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14. Anxiolytic, Anticonvulsant, and Narcotic Analgesic drugs: ₀ No ₁ Yes

14a. If **Yes**, check all that apply:

- Benzodiazepines
- Phenobarbital
- Phenytoin
- Levetiracetam
- Morphine
- Fentanyl
- Methadone
- Dexmedetomidine

15. Anti-Gastroesophageal Reflux drugs: ₀ No ₁ Yes

15a. If **Yes**, check all that apply:

- Proton Pump Inhibitors
- H₂ Receptor Antagonists
- Motility agents
- Other

16. Use of blood products and Hematologic Supplements: ₀ No ₁ Yes

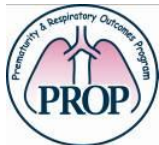
16a. If **Yes**, check all that apply:

- Erythropoietin
- Red Blood Cell Transfusion
- Platelets
- Iron Supplements

17. Oral Vitamins and Electrolyte Supplements: ₀ No ₁ Yes

17a. If **Yes**, check all that apply:

- Vitamin D
- Vitamin E
- Multivitamin
- Potassium Supplement
- Sodium Supplement



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY RESPIRATORY DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

1. Did the baby receive any supplemental oxygen today? ₀ No ₁ Yes

1a. If **Yes**, how long was supplemental oxygen used for? ₁ 12 hours or less
₂ More than 12 hours

1b. What was the concentration of supplemental oxygen at 1200 (Noon) today? _____ %

2. Did the baby receive any other respiratory support today? ₀ No ₁ Yes

If Questions 1 or 2 are **Yes**, answer questions 3 – 6.

3. Was Positive Airway Pressure with Endotracheal Tube used today? ₀ No ₁ Yes

3a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Conventional Mechanical Ventilation (CMV):
Mean Airway Pressure (MAP): _____ cmH₂O
Positive End Expiratory Pressure (PEEP): _____ cmH₂O

High Frequency Oscillation:
MAP: _____ cmH₂O

High Frequency Jet Ventilation:
MAP: _____ cmH₂O

4. Was Respiratory support without Endotracheal Tube used today? ₀ No ₁ Yes

4a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Nasal Intermittent Mandatory Ventilation (NIMV):
MAP: _____ cmH₂O
PEEP: _____ cmH₂O

Continuous Positive Airway Pressure (CPAP):
CPAP: _____ cmH₂O

Nasal Cannula with flow rate:
Nasal Cannula Flow: _____ Lpm

5. Was inhaled nitric oxide given today? ₀ No ₁ Yes

5a. If **Yes**, record the concentration at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available. _____ ppm

6. Was the baby reintubated today? ₀ No ₁ Yes

6a. If **Yes**, indicate the primary reason why the baby was reintubated:

- ₁ Increasing respiratory distress
- ₂ Stridor
- ₃ Apnea and Bradycardia
- ₄ Suspected infection
- ₅ For diagnostic or therapeutic procedures, including surgery
- ₆ Unplanned extubation(s), indicate the number of occurrences this day: _____
- ₉₈ Other, specify: _____



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

Daily Growth and Nutrition Data

For question 1 and 2: If more than one measurement is taken on the same day, enter the first value obtained.

- 1. What was the baby's body weight? ___ ___ ___ gms ₉₉ Not done
- 2. What was the baby's head circumference? ___ . ___ cm ₉₉ Not done
- 3. How much milk did the baby receive today? ₀ None
₁ Partial Feed
₂ Full Feed (no parenteral nutrition on this day)
- 3a. If **Partial** or **Full** milk feed, indicate the type of milk provided: ₁ Human milk
₂ Formula
₃ Both

Daily Medication Data

- 4. Were any drugs given today? ₀ No ₁ Yes

If **Yes**, indicate which of the following drugs were given today:

- 5. Methylxanthine drugs: ₀ No ₁ Yes

5a. If **Yes**, choose one:

- ₁ Caffeine Citrate* Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- ₂ Aminophylline Dose: _____ mg Given every ___ hour(s)
- ₃ Theophylline Dose: _____ mg Given every ___ hour(s)
- ₉₈ Other (record on the Additional Medication Log)

* If your site calculates the dose of Anhydrous Caffeine Base rather than Caffeine Citrate, multiply the Caffeine Base dose by 2.

