

Refid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

Submit Form and go to or Skip to Next

Study Characteristics

1. Is this study a subanalysis of another study? (If yes, please include the author and year of the study)

- Yes
- No

Clear Response
2. Study Design (Click here for Study Design Definitions)

- RCT
- Controlled trial, non-randomized
- Prospective cohort
- Retrospective cohort
- Time series
- Case control
- Cross sectional
- Case Report
- Nested case control study
- Other study design
- Meeting abstracts

Clear Response

3. Study Site

- Single center
- Multiple center

Clear Response

4. Study Location

If this is a multi-center study, identify the coordinating center location only

- North America
- South America
- Europe
- Asia
- Other

Clear Response

5. Recruitment: Start Date / End Date

Start Date (mm/yy) End Date (mm/yy)

Planned length of follow-up

Inclusion/Exclusion criteria

Age, chronological	<input type="checkbox"/> Inclusion	<input type="checkbox"/> Exclusion
Age, gestational	<input type="checkbox"/> Inclusion	<input type="checkbox"/> Exclusion
Birthweight	<input type="checkbox"/> Inclusion	<input type="checkbox"/> Exclusion
Inborn	<input type="checkbox"/> Inclusion	<input type="checkbox"/> Exclusion
OI (specify)	<input type="checkbox"/> Inclusion	<input type="checkbox"/> Exclusion
FIO2 (specify)	<input type="checkbox"/> Inclusion	<input type="checkbox"/> Exclusion
PaO2 (specify)	<input type="checkbox"/> Inclusion	<input type="checkbox"/> Exclusion
MAP (specify)	<input type="checkbox"/> Inclusion	<input type="checkbox"/> Exclusion
Arterial catheter	<input type="checkbox"/> Inclusion	<input type="checkbox"/> Exclusion

Bleeding tendency/disorder, low platelet count, or thrombocytopenia (specify)
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
BPD, or Chronic lung disease (specify)
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Congenital anomaly/malformation (specify) including diaphragmatic hernia and congenital heart disease
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Ductal Shunting
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Hydrops fetalis
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Hypoxemia, Refractory hypoxemia, or Hypoxic respiratory failure (specify)
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>

Inhaled beta-antagonists
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Intraparenchymal lesion
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
IVH (specify)
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Multiple birth
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
oligohydramnios (specify)
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Persistent pulmonary hypertension, Pulmonary hypertension (specify)
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Pneumonia, or PIE
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Pneumothorax
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Prolonged premature rupture of the membranes (PPROM)
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Pulmonary hemorrhage
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Pulmonary hypoplasia
<input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>

Refractory shock <input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Refractory hypoxemia or hypoxic respiratory failure (specify) <input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Respiratory distress syndrome (specify) <input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Respiratory failure (specify) <input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Sepsis <input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Surfactant <input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Systemic or inhaled corticosteroids (specify) <input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Tracheal intubation, Ventilatory support (specify) <input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Vasodilators <input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
Other (specify) <input type="checkbox"/> Inclusion <input type="text"/> <input type="checkbox"/> Exclusion <input type="text"/>
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<input type="button" value="Submit Form"/> and go to <input type="button" value="▼"/> or Skip to Next