|  |  |  |
| --- | --- | --- |
| **High Frequency Oscillator Ventilation (HFOV)** |  | **% Oxygen by nasal cannula (from flow on the wall)** |
| HFOV Settings | = | Standard Ventilator |  | 1L | = | 0.24 |
| Hertz (Htz) | = | Rate |  | 2L | = | 0.28 |
| Mean Airway Pressure (MAP) | = | Mean Airway Pressure (MAP) |  | 3L | = | 0.32 |
| Amps | = | Peak Inspiratory Pressure (PIP) |  | 4L | = | 0.36 |
| N/A | = | PEEP |  | 5L | = | 0.40 |
| Non-invasive vent= CPAP, Sipap, Bipap, HFNC ≥6L/min |  | 6L | = | 0.44 |

**Data Collection Tips**

*\*These are general guidelines for data collection. You should always follow any direct guidance provided by the study’s Protocol or MOO if that information conflicts with what is provided here.*

**Vital Signs**

At times, vital signs are documented in the EMR in error, either via typo, or because the automated system picked up artifact. If a vital sign value looks significantly “off” (aka not life sustaining), read through the nursing notes and/or check with your PI. *As a rule of thumb, even if it is documented in the EMR, if is otherwise deemed to be inaccurate, do not document it for research! Make note on your CRF or fill out a Note to File to put with the subject record in case of an audit.*

Here are some examples:

* Heart rate is documented as 300 beats per minute
	+ Often this is a sign that the patient was having chest physiotherapy at the time. If it’s a one-time extremely high heart rate, it is unlikely accurate, and be sure to dig into record further.
	+ It could be an indication of SVT (supraventricular tachycardia). If this is the case, there should be a nursing note documenting the occurrence.
* Systolic Blood Pressure (SBP) is documented as 5.
	+ Did they mean to document 45? 56? A SBP of 5 is not life-sustaining. Check the notes and record closely to see if perhaps the subject had cardiac arrest (in which case a SBP of 5 may be entirely accurate!). If the patient was otherwise stable during this time, it is most likely erroneous.
* Respiratory Rate (RR) is documented as 120 breaths per minute.
	+ This can be tricky and may be age-dependent.
		- Child/teen: Did they mean to document 12? In general, a RR of 120 in a child or teen is unreasonable or unrealistic and highly unlikely even in a sick child. Check the other RRs documented around that time as well as nursing notes.
		- Infant: Did they mean to document 12? In which case this would be a severely low RR for an infant, likely requiring intubation or other respiratory support. A RR of 120 may be accurate, but still perhaps a bit out of range for even an infant with severe tachypnea (fast breathing). Again, review nursing notes in the record to confirm.

**Blood Gases**

* Pay close attention to arterial vs venous vs capillary, some case report forms and scoring types will only accept a single type of source (ex: PaCO2: a indicates arterial only)

**Hematology**

* Never use the hematology from a blood gas
* Unless otherwise instructed, do NOT collect PT/PTT data if subject is receiving systemic anticoagulation. Examples of systemic anticoagulation include:
	+ Heparin infusion (usually titrating, and in units/hr or units/kg/hr)
	+ Warfarin (Coumadin)
	+ Enoxaparin (Lovenox)
		- May depend on if lovenox is given for prophylactic vs therapeutic reasons, may need to verify with PI/clinical team
	+ \*Does *not* include fluids with additive heparin for central/arterial line patency
* Investigate the method that your lab results CBC with differential. For some sites if no **Bands** are documented, then there are “0” bands, not “unreported.” For other sites, if no **Bands** are documented then you will leave blank or “unreported.)
	+ Metamyelocytes & myeolyctes get counted in the **Bands** total
* “Segs” and “Neutr” are the same thing and both refer to the **Neutrophil** count.

**Chemistry**

* The following frequently-used chemistry values may be found in “Chemistry” or “Blood gas” and you will need to check both places to find the targeted value.
	+ Lactate
	+ Glucose
		- Some studies request the source of glucose value. In these cases, note carefully whether lab was obtained via finger/heel stick or line draw/venipuncture
	+ Sodium
	+ Potassium

**Neuro Status/GCS**

* For Proulx scoring, it is ok to document GCS even if subject is on sedation (but NOT if on neuromuscular blockade)
	+ Examples of neuromuscular blockades include:
		- Rocuronium
		- Vecuronium
		- Cisatracurium

**Microbiology**

* Some microbiology data collection forms will ask for “how many cells” on Gram stain, WBCs or PMNS. These are all often used interchangeably.

**Vasopressors**

* Typically for PICU studies, Vasopressin should only be scored if it is being used for *shock*. Do not include if it is used for diabetes insipidus (DI)
	+ \*Vasopressin dosing units change *vastly* from site to site. Check units carefully and convert as needed.