- 6. Systemic Corticosteroid drugs: ₀ No ₁ Yes

6a. If **Yes**, check all that apply:

- Hydrocortisone Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Dexamethasone Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Prednisone / Prednisolone Dose: _____ mg Given every ___ hour(s)
- Methylprednisolone Dose: _____ mg Given every ___ hour(s)
- Other (record on the Additional Medication Log)



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

NOTE: If utilizing a combination therapy drug, record the individual components in their respective drug categories. For example Symbicort (budesonide and formoterol) would be recorded as budesonide – Inhaled Steroid and formoterol – Inhaled Bronchodilator.

7. Inhaled Steroid drugs: ₀ No ₁ Yes

7a. If **Yes**, check all that apply:

- | | | | | |
|--------------------------------------------------------------------------|-------------|------------------------------|-----------------------------|-------------------------|
| <input type="checkbox"/> Budesonide (Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Beclomethasone (MDI) | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Ciclesonide (MDI) | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Flunisolide (MDI) | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Fluticasone (MDI) | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Mometasone (MDI) | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Triamcinolone (MDI) | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Dexamethasone (Nebulized) | Dose: _____ | mg | | Given every ___ hour(s) |
| <input type="checkbox"/> Other (record on the Additional Medication Log) | | | | |

If route of administration is Metered Dose Inhalator (MDI), calculate dose by multiplying the number of puffs by strength per puff.

8. Inhaled Bronchodilator drugs: ₀ No ₁ Yes

8a. If **Yes**, check all that apply:

- | | | | | |
|--------------------------------------------------------------------------|-------------|------------------------------|-----------------------------|-------------------------|
| <input type="checkbox"/> Albuterol (Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Levalbuterol (Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Ipratropium bromide
(Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Formoterol | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Racemic epinephrine (Nebulized) | Dose: _____ | mg | | Given every ___ hour(s) |
| <input type="checkbox"/> Other (record on the Additional Medication Log) | | | | |



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

- Antiviral
- Palivizumab
- Probiotic

14. Anxiolytic, Anticonvulsant, and Narcotic Analgesic drugs: ₀ No ₁ Yes

14a. If **Yes**, check all that apply:

- Benzodiazepines
- Phenobarbital
- Phenytoin
- Levetiracetam
- Morphine
- Fentanyl
- Methadone
- Dexmedetomidine

15. Anti-Gastroesophageal Reflux drugs: ₀ No ₁ Yes

15a. If **Yes**, check all that apply:

- Proton Pump Inhibitors
- H₂ Receptor Antagonists
- Motility agents
- Other

16. Use of blood products and Hematologic Supplements: ₀ No ₁ Yes

16a. If **Yes**, check all that apply:

- Erythropoietin
- Red Blood Cell Transfusion
- Platelets
- Iron Supplements

17. Oral Vitamins and Electrolyte Supplements: ₀ No ₁ Yes

17a. If **Yes**, check all that apply:

- Vitamin D
- Vitamin E
- Multivitamin
- Potassium Supplement
- Sodium Supplement



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY RESPIRATORY DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

1. Did the baby receive any supplemental oxygen today? ₀ No ₁ Yes

1a. If **Yes**, how long was supplemental oxygen used for? ₁ 12 hours or less
₂ More than 12 hours

1b. What was the concentration of supplemental oxygen at 1200 (Noon) today? _____ %

2. Did the baby receive any other respiratory support today? ₀ No ₁ Yes

If Questions 1 or 2 are **Yes**, answer questions 3 – 6.

3. Was Positive Airway Pressure with Endotracheal Tube used today? ₀ No ₁ Yes

3a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Conventional Mechanical Ventilation (CMV):
Mean Airway Pressure (MAP): _____ cmH₂O
Positive End Expiratory Pressure (PEEP): _____ cmH₂O

High Frequency Oscillation:
MAP: _____ cmH₂O

High Frequency Jet Ventilation:
MAP: _____ cmH₂O

4. Was Respiratory support without Endotracheal Tube used today? ₀ No ₁ Yes

4a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Nasal Intermittent Mandatory Ventilation (NIMV):
MAP: _____ cmH₂O
PEEP: _____ cmH₂O

