Trial Intervention

1. What is the infant's date of birth?	*			
yyyy-mm-dd				
2. To which treatment arm was the infant randomis	ed? *			
Expectant management				
Early surfactant therapy				
3. What was the mode of respiratory support at the	time of randomisation?			
(select one option)				
Mechanical ventilation				
Positive airway pressure (CPAP, BiPAP)				
High flow therapy				
Incubator or low flow oxygen				
Breathing in air				
4. Was surfactant administered?				
Yes				
No				
4.1 Please select the reason				
(tick all that apply)				
Infant no longer met inclusion criteria because of improvement in condition				
Infant no longer met inclusion criteria because of deterio	pration in condition			
Surfactant not available				
Parental wish				
Other				
Please specify				
4.1. What was the dose administered?	*			
mg				
4.2. Date of surfactant administration	Time *			
(hh:mm [24 hr])				
yyyy-mm-dd				

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4.3. How was surfactant adm LISA (Less Invasive Surfactant INSURE (INtubation-SURfacta Intubation Laryngeal mask	t Administration)						*
4.3.1. Date and times of intub	bation / extuba	ation					
	me intubated n:mm [24 hr])	Date ex	tubated n-dd			Time extubated (hh:mm [24 hr])	
4.4. Did the infant receive sedation for the administration of surfactant? Yes No							
Please enter the dose given fo	or any of the fol	llowing sedation ty	/pes:				
Morphine Fentanyl (μg/kg)		Remifentanil µg/kg)		Propofol (mg/kg)		Ketamine (mg/kg)	
Other sedation		Unit					
4.5. Did the infant receive any muscle relaxant prior to surfactant administration? Yes No							*
4.6. What was the mode of re Mechanical ventilation Positive airway pressure (CPA High flow therapy Incubator or low flow oxygen Breathing in air	AP, BiPAP)						*

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	Mechanical ventilation
	Positive airway pressure (CPAP, BiPAP)
	High flow therapy
	Incubator or low flow oxygen
	Breathing in air
Not	tes
Plea	se add any additional comments here