

**CaLI STUDY**Use only if intubating within **72 HOURS**Date/Time of 72 hours after randomization: \_\_\_/\_\_\_/\_\_\_ : \_\_\_  
MM/ DD/ YYYY HH : MM

Subject ID: \_\_\_\_\_ Site #: \_\_\_\_\_

Treatment assignment:  **Caffeine & CPAP**  **Caffeine & LISA**

PLEASE COMPLETE & CALL Neonatal Research at X6307	
1. Date/Time of Intubation	___/___/___ : ___ MM/ DD/ YYYY HH : MM
2. Duration of Laryngoscopy? (Time of insertion to removal)	1 <sup>st</sup> _____ seconds 2 <sup>nd</sup> _____ seconds 3 <sup>rd</sup> _____ seconds
3. Was Intubation successful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Lowest HR during procedure?	_____ Bpm
5. Lowest SpO2 during procedure?	_____ %
6. Reason Patient Intubated (check all that apply)	<input type="checkbox"/> Requiring FiO2 > .40 for more than 2 hours to maintain SpO2 >90% <input type="checkbox"/> Any 2 blood gases 2 hours after randomization: (pH 7.15 or less <b>OR</b> paCO2 > 65 mmHg) <input type="checkbox"/> MD decision <input type="checkbox"/> Apnea <input type="checkbox"/> Surfactant administration <input type="checkbox"/> Other: _____

Affix patient label to back of this card

Completed By

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Sharp Mary Birch Hospital for Women & Newborns. (2020). CaLI Study Intubation Card. v1.0  
(Supplemental File 3)**CaLI STUDY**Use only if intubating within **72 HOURS**Date/Time of 72 hours after randomization: \_\_\_/\_\_\_/\_\_\_ : \_\_\_  
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Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_