Continuous Positive Airway Pressure (CPAP):
CPAP: _____ cmH₂O

Nasal Cannula with flow rate:
Nasal Cannula Flow: _____ Lpm

5. Was inhaled nitric oxide given today? ₀ No ₁ Yes

5a. If **Yes**, record the concentration at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available. _____ ppm

6. Was the baby reintubated today? ₀ No ₁ Yes

6a. If **Yes**, indicate the primary reason why the baby was reintubated:

- ₁ Increasing respiratory distress
- ₂ Stridor
- ₃ Apnea and Bradycardia
- ₄ Suspected infection
- ₅ For diagnostic or therapeutic procedures, including surgery
- ₆ Unplanned extubation(s), indicate the number of occurrences this day: _____
- ₉₈ Other, specify: _____



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

Daily Growth and Nutrition Data

For question 1 and 2: If more than one measurement is taken on the same day, enter the first value obtained.

- 1. What was the baby's body weight? ___ ___ ___ gms ₉₉ Not done
- 2. What was the baby's head circumference? ___ . ___ cm ₉₉ Not done
- 3. How much milk did the baby receive today? ₀ None
₁ Partial Feed
₂ Full Feed (no parenteral nutrition on this day)
- 3a. If **Partial** or **Full** milk feed, indicate the type of milk provided: ₁ Human milk
₂ Formula
₃ Both

Daily Medication Data

- 4. Were any drugs given today? ₀ No ₁ Yes

If **Yes**, indicate which of the following drugs were given today:

- 5. Methylxanthine drugs: ₀ No ₁ Yes

5a. If **Yes**, choose one:

- ₁ Caffeine Citrate* Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- ₂ Aminophylline Dose: _____ mg Given every ___ hour(s)
- ₃ Theophylline Dose: _____ mg Given every ___ hour(s)
- ₉₈ Other (record on the Additional Medication Log)

* If your site calculates the dose of Anhydrous Caffeine Base rather than Caffeine Citrate, multiply the Caffeine Base dose by 2.

- 6. Systemic Corticosteroid drugs: ₀ No ₁ Yes

6a. If **Yes**, check all that apply:

- Hydrocortisone Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Dexamethasone Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Prednisone / Prednisolone Dose: _____ mg Given every ___ hour(s)
- Methylprednisolone Dose: _____ mg Given every ___ hour(s)
- Other (record on the Additional Medication Log)



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

NOTE: If utilizing a combination therapy drug, record the individual components in their respective drug categories. For example Symbicort (budesonide and formoterol) would be recorded as budesonide – Inhaled Steroid and formoterol – Inhaled Bronchodilator.

7. Inhaled Steroid drugs: ₀ No ₁ Yes

7a. If **Yes**, check all that apply:

- | | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> Budesonide (Nebulized or MDI) | Dose: _____ <input type="checkbox"/> mcg <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Beclomethasone (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Ciclesonide (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Flunisolide (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Fluticasone (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Mometasone (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Triamcinolone (MDI) | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Dexamethasone (Nebulized) | Dose: _____ mg | Given every ___ hour(s) |
| <input type="checkbox"/> Other (record on the Additional Medication Log) | | |

If route of administration is Metered Dose Inhalator (MDI), calculate dose by multiplying the number of puffs by strength per puff.

8. Inhaled Bronchodilator drugs: ₀ No ₁ Yes

8a. If **Yes**, check all that apply:

- | | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> Albuterol (Nebulized or MDI) | Dose: _____ <input type="checkbox"/> mcg <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Levalbuterol (Nebulized or MDI) | Dose: _____ <input type="checkbox"/> mcg <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Ipratropium bromide
(Nebulized or MDI) | Dose: _____ <input type="checkbox"/> mcg <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Formoterol | Dose: _____ mcg | Given every ___ hour(s) |
| <input type="checkbox"/> Racemic epinephrine (Nebulized) | Dose: _____ mg | Given every ___ hour(s) |
| <input type="checkbox"/> Other (record on the Additional Medication Log) | | |



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

- Antiviral
- Palivizumab
- Probiotic

14. Anxiolytic, Anticonvulsant, and Narcotic Analgesic drugs: ₀ No ₁ Yes

14a. If **Yes**, check all that apply:

