

| Appendix 4 (as supplied by authors): Interventions selected by the Pulmonary Group | | | | | | |
|---|---|---|---|---|---|---|
| Hospital | G | H | I | J | K | L |
| 1. Antenatal management | | | | | | |
| Implement antenatal steroid treatment protocol | P | P | P | X | P | P |
| Treat ureaplasma infections in pregnant women with erythromycin | O | O | O | O | O | X |
| Antibiotics to women with prelabour rupture of the membranes preterm | O | O | X | P | X | X |
| 2. Delivery room and resuscitation practices | | | | | | |
| Team of neonatologist (or fellow), nurse and respiratory therapist to attend high risk deliveries | P | P | P | P | P | P |
| Prophylactic surfactant treatment within 30 minutes of birth for infants <28 weeks or <1250g birth weight | X | X | O | X | P | X |
| Restrict hand ventilation | X | X | O | X | P | X |
| Limit tidal volume used in hand ventilation | X | O | O | P | O | X |
| Use of Laerdal bags with PEEP | O | O | O | O | O | X |
| Restrict exposure to oxygen by using blended gas | O | X | O | P | P | X |
| 3. Continuous Positive Airway Pressure (CPAP) | | | | | | |
| Adopt algorithm for CPAP use | O | X | O | X | O | O |
| Early use of CPAP among infants needing supplemental oxygen | O | O | X | P | P | X |
| Emphasize liberal use of CPAP instead of mechanical ventilation | O | X | X | P | O | O |
| Employ long-term CPAP treatment strategy | O | O | O | P | O | O |
| Avoid re-intubation if on treatment with CPAP | O | O | O | X | O | O |
| 4. Mechanical ventilation | | | | | | |
| Adopt algorithm for mechanical ventilation | O | X | O | X | O | O |
| Early use of high frequency ventilation when needed | O | O | X | P | O | O |
| Limit tidal volumes used | O | O | X | P | O | O |
| Adopt trigger ventilation and volume guarantee modes | O | O | X | P | O | P |
| Aggressive weaning of mechanical ventilation | O | O | O | P | O | O |
| Early extubation to CPAP | O | P | O | P | O | O |
| 5. Blood gases | | | | | | |
| Adopt algorithm for blood gas monitoring | O | X | O | O | O | O |
| Minimize blood sampling for gases | O | O | O | O | O | O |
| Adopt normocarbica policy (Keep pCO ₂ between 40 to 55 mm Hg) | X | X | X | X | O | O |
| 6. Oxygen and oxygen saturation | | | | | | |
| Treat oxygen as a drug | O | O | O | P | P | O |
| Physician orders required for use of oxygen | O | O | O | P | O | O |
| Goal to keep oxygen saturation between 88%–92% | X | P | X | X | X | X |
| Set alarm limits between 85% and 95% | X | X | O | P | X | X |
| 7. Fluids and nutrition | | | | | | |
| Adopt high humidity environment | O | P | O | P | O | O |
| Restrict fluid intake | O | P | O | P | O | X |
| Avoid volume expansion to treat hypotension | O | O | O | O | O | O |
| Early parenteral protein and lipid nutrition within 4 hours after birth | O | X | X | O | X | X |
| Maximize caloric intake | O | P | X | P | O | O |
| Early enteral nutrition | O | X | O | P | P | X |
| Promote use of breast milk | O | P | P | P | O | P |
| 8. Environment | | | | | | |
| Adopt pain management protocol | O | O | O | O | O | O |
| Minimize noise in NICU | O | O | P | P | X | O |
| Adopt NIDCAP protocol | O | O | O | O | O | O |
| Employ massage therapy | O | O | O | O | O | O |
| Provide comment cards to parents and pay attention to feedback | O | O | O | X | O | O |

P=intervention introduced prior to EPIQ study; X=Intervention introduced during EPIQ study; O=no systematic policy in place