Page 1

Additional Baseline Data

Record ID		
		-
NICU INFORMATION		
NICO INFORMATION		
Referring NICU		_
How many days was the infant on a ventilator?		-
What was the infant's initial oxygen flow rate at NICU		
discharge?		_
	((cc/min))	
NICU Length of Stay		
	((days))	-
HOME OXYGEN INFORMATION		
Home Oxygen Therapy Duration		
	((days))	-
	((ddy3))	
Did the infant require a PSG in order to discontinue	○ Yes	
supplemental oxygen?	○ No	
ADVERSE EVENT INFORMATION		
Did the infant have any adverse events (defined as a hospitalization or emergency department visit) while	○ Yes ○ No	
weaning off supplemental oxygen or 6 months post-wean?	9	
How many hospitalizations did the infant have?		
		-
Admission date of first hospitalization:		
		-
Was this hospitalization respiratory related?	○ Yes	
	Ŏ No	
Admission date of second hospitalization:		
		-
Was this hospitalization respiratory related?	○ Yes	
	○ No	
Admission date of third hospitalization:		
		-

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Was this hospitalization respiratory related?	Yes No	
Admission date of fourth hospitalization:		
Was this hospitalization respiratory related?	○ Yes ○ No	
Admission date of fifth hospitalization:		
Was this hospitalization respiratory related?	○ Yes ○ No	
How many emergency department visits did the infant have? Please do not include emergency department visits that ultimately led to a hospitalization.		
Date of first ED viist:		
Was this ED visit respiratory related?	○ Yes ○ No	
Date of second ED visit:		
Was this ED visit respiratory related?	○ Yes ○ No	
Date of third ED visit:		
Was this ED visit respiratory related?	○ Yes ○ No	
Date of fourth ED visit:		
Was this ED visit respiratory related?	○ Yes ○ No	
Date of fifth ED visit:		
Was this ED visit respiratory related?	○ Yes ○ No	
Date of sixth ED visit:		
Was this ED visit respiratory related?	Yes No	



Date of seventh ED visit:		
		
Was this ED visit respiratory related?		
Date of eighth ED visit:		
Was this ED visit respiratory related?		
Date of ninth ED visit:		
	-	
Was this ED visit respiratory related?	○ Yes ○ No	
Date of tenth ED visit:		
Was this ED visit respiratory related?	○ Yes ○ No	