- Benzodiazepines
- Phenobarbital
- Phenytoin
- Levetiracetam
- Morphine
- Fentanyl
- Methadone
- Dexmedetomidine

15. Anti-Gastroesophageal Reflux drugs: ₀ No ₁ Yes

15a. If **Yes**, check all that apply:

- Proton Pump Inhibitors
- H₂ Receptor Antagonists
- Motility agents
- Other

16. Use of blood products and Hematologic Supplements: ₀ No ₁ Yes

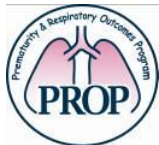
16a. If **Yes**, check all that apply:

- Erythropoietin
- Red Blood Cell Transfusion
- Platelets
- Iron Supplements

17. Oral Vitamins and Electrolyte Supplements: ₀ No ₁ Yes

17a. If **Yes**, check all that apply:

- Vitamin D
- Vitamin E
- Multivitamin
- Potassium Supplement
- Sodium Supplement



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY RESPIRATORY DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

1. Did the baby receive any supplemental oxygen today? ₀ No ₁ Yes

1a. If **Yes**, how long was supplemental oxygen used for? ₁ 12 hours or less
₂ More than 12 hours

1b. What was the concentration of supplemental oxygen at 1200 (Noon) today? _____ %

2. Did the baby receive any other respiratory support today? ₀ No ₁ Yes

If Questions 1 or 2 are **Yes**, answer questions 3 – 6.

3. Was Positive Airway Pressure with Endotracheal Tube used today? ₀ No ₁ Yes

3a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Conventional Mechanical Ventilation (CMV):
Mean Airway Pressure (MAP): _____ cmH₂O
Positive End Expiratory Pressure (PEEP): _____ cmH₂O

High Frequency Oscillation:
MAP: _____ cmH₂O

High Frequency Jet Ventilation:
MAP: _____ cmH₂O

4. Was Respiratory support without Endotracheal Tube used today? ₀ No ₁ Yes

4a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Nasal Intermittent Mandatory Ventilation (NIMV):
MAP: _____ cmH₂O
PEEP: _____ cmH₂O

Continuous Positive Airway Pressure (CPAP):
CPAP: _____ cmH₂O

Nasal Cannula with flow rate:
Nasal Cannula Flow: _____ Lpm

5. Was inhaled nitric oxide given today? ₀ No ₁ Yes

5a. If **Yes**, record the concentration at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available. _____ ppm

6. Was the baby reintubated today? ₀ No ₁ Yes

6a. If **Yes**, indicate the primary reason why the baby was reintubated:

- ₁ Increasing respiratory distress
- ₂ Stridor
- ₃ Apnea and Bradycardia
- ₄ Suspected infection
- ₅ For diagnostic or therapeutic procedures, including surgery
- ₆ Unplanned extubation(s), indicate the number of occurrences this day: _____
- ₉₈ Other, specify: _____



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

Daily Growth and Nutrition Data

For question 1 and 2: If more than one measurement is taken on the same day, enter the first value obtained.

- 1. What was the baby's body weight? ___ ___ ___ gms ₉₉ Not done
- 2. What was the baby's head circumference? ___ . ___ cm ₉₉ Not done
- 3. How much milk did the baby receive today? ₀ None
₁ Partial Feed
₂ Full Feed (no parenteral nutrition on this day)
- 3a. If **Partial** or **Full** milk feed, indicate the type of milk provided: ₁ Human milk
₂ Formula
₃ Both

Daily Medication Data

- 4. Were any drugs given today? ₀ No ₁ Yes

If **Yes**, indicate which of the following drugs were given today:

- 5. Methylxanthine drugs: ₀ No ₁ Yes

5a. If **Yes**, choose one:

- ₁ Caffeine Citrate* Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- ₂ Aminophylline Dose: _____ mg Given every ___ hour(s)
- ₃ Theophylline Dose: _____ mg Given every ___ hour(s)
- ₉₈ Other (record on the Additional Medication Log)

* If your site calculates the dose of Anhydrous Caffeine Base rather than Caffeine Citrate, multiply the Caffeine Base dose by 2.

