

**Refid: 12. Skateboards: Are they really perilous? A retrospective study from a district hospital.**

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### Participant Characteristics (for each Arm)

#### 1. Study Arm

- Arm A (Control)
- Arm B
- Arm C
- Arm D
- Arm E
- Arm F
- Arm G
- Arm H

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#### 2. Study Participants: N at baseline

#### 3. Males

 n   %n 

Gestational age (weeks)	4. How was gestational age calculated?	5. Mean	6. Standard Deviation	7. Median	8. Range (Specify if IQR)	
	<input type="radio"/> Post-menstrual or Post-conceptualAge <input type="radio"/> Unspecified <input type="radio"/> Other <input type="text"/> <input type="radio"/> Other <input type="text"/> <a href="#">Clear Response</a>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthweight (grams)	9. Mean	10. Standard Deviation	11. Median	12. Range (Specify if IQR)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Participant Age at Time of Enrollment (indicate hours, days, or weeks)	13. Mean	14. Standard Deviation	15. Median	16. Range (Specify if IQR)	17. Units	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <a href="#">Clear Response</a>	

Participant Age at Time of INO Treatment (indicate hours, days, or weeks)	18. Mean	19. Standard Deviation	20. Median	21. Range (Specify if IQR)	22. Units	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <a href="#">Clear Response</a>	

Race/Ethnicity	23. Non-Hispanic White	24. Non-Hispanic Black	25. Hispanic	26. American Indian / Alaska Native	27. Asian American / Pacific Islander	28. Other or Not Specified
	<input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	<input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	<input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	<input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	<input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	<input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>

CRIB (Clinic Risk Index for Babies) Score	29. Mean	30. Standard Deviation	31. Median	32. Range (Specify if IQR)	33. CRIB score (define your own)	34. CRIB score (define your own)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	<input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>

SNAP (Score for Neonatal Acute Physiology)	35. Mean	36. Standard Deviation	37. Median	38. Range (Specify if IQR)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Apgar scores	39. Mean (1 min apgar)	40. Standard Deviation (1 min apgar)	41. Median (1 min apgar)	42. Range (Specify if IQR) (1 min apgar)	43. Apgar Score (Define your own)	44. Apgar Score (Define your own)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	<input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>

<b>Apgar score (cont.)</b>	45. Mean (5 min apgar) <input type="text"/>	46. Standard Deviation (5 min apgar) <input type="text"/>	47. Median (5 min apgar) <input type="text"/>	48. Range (Specify if IQR) (5 min apgar) <input type="text"/>	49. Apgar Score (Define your own) <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	50. Apgar Score (Define your own) <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>
<b>Oxygenation Index</b>	51. Mean <input type="text"/>	52. Standard Deviation <input type="text"/>	53. Median <input type="text"/>	54. Range (Specify if IQR) <input type="text"/>		
<b>Days on supplemental oxygen</b>	55. Mean <input type="text"/>	56. Standard Deviation <input type="text"/>	57. Median <input type="text"/>	58. Range (Specify if IQR) <input type="text"/>		
<b>Days in hospital</b>	59. Mean <input type="text"/>	60. Standard Deviation <input type="text"/>	61. Median <input type="text"/>	62. Range (Specify if IQR) <input type="text"/>		
<b>Days on assisted ventilation</b>	63. Mean <input type="text"/>	64. Standard Deviation <input type="text"/>	65. Median <input type="text"/>	66. Range (Specify if IQR) <input type="text"/>		
<b>Mode of Ventilation</b>	67. High-frequency ventilation (HFV) <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	68. Conventional mechanical ventilation (CMV) <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	69. Continuous Positive Airway Pressure (CPAP) <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	70. Low-flow or high-flow nasal cannula <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	71. Other <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/> <input type="checkbox"/> Define <input type="text"/>	
<b>Participant Medications</b>	72. Diuretics <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	73. Indomethacin <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	74. Inotropic Support (Dopamine, Dobutamine, or Epinephrine) <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	75. Paralytic agents <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	76. Pulmonary vasodilators <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	77. Post-natal steroids <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>

