

## 36 WEEK AIR TRIAL

Study number	Baby's Last name	Baby's URN	Date of birth (dd/mm/yy)	Gestation	36 week gestation date for air trial to be performed	Air Trial Y or N (if N, use codes below)	Date Air Trial performed

AIR TRIAL CODES

- 1. Died before 36 weeks
- 2. Remains intubated
- 3. Continues CPAP or HFNC>2 l/min or > 30%O<sub>2</sub>
- 4. Self ventilating in room air



		Date of birth	Time of		36 week gestation date for air trial to	Air Trial	
Mother's Last name	Baby's URN	(dd/mm/yy)	birth(24hrs)	Gestation	be performed	(Y or N or not applicable)	Study number

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- 4. Self ventilating in room air