

Screening and Eligibility

Record ID _____

Inclusion Criterion: Participants for the program must meet the following criterion (Answer must be "Yes" for program participation)

Male or female infant patient with birth gestational age $\leq 37\ 0/7$ weeks post menstrual age (PMA) who has requirement of supplemental oxygen at time of NICU discharge ☐ Yes ☐ No

Exclusion Criteria: Potential participants will be ineligible if any of the following criteria are met (Answers must be "No" for program participation)

Syndrome or diagnosis with known high risk for hypoxia (cardiac disease, Trisomy 21, Pierre-Robin sequence) beyond lung disease of prematurity ☐ Yes ☐ No

Requirement of oxygen greater than 1 L/min at NICU discharge or tracheostomy ☐ Yes ☐ No

This patient is ineligible for the RHO program. Please do not complete any of the subsequent forms.

This patient is eligible for the RHO program. Please answer the following questions regarding program participation.

Will this patient be followed by the RHO program? ☐ Yes ☐ No

Why won't they be followed in the RHO program? ☐ RAD 97 unavailable ☐ Patient not receiving follow-up at this site or parents plan to change primary follow-up site ☐ Other

Other, please specify: _____

Did the parents opt out of sharing their data for the implementation study? ☐ Yes ☐ No

Why did the parents opt out? ☐ Uncomfortable sharing infant's data ☐ Refused to disclose reason ☐ Other

Other, please specify: _____

Presence of pulmonary hypertension at NICU discharge? ☐ Yes ☐ No

Please do not complete any of the subsequent forms.

Please complete the subsequent forms.

Demographics

Discharge Month

(0-12)

Discharge Year

Birth Gestational Age (Weeks)

Birth Gestational Age (Days)

Sex

- ☐ Male
☐ Female

Birth Weight

(grams)

Plurality

- ☐ Singleton
☐ Twin
☐ Triplet
☐ Quadruplet
☐ Other

Other, please specify:

Maternal Race

- ☐ White
☐ Black or African American
☐ Asian
☐ Other
☐ Unknown

Other, please specify:

Maternal Ethnicity

- ☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Maternal Age at Infant's Birth

(If unknown put "99")

Primary Caregiver(s)

- ☐ Mother
☐ Father
☐ Grandparent
☐ Foster parent
☐ Other

Other, please specify:

Parental Primary Language

- ☐ English
- ☐ Spanish
- ☐ Portuguese
- ☐ French
- ☐ Arabic
- ☐ Mandarin
- ☐ Other

Other, please specify:

Patient Insurance Type

- ☐ Private Insurance
- ☐ Public Insurance
- ☐ None
- ☐ Other
- ☐ Unknown

Other, please specify:

Housing Type

- ☐ House
- ☐ Apartment
- ☐ Shelter
- ☐ Unknown
- ☐ Other

Other, please specify:

NICU Length of Stay

(days)

What was the infant's respiratory support at 36 weeks corrected age?

- ☐ Low flow nasal canula
- ☐ High flow nasal canula
- ☐ CPAP
- ☐ NIPPV
- ☐ Ventilator
- ☐ Room air
- ☐ Unknown

FiO2

Oxygen flow rate:

(cc/min)

Oxygen Flow Rate at time of NICU Discharge

(cc/min)

Home Care Company

- ☐ Bioscrip
- ☐ PromptCare
- ☐ Community Surgical Supply
- ☐ Lincare
- ☐ Apria
- ☐ Reliable Respiratory
- ☐ American Home Care Specialists
- ☐ AbleCare
- ☐ Renaissance Medical
- ☐ Cooley
- ☐ CCHMC
- ☐ RSVP
- ☐ Landauer Health Care
- ☐ National
- ☐ Keene Medical
- ☐ Major Medical
- ☐ Chop Homecare
- ☐ Children's Home Medical
- ☐ Other

Other, please specify:

Home Oximetry Data Form

Analysis Date

Current O2 Flow Rate

- ☐ 1 L/min
☐ 750 cc/min
☐ 500 cc/min
☐ 250 cc/min
☐ 125 cc/min
☐ Nocturnal O2
☐ Supplemental O2 completely off
☐ Other

Other

(cc/min)

Minimum (1500 min) recorded for analysis?