- 6. Systemic Corticosteroid drugs: ₀ No ₁ Yes

6a. If **Yes**, check all that apply:

- Hydrocortisone Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Dexamethasone Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Prednisone / Prednisolone Dose: _____ mg Given every ___ hour(s)
- Methylprednisolone Dose: _____ mg Given every ___ hour(s)
- Other (record on the Additional Medication Log)



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

NOTE: If utilizing a combination therapy drug, record the individual components in their respective drug categories. For example Symbicort (budesonide and formoterol) would be recorded as budesonide – Inhaled Steroid and formoterol – Inhaled Bronchodilator.

7. Inhaled Steroid drugs: ₀ No ₁ Yes

7a. If **Yes**, check all that apply:

- | | | | | |
|--------------------------------------------------------------------------|-------------|------------------------------|-----------------------------|-------------------------|
| <input type="checkbox"/> Budesonide (Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Beclomethasone (MDI) | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Ciclesonide (MDI) | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Flunisolide (MDI) | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Fluticasone (MDI) | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Mometasone (MDI) | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Triamcinolone (MDI) | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Dexamethasone (Nebulized) | Dose: _____ | mg | | Given every ___ hour(s) |
| <input type="checkbox"/> Other (record on the Additional Medication Log) | | | | |

If route of administration is Metered Dose Inhalator (MDI), calculate dose by multiplying the number of puffs by strength per puff.

8. Inhaled Bronchodilator drugs: ₀ No ₁ Yes

8a. If **Yes**, check all that apply:

- | | | | | |
|--------------------------------------------------------------------------|-------------|------------------------------|-----------------------------|-------------------------|
| <input type="checkbox"/> Albuterol (Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Levalbuterol (Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Ipratropium bromide
(Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every ___ hour(s) |
| <input type="checkbox"/> Formoterol | Dose: _____ | mcg | | Given every ___ hour(s) |
| <input type="checkbox"/> Racemic epinephrine (Nebulized) | Dose: _____ | mg | | Given every ___ hour(s) |
| <input type="checkbox"/> Other (record on the Additional Medication Log) | | | | |



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

NOTE: If utilizing a combination therapy drug, record the individual components in their respective drug categories. For example Aldactazide (Spironolactone and Hydrochlorothiazide) would be recorded as Spironolactone and Hydrochlorothiazide.

9. Diuretic drugs: ₀ No ₁ Yes

9a. If **Yes**, check all that apply:

- Furosemide Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Bumetanide Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Chlorothiazide Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Hydrochlorothiazide Dose: _____ mg Given every ___ hour(s)
- Spironolactone Dose: _____ mg Given every ___ hour(s)
- Metolazone Dose: _____ mg Given every ___ hour(s)
- Other (record on the Additional Medication Log)

10. Cardiovascular drugs: ₀ No ₁ Yes

10a. If **Yes**, check all that apply:

- Epinephrine Infusion Vasopressin
- Dopamine Infusion Norepinephrine
- Dobutamine Infusion

11. Other Cardio/Respiratory drugs: ₀ No ₁ Yes

11a. If **Yes**, check all that apply:

- Vitamin A IM or Oral Other pulmonary vasodilators for treatment
(for prevention of BPD) of pulmonary hypertension other than Nitric Oxide
- Surfactant Mucolytic
- Sildenafil Dornase alfa
- Milrinone

12. Neuro-Muscular Blocking Agent: ₀ No ₁ Yes

13. Antimicrobial drugs and other agents to prevent infections: ₀ No ₁ Yes

13a. If **Yes**, check all that apply:

- Antibacterial
- Antifungal



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

- Antiviral
- Palivizumab
- Probiotic

14. Anxiolytic, Anticonvulsant, and Narcotic Analgesic drugs: ₀ No ₁ Yes

14a. If **Yes**, check all that apply:

- Benzodiazepines
- Phenobarbital
- Phenytoin
- Levetiracetam
- Morphine
- Fentanyl
- Methadone
- Dexmedetomidine

15. Anti-Gastroesophageal Reflux drugs: ₀ No ₁ Yes

15a. If **Yes**, check all that apply:

- Proton Pump Inhibitors
- H₂ Receptor Antagonists
- Motility agents
- Other

16. Use of blood products and Hematologic Supplements: ₀ No ₁ Yes

16a. If **Yes**, check all that apply:

