

# Surfactant

## 1. What was the infant's date of birth? \*

yyyy-mm-dd

## 2. Why was surfactant administered? \*

- Poor blood gas
- Increased work of breathing
- Recurrent apnoea
- Increase in FiO<sub>2</sub>
- Other

Please enter blood gas readings

pH

pCO<sub>2</sub>

pO<sub>2</sub>

Please specify \*

## 3. What was the dose administered? \*

mg

## 4. Date of surfactant administration \*

yyyy-mm-dd

## Time \*

(hh:mm [24 hr])

**5. How was surfactant administered?** \*

- LISA (Less Invasive Surfactant Administration)
- INSURE (INTubation-SURfactant-Extubation)
- Intubation
- Laryngeal mask

**5.1 Date and times of intubation / extubation**

Date intubated yyyy-mm-dd	Time intubated (hh:mm [24 hr])	Date extubated yyyy-mm-dd	Time extubated (hh:mm [24 hr])
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**6. Did the infant receive sedation?** \*

- Yes
- No

Please enter the dose given for any of the following sedation types:

Morphine (µg/kg)	Fentanyl (µg/kg)	Remifentanyl (µg/kg)	Propofol (mg/kg)	Ketamine (mg/kg)
Other sedation	Dose	Unit		

**7. Did the infant receive any muscle relaxant prior to surfactant administration?** \*

- Yes
- No

**8. What was the mode of respiratory support immediately prior to surfactant administration?**

\*

- Mechanical ventilation
- Positive airway pressure (CPAP, BiPAP)
- High flow therapy
- Incubator or low flow oxygen
- Breathing in air

**9. What was the mode of respiratory support 30 minutes after surfactant administration?**

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- Mechanical ventilation
- Positive airway pressure (CPAP, BiPAP)
- High flow therapy
- Incubator or low flow oxygen
- Breathing in air

**Notes**

Please add any additional comments here