Recorded Home Oximetry (RHO) Implementation Trial Baseline Data Collection: Operational Definitions

1. Record ID	The infant's record ID will be your VON site ID followed by the infant's VON ID in the following format: XX-XXXXXX
NICU INFORMATION	
2. Referring NICU	Name of NICU that referred the infant to your site for pulmonary follow-up care.
3. How many days was the infant on a ventilator?	Number of days the infant was intubated and ventilated. Include vent support required for surgery and post-op recovery.
4. What was the infant's initial oxygen flow rate at NICU discharge?	Flow rate in cc/min reported by the discharging NICU.
5. NICU Length of Stay	Length of time in days between date of birth to date of final disposition home.
HOME OXYEGN INFORMATION	
6. Home Oxygen Therapy Duration	Length of time in days between date of NICU discharge and date of final successful discontinuation of HOT. Final discontinuation of HOT will depend on your site's current weaning protocols. • If your site utilizes PSG to wean HOT, use the date that the family was contacted to discontinue HOT • If your site weans in clinic, use the date of the clinic visit where HOT was discontinued • If the parent self-weaned, use the date of the clinic visit where it was confirmed that HOT was discontinued
7. Did the infant require a PSG in order to discontinue supplemental oxygen?	Yes/no.
ADVERSE EVENT INFORMATION	
8. Did the infant have any adverse events (defined as a hospitalization or emergency department visit) while weaning off supplemental oxygen or 6 months post-wean?	If no, skip the remaining questions.
9. How many hospitalizations did the infant have?	If none, skip to question 12.

10. Admission date of hospitalization	Date of hospital admission in MM-DD-YYYY format.
11. Was this hospitalization respiratory related?	Respiratory-related can be defined as any of the following but not limited to: • Respiratory distress (viral or non-viral) • Hypoxia • Apnea • Aspiration • Acute respiratory failure • Bronchiolitis • RSV (Respiratory syncytial virus)
Repeat questions 10-11 for each hospitalization. You may enter data for up to five hospitalizations. Leave all unused columns blank.	
12. How many emergency department visits did the infant have? Please do not include emergency department visits that ultimately led to a hospitalization.	If none, skip the remaining questions.
13. Date of ED visit	Date of ED visit in MM-DD-YYYY format.
14. Was this ED visit respiratory related?	Respiratory-related can be defined as any of the following: • Respiratory distress (viral or non-viral) • Hypoxia • Apnea • Aspiration • Acute respiratory failure • Bronchiolitis • RSV (Respiratory syncytial virus)
Repeat questions 13-14 for each ED visit. You may enter data for up to ten ED visits. Leave all unused columns blank.	

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