

OPTISURF QI PROJECT DATA COLLECTION SHEET

PLEASE FILL OUT THIS SHEET AFTER EACH LISA PROCEDURE

(To be completed by respiratory therapist soon after completing the procedure)

GA:

LISA PROCEDURE DETAILS: *FIRST DOSE / SECOND DOSE / THIRD DOSE*

START DATE & TIME¹:

END DATE & TIME ²:

NUMBER OF CATHETER INSERTION ATTEMPTS³:

PROVIDER WHO INSERTED CATHETER (select one): *ATTENDING / FELLOW / NNP / RESIDENTS*

Successful attempt by: attending/Fellow/NNP/Resident

CPAP LEVEL PRIOR TO LISA:

FiO₂ PRIOR TO LISA:

DESATURATION (circle one response): YES OR NO

DURATION⁴:

LOWEST SpO₂:

HIGHEST SpO₂:

BRADYCARDIA ⁵ (circle one response): YES OR NO

DURATION:

LOWEST HR:

HIGHEST HR:

SELF RESOLVING: YES OR NO

TACTILE STIMULATION: YES/NO

POSITIVE PRESSURE VENTILATION (circle one response) :YES OR NO

DURATION OF PPV (seconds):

NEEDING INTUBATION IMMEDIATELY AFTER LISA? **(circle one response):** YES OR NO

SURFACTANT REFLUX (surfactant amount aspirated from stomach in ml):

ADDITIONAL COMMENTS:

ONCE COMPLETED PLEASE PLACE IN LISA BINDER LOCATED AT RT HUCK DESK. PLEASE CONTACT RT KRISTI, OR ARNOLD FOR ANY FURTHER INFORMATION NEEDED.

(Prepared by: Kristi Garcia, Arnold Niego 12/7/2018 Verson No 2)

- 1. Time of starting: Time of first direct laryngoscope blade insertion**
- 2. Time of removing the catheter after surfactant administration**
- 3. Attempt: any direct laryngoscope blade insertion**
- 4. Record the total duration of desaturation during LISA (combine all attempts)**
- 5. Record the duration of bradycardia during LISA (combine all attempts)**