Respiratory Support Log

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The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

SurfON

Respiratory Support Log

NPEU Clinical Trials Unit | University of Oxford

Day 1: D D / M M / Y Y

Study Number: ☐☐☐☐☐

Date of birth: D D / M M / Y Y

Please complete this log for all infants in the SurfON study after randomisation for every day that the infant is receiving Respiratory support and/or Oxygen

Time interval	Respiratory Support *(please tick ALL that apply)*	Oxygen requirement: Did the infant require $FiO_2 \geq 0.45$ to maintain $SaO_2 \geq 92\%$ for a sustained period of ≥ 30 minutes?	Was surfactant administered? *(please exclude single dose of surfactant given as study intervention)*	Person completing entry *(print name)*
00:00 to 03:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
04:00 to 07:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
08:00 to 11:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
12:00 to 15:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
16:00 to 19:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
20:00 to 23:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	

Sign off by delegated person

I confirm that I have checked the data recorded on this log against the infant's hospital records:

Name: *(Print)* ______________________ **Signature:** ______________________

Role: ______________________ **Date:** D D / M M / Y Y

SurfON

Respiratory Support Log

NPEU Clinical Trials Unit

UNIVERSITY OF OXFORD

Day 2: D D / M M / Y Y

Study Number:

Date of birth: D D / M M / Y Y

Please complete this log for all infants in the SurfON study after randomisation for every day that the infant is receiving Respiratory support and/or Oxygen

Time interval	Respiratory Support *(please tick ALL that apply)*	Oxygen requirement: Did the infant require $FiO_2 \geq 0.45$ to maintain $SaO_2 \geq 92\%$ for a sustained period of ≥ 30 minutes?	Was surfactant administered? *(please exclude single dose of surfactant given as study intervention)*	Person completing entry *(print name)*
00:00 to 03:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
04:00 to 07:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
08:00 to 11:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
12:00 to 15:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
16:00 to 19:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
20:00 to 23:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	

Sign off by delegated person

I confirm that I have checked the data recorded on this log against the infant's hospital records:

Name: *(Print)* ______________________ **Signature:** ______________________

Role: ______________________ **Date:** D D / M M / Y Y

SurfON

Respiratory Support Log

NPEU Clinical Trials Unit | UNIVERSITY OF OXFORD

Day 3: D D / M M / Y Y

Study Number:

Date of birth: D D / M M / Y Y

Please complete this log for all infants in the SurfON study after randomisation for every day that the infant is receiving Respiratory support and/or Oxygen

Time interval	Respiratory Support (please tick ALL that apply)	Oxygen requirement: Did the infant require $FiO_2 \geq 0.45$ to maintain $SaO_2 \geq 92\%$ for a sustained period of ≥ 30 minutes?	Was surfactant administered? (please exclude single dose of surfactant given as study intervention)	Person completing entry (print name)
00:00 to 03:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
04:00 to 07:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
08:00 to 11:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
12:00 to 15:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
16:00 to 19:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
20:00 to 23:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	

Sign off by delegated person

I confirm that I have checked the data recorded on this log against the infant's hospital records:

Name: *(Print)* ____________________ **Signature:** ____________________

Role: ____________________ **Date:** D D / M M / Y Y

SurfON

Respiratory Support Log

NPEU Clinical Trials Unit · UNIVERSITY OF OXFORD

Day 4: D D / M M / Y Y

Study Number: ☐☐☐☐☐

Date of birth: D D / M M / Y Y

Please complete this log for all infants in the SurfON study after randomisation for every day that the infant is receiving Respiratory support and/or Oxygen

Time interval	Respiratory Support (please tick ALL that apply)	Oxygen requirement: Did the infant require $FiO_2 \geq 0.45$ to maintain $SaO_2 \geq 92\%$ for a sustained period of ≥ 30 minutes?	Was surfactant administered? (please exclude single dose of surfactant given as study intervention)	Person completing entry (print name)
00:00 to 03:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
04:00 to 07:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
08:00 to 11:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
12:00 to 15:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
16:00 to 19:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
20:00 to 23:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	

Sign off by delegated person

I confirm that I have checked the data recorded on this log against the infant's hospital records:

Name: *(Print)* ____________________ **Signature:** ____________________

Role: ____________________ **Date:** D D / M M / Y Y

SurfON

Respiratory Support Log

NPEU Clinical Trials Unit | University of Oxford

Day 5: D D / M M / Y Y

Study Number: ☐☐☐☐☐

Date of birth: D D / M M / Y Y

Please complete this log for all infants in the SurfON study after randomisation for every day that the infant is receiving Respiratory support and/or Oxygen

Time interval	Respiratory Support (please tick ALL that apply)	Oxygen requirement: Did the infant require $FiO_2 \geq 0.45$ to maintain $SaO_2 \geq 92\%$ for a sustained period of ≥ 30 minutes?	Was surfactant administered? (please exclude single dose of surfactant given as study intervention)	Person completing entry (print name)
00:00 to 03:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
04:00 to 07:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
08:00 to 11:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
12:00 to 15:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
16:00 to 19:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
20:00 to 23:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	

Sign off by delegated person

I confirm that I have checked the data recorded on this log against the infant's hospital records:

Name: *(Print)* ____________________ **Signature:** ____________________

Role: ____________________ **Date:** D D / M M / Y Y

SurfON

Respiratory Support Log

NPEU Clinical Trials Unit | UNIVERSITY OF OXFORD

Day 6: D D / M M / Y Y

Study Number: ____

Date of birth: D D / M M / Y Y

Please complete this log for all infants in the SurfON study after randomisation for every day that the infant is receiving Respiratory support and/or Oxygen

Time interval	Respiratory Support (please tick ALL that apply)	Oxygen requirement: Did the infant require $FiO_2 \geq 0.45$ to maintain $SaO_2 \geq 92\%$ for a sustained period of ≥ 30 minutes?	Was surfactant administered? (please exclude single dose of surfactant given as study intervention)	Person completing entry (print name)
00:00 to 03:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
04:00 to 07:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
08:00 to 11:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
12:00 to 15:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
16:00 to 19:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
20:00 to 23:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	

Sign off by delegated person

I confirm that I have checked the data recorded on this log against the infant's hospital records:

Name: *(Print)* ________________ **Signature:** ________________

Role: ________________ **Date:** D D / M M / Y Y

Respiratory Support Log

Day 7: D D / M M / Y Y

Study Number:

Date of birth: D D / M M / Y Y

Please complete this log for all infants in the SurfON study after randomisation for every day that the infant is receiving Respiratory support and/or Oxygen

Time interval	Respiratory Support (please tick ALL that apply)	Oxygen requirement: Did the infant require $FiO_2 \geq 0.45$ to maintain $SaO_2 \geq 92\%$ for a sustained period of ≥ 30 minutes?	Was surfactant administered? (please exclude single dose of surfactant given as study intervention)	Person completing entry (print name)
00:00 to 03:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
04:00 to 07:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
08:00 to 11:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
12:00 to 15:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
16:00 to 19:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	
20:00 to 23:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ *If Yes, please complete Surfactant Form*	

Sign off by delegated person

I confirm that I have checked the data recorded on this log against the infant's hospital records:

Name: *(Print)* ____________________ **Signature:** ____________________

Role: ____________________ **Date:** D D / M M / Y Y