- Erythropoietin
- Red Blood Cell Transfusion
- Platelets
- Iron Supplements

17. Oral Vitamins and Electrolyte Supplements: ₀ No ₁ Yes

17a. If **Yes**, check all that apply:

- Vitamin D
- Vitamin E
- Multivitamin
- Potassium Supplement
- Sodium Supplement



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY RESPIRATORY DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

1. Did the baby receive any supplemental oxygen today? ₀ No ₁ Yes

1a. If **Yes**, how long was supplemental oxygen used for? ₁ 12 hours or less
₂ More than 12 hours

1b. What was the concentration of supplemental oxygen at 1200 (Noon) today? _____ %

2. Did the baby receive any other respiratory support today? ₀ No ₁ Yes

If Questions 1 or 2 are **Yes**, answer questions 3 – 6.

3. Was Positive Airway Pressure with Endotracheal Tube used today? ₀ No ₁ Yes

3a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Conventional Mechanical Ventilation (CMV):
Mean Airway Pressure (MAP): _____ cmH₂O
Positive End Expiratory Pressure (PEEP): _____ cmH₂O

High Frequency Oscillation:
MAP: _____ cmH₂O

High Frequency Jet Ventilation:
MAP: _____ cmH₂O

4. Was Respiratory support without Endotracheal Tube used today? ₀ No ₁ Yes

4a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Nasal Intermittent Mandatory Ventilation (NIMV):
MAP: _____ cmH₂O
PEEP: _____ cmH₂O

Continuous Positive Airway Pressure (CPAP):
CPAP: _____ cmH₂O

Nasal Cannula with flow rate:
Nasal Cannula Flow: _____ Lpm

5. Was inhaled nitric oxide given today? ₀ No ₁ Yes

5a. If **Yes**, record the concentration at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available. _____ ppm

6. Was the baby reintubated today? ₀ No ₁ Yes

6a. If **Yes**, indicate the primary reason why the baby was reintubated:

- ₁ Increasing respiratory distress
- ₂ Stridor
- ₃ Apnea and Bradycardia
- ₄ Suspected infection
- ₅ For diagnostic or therapeutic procedures, including surgery
- ₆ Unplanned extubation(s), indicate the number of occurrences this day: _____
- ₉₈ Other, specify: _____



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

Daily Growth and Nutrition Data

For question 1 and 2: If more than one measurement is taken on the same day, enter the first value obtained.

- 1. What was the baby's body weight? ___ ___ ___ gms ₉₉ Not done
- 2. What was the baby's head circumference? ___ . ___ cm ₉₉ Not done
- 3. How much milk did the baby receive today? ₀ None
₁ Partial Feed
₂ Full Feed (no parenteral nutrition on this day)
- 3a. If **Partial** or **Full** milk feed, indicate the type of milk provided: ₁ Human milk
₂ Formula
₃ Both

Daily Medication Data

- 4. Were any drugs given today? ₀ No ₁ Yes

If **Yes**, indicate which of the following drugs were given today:

- 5. Methylxanthine drugs: ₀ No ₁ Yes

5a. If **Yes**, choose one:

- ₁ Caffeine Citrate* Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- ₂ Aminophylline Dose: _____ mg Given every ___ hour(s)
- ₃ Theophylline Dose: _____ mg Given every ___ hour(s)
- ₉₈ Other (record on the Additional Medication Log)

* If your site calculates the dose of Anhydrous Caffeine Base rather than Caffeine Citrate, multiply the Caffeine Base dose by 2.

- 6. Systemic Corticosteroid drugs: ₀ No ₁ Yes

6a. If **Yes**, check all that apply:

- Hydrocortisone Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Dexamethasone Dose: _____ mg Given every ___ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Prednisone / Prednisolone Dose: _____ mg Given every ___ hour(s)
- Methylprednisolone Dose: _____ mg Given every ___ hour(s)
- Other (record on the Additional Medication Log)



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

NOTE: If utilizing a combination therapy drug, record the individual components in their respective drug categories. For example Symbicort (budesonide and formoterol) would be recorded as budesonide – Inhaled Steroid and formoterol – Inhaled Bronchodilator.

