

HALF-PINT Form 3: Medical History and Clinical Information

Section: Medical History

1.	DOB	<input type="text"/> / <input type="text"/> / <input type="text"/>
2.	Past medical history (check all that apply)	<input type="checkbox"/> Prematurity (< 37 weeks post-menstrual age) <input type="checkbox"/> Asthma (prescribed bronchodilators or steroids) <input type="checkbox"/> Other chronic steroid (glucocorticoid) therapy <input type="checkbox"/> Bronchopulmonary dysplasia (BPD) <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Immunodeficiency (acquired or congenital) <input type="checkbox"/> Metabolic disorder <input type="checkbox"/> Neurologic/neuromuscular disorder which places subject at risk for aspiration <input type="checkbox"/> Seizure disorder (prescribed anticonvulsant medication) <input type="checkbox"/> Post bone marrow transplant or cancer chemotherapy (in past two years) <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Dialysis dependent kidney failure (either peritoneal or hemodialysis) <input type="checkbox"/> None of the above
3.	Any known genetic syndrome	<input type="radio"/> Yes <input type="radio"/> No
4.	Baseline (prior to current illness) Pediatric Cerebral Performance Category (PCPC)	<input type="radio"/> (1) Normal <input type="radio"/> (2) Mild disability <input type="radio"/> (3) Moderate disability <input type="radio"/> (4) Severe disability <input type="radio"/> (5) Coma or vegetative state
5.	Baseline (prior to current illness) Pediatric Overall Performance Category (POPC)	<input type="radio"/> (1) Good overall performance <input type="radio"/> (2) Mild overall disability <input type="radio"/> (3) Moderate overall disability <input type="radio"/> (4) Severe overall disability <input type="radio"/> (5) Coma or vegetative state

Section: Admission

6.	Date of hospital admission	<input type="text"/> / <input type="text"/> / <input type="text"/>
7.	Date/time of arrival to ICU	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> 24-hour clock
8.	Primary reason for ICU admission	<input type="radio"/> Respiratory (including infections) <input type="radio"/> Cardiovascular (including shock) <input type="radio"/> Trauma

		<input type="radio"/> Gastrointestinal or Liver <input type="radio"/> Hematologic <input type="radio"/> Oncologic <input type="radio"/> Neurologic <input type="radio"/> Renal <input type="radio"/> Metabolic <input type="radio"/> Following elective procedure <input type="radio"/> Following emergent procedure <input type="radio"/> Other, specify: <div></div>
9.	Height at ICU admission	<div></div> cm
10.	Weight at ICU admission	<div></div> kg
Section: Respiratory Failure		
11.	Intubated/mechanically ventilated at time of consent	<input type="radio"/> Intubated and mechanically ventilated If intubated, date/time of intubation: <div></div> / <div></div> / <div></div> <div></div> : <div></div> 24-hour clock <input type="radio"/> Tracheostomy and mechanically ventilated If tracheostomy, date/time of initiation of mechanical ventilation: <div></div> / <div></div> / <div></div> <div></div> : <div></div> 24-hour clock <input type="radio"/> No - If subject was not intubated or trached, skip to question 15.
12.	Primary reason for initiation of mechanical ventilation	<input type="radio"/> Procedural <input type="radio"/> Bronchiolitis <input type="radio"/> Asthma or reactive airway disease <input type="radio"/> Laryngotracheobronchitis (croup/tracheitis) <input type="radio"/> Pertussis <input type="radio"/> Pneumonia (any organism) <input type="radio"/> Aspiration pneumonia <input type="radio"/> Thoracic trauma: pulmonary contusion or inhalation burns <input type="radio"/> Pneumothorax - non trauma <input type="radio"/> Chronic lung disease: cystic fibrosis or BPD <input type="radio"/> Pulmonary hypertension (not primary) <input type="radio"/> Acute chest syndrome/sickle cell disease

		<input type="radio"/> Pulmonary edema <input type="radio"/> Pulmonary hemorrhage <input type="radio"/> Acute respiratory failure post SCT <input type="radio"/> Acute respiratory failure related to sepsis <input type="radio"/> Acute respiratory failure related to multiple blood transfusions <input type="radio"/> Other, specify: <div></div>
13.	Was a chest x-ray obtained on the day of intubation (or if subject has a tracheostomy, on day of initiation of mechanical ventilation)?	<input type="radio"/> Yes If Yes, does this subject have acute onset bilateral infiltrates/opacities on x-ray? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No
14.	Was an arterial blood gas obtained on the day of intubation (or if subject has a tracheostomy, on day of initiation of mechanical ventilation)? Note: Only consider values obtained after intubation/mechanical ventilation.	<input type="radio"/> Yes If Yes, provide blood gas values that yield lowest PF ratio and the mean airway pressure at that PF ratio: PaO ₂ : <input type="text"/> mmHg FiO ₂ : <input type="text"/> Mean airway pressure: <input type="text"/> cm H ₂ O <input type="radio"/> No If No, provide values that yield lowest SF ratio and the mean airway pressure at that SF ratio: SpO ₂ : <input type="text"/> % FiO ₂ : <input type="text"/> Mean airway pressure: <input type="text"/> cm H ₂ O
15.	Prior to the illness that led to this ICU admission, was the subject on non-invasive ventilation that provided ≥ 5 cm H ₂ O?	<input type="radio"/> Yes <input type="radio"/> No
16.	Prior to the illness that led to this ICU admission, was the subject supported with ventilation via tracheostomy overnight or during sleep?	<input type="radio"/> Yes <input type="radio"/> No
Section: Cardiovascular Failure		
17.	Hypotension treated with vasopressors/inotropes at time of consent	<input type="radio"/> Yes If Yes, date/time of initiation of vasopressors/inotropes: <div> <div><input type="text"/></div> / <div><input type="text"/></div> / <div><input type="text"/></div> <div><input type="text"/></div> : <div><input type="text"/></div> 24-hour clock </div>

		<p>Primary reason for hypotension:</p> <p><u>Septic shock:</u></p> <p><input type="radio"/> Sepsis</p> <p><input type="radio"/> SIRS (Systemic Inflammatory Response Syndrome)</p> <p><u>Hypovolemic shock:</u></p> <p><input type="radio"/> Severe hemorrhage</p> <p><input type="radio"/> Extensive trauma</p> <p><input type="radio"/> Burns</p> <p><input type="radio"/> Gastrointestinal loss</p> <p><u>Cardiogenic shock:</u></p> <p><input type="radio"/> Pump failure/depressed function</p> <p><input type="radio"/> Mechanical complications</p> <p><input type="radio"/> Extrinsic compression</p> <p><input type="radio"/> Outflow obstruction</p> <p><input type="radio"/> Other, specify: <input type="text"/></p> <p><input type="radio"/> No</p>
Section: Misc		
18.	Was the subject receiving insulin in the ICU prior to randomization?	<input type="radio"/> Yes <input type="radio"/> No
19.	Has the Contact and Demographic Information form been completed and stored securely?	<input type="radio"/> Yes <input type="radio"/> No, specify: <input type="text"/>
20.	Have the CBCL and PedsQL been faxed to the HALF-PINT CCC secure fax number?	<input type="radio"/> Yes <input type="radio"/> No, specify: <input type="text"/>