CALI Study Randomization Card

Treatment: LISA & Caffeine

Subject ID:					
Date/time of Randomization: _			HH : M	 M	
PLEASE REFER ON BACK OF	CARD FOR	R LISA PRO	CEDURAI	L CHECKLIST	_
FiO2: CPAP: S	pO2:	HR:	at ran	domization	
1. Caffeine Therapy started in LDR/Resuscitation Rm?		□ Yes		□ No	
2. Start time of LISA (from Laryngoscopy attempt)			:: H : MM		
3. Duration of Laryngoscopy attempt? (Time of insertion to removal)	1 st _ 2 nd _ 3 rd _			_seconds _seconds _seconds	
4. Successful placement of LISA catheter?		□ Yes		□ No	
 Total surfactant administered mL/kg 				mLs	
6. End time of LISA (removal of angiocatheter)			:: H : MM		
7. Surfactant aspirated from stomach or leaked from mouth (failure/regurgitation from track	nea?	□ Yes		□ No	
8. Amount surfactant aspirated?	?			_ mLs	
9. Lowest HR during procedure?				_ Bpm	
10. Lowest SpO2 during procedu	ıre?			_%	
11. Interventions?	Note	es:			
Affix patien	t label to b	ack of this o	ard		_
Completed By (Name):		Date:	/_	_/	
Sharp Mary Birch Hospital for W	omen & Ne	ewborns. (20	020). CaL	I Study Rando	omization Card. v1

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Supplies for LISA procedure: o 16g angiocatheter, measured and marked insertion length with tape or Sharpie, NEEDLE REMOVED o Laryngoscope size: □ 00 □ 0 ○ Laryngoscope type: □ Video □ Conventional Curosurf 2.5 mL/kg/dose in syringe o 8 FR feeding tube and compatible syringe o 2-10 mL syringe o Blunt plastic needle 7 inch IV small bore extension tubing PROCEDURE: o At randomization infant will be on CPAP o Infant will be positioned in a "sniffing position" o An 8 FR orogastric (OG) tube will be placed and gastric contents aspirated. OG tube should remain in place during the LISA procedure o Ensure adequate CPAP and Vital Signs (VS) stable o Place IV for IV Caffeine loading dose o Obtain 16 gauge catheter and remove needle • Measure depth of catheter insertion using clean technique (6 + wt in Kg) mark with a small piece of intubation tape or sharpie o Provider visualizes vocal cords, inserts & stabilizes angiocatheter o RCP attaches 7 inch IV small bore extension tubing to angiocatheter o RCP attaches syringe with Curosurf to the extension tubing o RCP slowly administers Curosurf over 1-2 minutes (approximately in 3 aliquots) while infant is spontaneously breathing on CPAP o RCP will flush angiocath with 5 mLs of air to clear surfactant from angiocatheter o Provider will remove angiocatheter and infant will continue on CPAP therapy Wean FiO2 as tolerated If infant requires intubation within 72 hours, Please complete Intubation Card and call Neonatal Research at x6307

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(Supplemental File 1)

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