7. Inhaled Steroid drugs: ₀ No ₁ Yes

7a. If **Yes**, check all that apply:

- | | | | | |
|--------------------------------------------------------------------------|-------------|------------------------------|-----------------------------|---------------------------|
| <input type="checkbox"/> Budesonide (Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every _____ hour(s) |
| <input type="checkbox"/> Beclomethasone (MDI) | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Ciclesonide (MDI) | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Flunisolide (MDI) | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Fluticasone (MDI) | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Mometasone (MDI) | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Triamcinolone (MDI) | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Dexamethasone (Nebulized) | Dose: _____ | mg | | Given every _____ hour(s) |
| <input type="checkbox"/> Other (record on the Additional Medication Log) | | | | |

If route of administration is Metered Dose Inhalator (MDI), calculate dose by multiplying the number of puffs by strength per puff.

8. Inhaled Bronchodilator drugs: ₀ No ₁ Yes

8a. If **Yes**, check all that apply:

- | | | | | |
|--------------------------------------------------------------------------|-------------|------------------------------|-----------------------------|---------------------------|
| <input type="checkbox"/> Albuterol (Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every _____ hour(s) |
| <input type="checkbox"/> Levalbuterol (Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every _____ hour(s) |
| <input type="checkbox"/> Ipratropium bromide
(Nebulized or MDI) | Dose: _____ | <input type="checkbox"/> mcg | <input type="checkbox"/> mg | Given every _____ hour(s) |
| <input type="checkbox"/> Formoterol | Dose: _____ | mcg | | Given every _____ hour(s) |
| <input type="checkbox"/> Racemic epinephrine (Nebulized) | Dose: _____ | mg | | Given every _____ hour(s) |
| <input type="checkbox"/> Other (record on the Additional Medication Log) | | | | |



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ____ / ____ / ____

WEEK ____ / DAY ____

NOTE: If utilizing a combination therapy drug, record the individual components in their respective drug categories. For example Aldactazide (Spironolactone and Hydrochlorothiazide) would be recorded as Spironolactone and Hydrochlorothiazide.

9. Diuretic drugs: ₀ No ₁ Yes

9a. If **Yes**, check all that apply:

- Furosemide Dose: _____ mg Given every ____ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Bumetanide Dose: _____ mg Given every ____ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Chlorothiazide Dose: _____ mg Given every ____ hour(s) Route: ₁ PO (oral)
₂ IV (intravenous)
- Hydrochlorothiazide Dose: _____ mg Given every ____ hour(s)
- Spironolactone Dose: _____ mg Given every ____ hour(s)
- Metolazone Dose: _____ mg Given every ____ hour(s)
- Other (record on the Additional Medication Log)

10. Cardiovascular drugs: ₀ No ₁ Yes

10a. If **Yes**, check all that apply:

- Epinephrine Infusion Vasopressin
- Dopamine Infusion Norepinephrine
- Dobutamine Infusion

11. Other Cardio/Respiratory drugs: ₀ No ₁ Yes

11a. If **Yes**, check all that apply:

- Vitamin A IM or Oral Other pulmonary vasodilators for treatment
(for prevention of BPD) of pulmonary hypertension other than Nitric Oxide
- Surfactant Mucolytic
- Sildenafil Dornase alfa
- Milrinone

12. Neuro-Muscular Blocking Agent: ₀ No ₁ Yes

13. Antimicrobial drugs and other agents to prevent infections: ₀ No ₁ Yes

13a. If **Yes**, check all that apply:

- Antibacterial
- Antifungal



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY GROWTH AND NUTRITION / DAILY MEDICATION DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

- Antiviral
- Palivizumab
- Probiotic

14. Anxiolytic, Anticonvulsant, and Narcotic Analgesic drugs: ₀ No ₁ Yes

14a. If **Yes**, check all that apply:

- Benzodiazepines
- Phenobarbital
- Phenytoin
- Levetiracetam
- Morphine
- Fentanyl
- Methadone
- Dexmedetomidine

15. Anti-Gastroesophageal Reflux drugs: ₀ No ₁ Yes

15a. If **Yes**, check all that apply:

