

# Deriv Secondary Analysis

study\_unique\_id

\_\_\_\_\_

followup\_center

\_\_\_\_\_

followup\_id

\_\_\_\_\_

acidosis

☐ Yes  
☐ No

age\_death\_day

\_\_\_\_\_

age\_rand\_hr

\_\_\_\_\_

baseline\_anticonvulsants

☐ Yes  
☐ No

discharge\_anticonvulsants

☐ Yes  
☐ No

inotropic\_agent

☐ Yes  
☐ No

perinatal\_sentinel\_event

☐ Yes  
☐ No

discharge\_seizure

☐ Yes  
☐ No

apgar10min\_lt5

☐ Yes  
☐ No

apgar10min\_lte5

☐ Yes  
☐ No

apgar5min\_lte5

☐ Yes  
☐ No

blood\_gas\_base\_deficit\_meqperl

\_\_\_\_\_

blood\_gas\_ph

\_\_\_\_\_

emergency\_c\_section

☐ Yes  
☐ No

---

encephalopathy_level	<input type="radio"/> moderate <input type="radio"/> severe (encephalopathyLevel)
----------------------	---

---

inotropic_agent_baseline	<input type="radio"/> Yes <input type="radio"/> No
--------------------------	---

---

male_sex	<input type="radio"/> Yes <input type="radio"/> No
----------	---

---

maternal_education	<input type="radio"/> HS (education2)
--------------------	--

---

mother_insurance_public	<input type="radio"/> Yes <input type="radio"/> No
-------------------------	---

---

mother_race	<input type="radio"/> black <input type="radio"/> white <input type="radio"/> other (race2)
-------------	--

---

treatment_assignment_duration_hr	<input type="text"/>
----------------------------------	----------------------

---

treatment_assignment_temperature	<input type="text"/>
----------------------------------	----------------------

---

blood_gas_base_deficit_meqperl_src	<input type="radio"/> cord <input type="radio"/> postnatal (bloodGasSrc2)
------------------------------------	---

---

blood_gas_ph_src	<input type="radio"/> cord <input type="radio"/> postnatal (bloodGasSrc2)
------------------	---

---

usual_cooling_treatment_group	<input type="radio"/> Yes <input type="radio"/> No
-------------------------------	---

---

blindness	<input type="radio"/> Yes <input type="radio"/> No
-----------	---

---

moderate_severe_cerebral_palsy	<input type="radio"/> Yes <input type="radio"/> No
--------------------------------	---

---

cerebral_palsy	<input type="radio"/> Yes <input type="radio"/> No
----------------	---

---

gastrostomy_tube	<input type="radio"/> Yes <input type="radio"/> No
------------------	---

---

gross_motor_function_level	<input type="radio"/> normal <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe <input type="radio"/> death (severity)
----------------------------	---

hearing_impaired_with_aid	<input type="radio"/> Yes <input type="radio"/> No
hearing_impaired_level	<input type="radio"/> normal <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe <input type="radio"/> death (severity)
multiple_impairment	<input type="radio"/> Yes <input type="radio"/> No
after_discharge_seizure	<input type="radio"/> Yes <input type="radio"/> No
length_of_stay_day	<div></div>