- ☐ Yes
☐ No

Minutes Recorded

(minutes)

Oximetry Analysis

Minutes Valid SpO2

(minutes)

Minutes below 96% SpO2

(minutes)

Minutes below 93% SpO2

(minutes)

Minutes below 90% SpO2

% time below 96% SpO2

% time below 93% SpO2

% time below 90% SpO2

Indication

Select the criteria the patient meets

- ☐ Increasing O2 flow rate
☐ Maintaining current O2 flow rate
☐ Weaning O2 flow rate

Has the O2 flow rate changed?

- ☐ Yes
☐ No

New O2 flow rate

- ☐ 1 L/min
☐ 750 cc/min
☐ 500 cc/min
☐ 250 cc/min
☐ 125 cc/min
☐ Nocturnal O2
☐ Supplemental O2 completely off
☐ Other

Other

(cc/min)

Did a deviation occur with this analysis?

- ☐ Yes
☐ No

Deviation Type

- ☐ Provider did not follow guideline suggestion
☐ Did not meet minimum time but change in flow rate occurred anyway
☐ Technological barrier with SafetyNet connection
☐ Data was not analyzed at set time
☐ No data was captured (patient not connected to oximeter or set up to WIFI)
☐ Parent felt uncomfortable changing flow rate
☐ Parent self-weaned

What was the providers reason for not following the guideline suggestion?

- ☐ Growth concerns
☐ Recent illness
☐ Current illness
☐ Feeding intolerance
☐ Increased WOB
☐ Felt comfortable maintaining
☐ Data was thought to be artifact
☐ Other

Other, please specify:

Adverse Events

Did this patient experience an adverse event while weaning from oxygen therapy?

- ☐ Yes
☐ No

Date of Adverse Event:

Adverse Event

- ☐ Cough/wheeze (non-viral)
☐ Viral respiratory distress
☐ Hypoxia
☐ Feeding Issue/Aspiration
☐ Viral Gastroenteritis
☐ G-Tube complications
☐ Skin Irritation
☐ Bacterial infection/cellulitis
☐ Other

Other

Short description of AE:

(2-3 sentences that describes the event)

Adverse Event Grade

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

1: Emergency room visit, no Intervention
2: Emergency room visit, intervention
3: Hospital admission
4: Intensive care admission (PICU/NICU) for life threatening causes
5: Death

Oxygen flow rate prior to sickness

- ☐ 500 cc/min
☐ 250 cc/min
☐ 125 cc/min
☐ Nocturnal O2
☐ Supplemental O2 completely off
☐ Other

Oxygen flow rate post sickness

- ☐ 500 cc/min
☐ 250 cc/min
☐ 125 cc/min
☐ Nocturnal O2
☐ Supplemental O2 completely off
☐ Other

Other

(cc/min)

Other

(cc/min)

Relationship to implementation

- ☐ Related
- ☐ Possibly Related
- ☐ Not Related

Implementation Discharge

Oxygen Weaning Information

Did the patient wean from low-flow oxygen?

- ☐ Yes
☐ No

If not, what was the reason?

- ☐ Determined by physician need for continuous oxygen support
☐ Tracheostomy
☐ Death
☐ Other

Other, please specify:

Did the patient utilize RHO to wean from HOT?

- ☐ Yes
☐ No

Duration of oxygen therapy after NICU discharge

(NICU d/c date to date O2 was successfully weaned (days))

Did this patient have a PSG?

- ☐ Yes
☐ No

Did their PSG result determine their readiness to wean home oxygen?

- ☐ Yes
☐ No

At any point during the oxygen weaning process, did the patient's parents self-wean their oxygen?

- ☐ Yes
☐ No

Adverse Events

Did the patient suffer any adverse events while weaning from oxygen therapy?

- ☐ Yes
☐ No

Have all adverse events been reported to the data coordinating center?

- ☐ Yes
☐ No