- Proton Pump Inhibitors
- H₂ Receptor Antagonists
- Motility agents
- Other

16. Use of blood products and Hematologic Supplements: ₀ No ₁ Yes

16a. If **Yes**, check all that apply:

- Erythropoietin
- Red Blood Cell Transfusion
- Platelets
- Iron Supplements

17. Oral Vitamins and Electrolyte Supplements: ₀ No ₁ Yes

17a. If **Yes**, check all that apply:

- Vitamin D
- Vitamin E
- Multivitamin
- Potassium Supplement
- Sodium Supplement



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

DAILY RESPIRATORY DATA

DATE: ___ / ___ / _____

WEEK ___ / DAY ___

1. Did the baby receive any supplemental oxygen today? ₀ No ₁ Yes

1a. If **Yes**, how long was supplemental oxygen used for? ₁ 12 hours or less
₂ More than 12 hours

1b. What was the concentration of supplemental oxygen at 1200 (Noon) today? _____ %

2. Did the baby receive any other respiratory support today? ₀ No ₁ Yes

If Questions 1 or 2 are **Yes**, answer questions 3 – 6.

3. Was Positive Airway Pressure with Endotracheal Tube used today? ₀ No ₁ Yes

3a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Conventional Mechanical Ventilation (CMV):
Mean Airway Pressure (MAP): _____ cmH₂O
Positive End Expiratory Pressure (PEEP): _____ cmH₂O

High Frequency Oscillation:
MAP: _____ cmH₂O

High Frequency Jet Ventilation:
MAP: _____ cmH₂O

4. Was Respiratory support without Endotracheal Tube used today? ₀ No ₁ Yes

4a. If **Yes**, select ventilation mode and record the associated values at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available.

Nasal Intermittent Mandatory Ventilation (NIMV):
MAP: _____ cmH₂O
PEEP: _____ cmH₂O

Continuous Positive Airway Pressure (CPAP):
CPAP: _____ cmH₂O

Nasal Cannula with flow rate:
Nasal Cannula Flow: _____ Lpm

5. Was inhaled nitric oxide given today? ₀ No ₁ Yes

5a. If **Yes**, record the concentration at 1200 (Noon) or closest recorded data to 12 (Noon) if noon data are not available. _____ ppm

6. Was the baby reintubated today? ₀ No ₁ Yes

6a. If **Yes**, indicate the primary reason why the baby was reintubated:

- ₁ Increasing respiratory distress
- ₂ Stridor
- ₃ Apnea and Bradycardia
- ₄ Suspected infection
- ₅ For diagnostic or therapeutic procedures, including surgery
- ₆ Unplanned extubation(s), indicate the number of occurrences this day: _____
- ₉₈ Other, specify: _____



PREMATURITY AND RESPIRATORY OUTCOMES PROGRAM

PID: _____

SPECIMEN COLLECTION FORM

DATE: ___/___/___

1. Collection Date _____/_____/_____ [mm/dd/yyyy]

2. Collection Time (if applicable) _____ [24 hour clock]

3. Type of Specimen
- ₁ Infant Tracheal Aspirate
 - ₂ Infant Urine
 - ₃ Infant Saliva for DNA
 - ₄ Mother Saliva for DNA
 - ₅ Father Saliva for DNA

4. Laboratory Accession Number (from TA or UR vial label)

	Site #	Sample Type	Sample #
--	--------	-------------	----------

4a. Enter Tracheal Aspirate **CL** Lab Accession Number

	Site #	Sample Type	Sample #
--	--------	-------------	----------

5. Number of Aliquots (for Tracheal Aspirate Supernatant or Urine) _____

5a. Date Tracheal Aspirate or Urine Specimen Frozen _____/_____/_____ [mm/dd/yyyy]

5b. Time Tracheal Aspirate or Urine Specimen Frozen: _____ [24 hour clock]

6. Date sample shipped to Core Lab: _____/_____/_____ [mm/dd/yyyy]

*Sample Type

TA	Tracheal Aspirate Supernatant; send to UCSF Tracheal Aspirate Core Lab
CL	Tracheal Aspirate Cell Pellet; send to UCSF Tracheal Aspirate Core Lab
UR	Urine; send to Vanderbilt Urine Core Lab
DN	DNA (Saliva); send to Vanderbilt DNA Core Lab.