<b>Participant Medications (cont.)</b>	78. Sedatives / analgesics <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	79. Sildenafil <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	80. Surfactant therapy <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	81. Other <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	82. Other <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	83. Other <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>
<b>Participant Conditions</b>	84. Air leaks <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	85. Chronic lung disease (including BPD) <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	86. Congenital diaphragmatic hernia <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	87. Inborn <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	88. Meconium aspiration syndrome (MAS) <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	89. Patent ductus arteriosus (PDA) <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>
<b>Participant Conditions (cont.)</b>	90. Pneumonia <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	91. Pulmonary Hypertension <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	92. Pulmonary Hypoplasia <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	93. Respiratory Distress Syndrome (RDS) or Hyaline Membrane Disease <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	94. Retinopathy of prematurity (ROP) requiring treatment by cryo or laser <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	95. Seizures <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>
<b>Participant Conditions (cont.)</b>	96. Sepsis <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	97. Severe Intraventricular cerebral hemorrhage (IVH) (grades 3 or 4) <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	98. Systemic hypotension <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	99. Other <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/> <input type="checkbox"/> Mean <input type="text"/> <input type="checkbox"/> SD <input type="text"/> <input type="checkbox"/> Median <input type="text"/> <input type="checkbox"/> Range <input type="text"/>	100. Other <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/> <input type="checkbox"/> Mean <input type="text"/> <input type="checkbox"/> SD <input type="text"/> <input type="checkbox"/> Median <input type="text"/> <input type="checkbox"/> Range <input type="text"/>	101. Other <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/> <input type="checkbox"/> Mean <input type="text"/> <input type="checkbox"/> SD <input type="text"/> <input type="checkbox"/> Median <input type="text"/> <input type="checkbox"/> Range <input type="text"/>
<b>Maternal Characteristics</b>	102. Abruptal placenta / maternal bleeding <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	103. Cesarean delivery <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	104. Chorioamnionitis <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	105. Diabetes <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	106. Gestational diabetes <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	107. Idiopathic preterm delivery <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>

Maternal Characteristics (cont.)	108. Maternal Chronic Hypertension <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	109. Multiple birth / Multiple gestation <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	110. Oligohydramnios <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	111. Prolonged Premature Rupture of the Membrane (PPROM) <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	112. Preeclampsia <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	113. Prenatal /antenatal steroids <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>
	114. Other <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	115. Other <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	116. Other <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	117. Other <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	118. Other <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>	119. Other <input type="checkbox"/> Define <input type="text"/> <input type="checkbox"/> n <input type="text"/> <input type="checkbox"/> %n <input type="text"/>

**Intervention description** (Describe iNO administration in one of the following tables)

**Dose and duration**

n	Dose (provide units)	Duration (provide units)	Timing (in hours or days--specify)
<input type="checkbox"/> n <input type="text"/>	<input type="checkbox"/> Initial dosage <input type="text"/>	<input type="checkbox"/> Duration of initial iNO administration <input type="text"/>	<input type="checkbox"/> Time of initial iNO administration <input type="text"/>
<input type="checkbox"/> n <input type="text"/>	<input type="checkbox"/> First titration <input type="text"/>	<input type="checkbox"/> Duration of first iNO titration <input type="text"/>	<input type="checkbox"/> Time of first iNO dosage titration <input type="text"/>
<input type="checkbox"/> n <input type="text"/>	<input type="checkbox"/> Second titration <input type="text"/>	<input type="checkbox"/> Duration of second iNO titration <input type="text"/>	<input type="checkbox"/> Time of second iNO dosage titration <input type="text"/>
<input type="checkbox"/> n <input type="text"/>	<input type="checkbox"/> Third titration <input type="text"/>	<input type="checkbox"/> Duration of third iNO titration <input type="text"/>	<input type="checkbox"/> Time of third iNO dosage titration <input type="text"/>
<input type="checkbox"/> n <input type="text"/>	<input type="checkbox"/> Fourth titration <input type="text"/>	<input type="checkbox"/> Duration of fourth iNO titration <input type="text"/>	<input type="checkbox"/> Time of fourth iNO dosage titration <input type="text"/>

<b>Total time on Study Gas</b> <input type="checkbox"/> Mean <input type="text"/> <input type="checkbox"/> Standard deviation <input type="text"/> <input type="checkbox"/> Median <input type="text"/> <input type="checkbox"/> Range (Specify if IQR) <input type="text"/>	<b>125. Units</b> <input type="radio"/> Minutes <input type="radio"/> Hours <input type="radio"/> Days <a href="#">Clear Response</a>
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**Provide a narrative description of iNO administration**

**Comments**

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