## Airway Clearance and Secretion Mobilization Devices

1. Device Type (check all that apply):

[ ]  Mechanical In-Exsuffulator [complete section A]

[ ]  Manual Cough Assist (“Heimlich” style maneuver) [complete section B]

[ ]  Therapy: Manual Percussion: Palm cups, hands, electric precussor [complete section C]

[ ]  Therapy, Postural Drainage [complete section D]

[ ]  Lung Volume Recruitment [complete section E]

[ ]  High Frequency Chest Wall Oscillation System (Percussion Vest) [complete section F]

[ ]  Intrapulmonary Percussive Ventilation or MetaNeb [complete section G]

[ ]  Other, specify (device brand and model) / [complete section H]:

Answer the sections below that correspond to the Device Types indicated in question 1.

Section A: Mechanical In-Exsufflator (e.g. cough assist device)

* 1. Frequency of Use:

[ ]  Daily

[ ]  Weekly

[ ]  As needed

[ ]  Other, specify:

* + 1. If Daily, times per day (on average):

[ ]  < 1 time/day

[ ]  1-2 times/day

[ ]  3 or more times/day

* 1. Settings:

Table Mechanical In-Exsufflator

| Inhale Pressure | Exhale Pressure | Inhale Time | Exhale Time | Pause Time | Cycles per session |
| --- | --- | --- | --- | --- | --- |
| cmH20 | cmH20 | sec | sec | sec | sets of breaths |

## Section B: Manual Cough Assist (“Heimlich” style maneuver)

Frequency of Use:

[ ]  Daily

[ ]  Weekly

[ ]  As needed

[ ]  Other, specify:

* + 1. If Daily, times per day (on average):

[ ]  < 1 time/day

[ ]  1-2 times/day

[ ]  3 or more times

1. Settings: Time per session (min):

## Section C: Therapy: Manual Percussion: Palm cups, hands, electric precussor

1. Frequency of Use:

[ ]  Daily

[ ]  Weekly

[ ]  As needed

[ ]  Other, specify:

1. If Daily, times per day (on average):

[ ]  < 1 time/day

[ ]  1-2 times/day

[ ]  3 or more times

1. Settings: Time per session (min):

## Section D: Therapy: Postural Drainage

1. Frequency of Use:

[ ]  Daily

[ ]  Weekly

[ ]  As needed

[ ]  Other, specify:

1. If Daily, times per day (on average):

[ ]  < 1 time/day

[ ]  1-2 times/day

[ ]  3 or more times

1. Settings: Time per session (min):

## Section E: Lung Volume Recruitment

1. Method:

[ ]  Ambu bag

[ ]  IPPB

[ ]  Inflation by cough assist

1. Frequency of Use:

[ ]  Daily

[ ]  Weekly

[ ]  As needed

[ ]  Other, specify:

1. If Daily, times per day (on average):

[ ]  < 1 time/day

[ ]  1-2 times/day

[ ]  3 or more times/day

1. Settings: Time per session (min):
2. Settings:

Table Lung Volume Recruitment

| Inhale Pressure | Exhale Pressure | Inhale Time | Exhale Time | Pause Time | Cycles per session |
| --- | --- | --- | --- | --- | --- |
| cmH20 | cmH20 | sec | sec | sec | sets of breaths |

## Section F: High Frequency Chest Wall Oscillation System (e.g. Percussion Vest)

1. Brand of Equipment:
2. Type of Vest Used:

[ ] Full upper body

[ ] Anterior wrap-type

[ ] Other, specify:

1. Frequency of Use:

[ ]  Daily

[ ]  Weekly

[ ]  As needed

[ ]  Other, specify:

1. If Daily, times per day (on average):

[ ]  < 1 time/day

[ ]  1-2 times/day

[ ]  3 or more times/day

1. Settings:

Table High Frequency Chest Wall Oscillation System

| Time per session | Frequency(this may be a range) |
| --- | --- |
| min | Hz |

## Section G: Intrapulmonary Percussive Ventilation or MetaNeb

1. Indicate type of Intervention:

[ ]  Percussive Ventilation

[ ]  MetaNeb

1. Frequency of Use:

[ ]  Daily

[ ]  Weekly

[ ]  As needed

[ ]  Other, specify:

1. If Daily, times per day (on average):

[ ]  < 1 time/day

[ ]  1-2 times/day

[ ]  3 or more times/day

1. Settings:

Table Intrapulmonary Percussive Ventilation

| Time per session | Medication(s) Nebulized |
| --- | --- |
| min | [ ]  Saline[ ]  Albuterol[ ] Levoalbuterol[ ]  Dornase alpha[ ]  Ipratropium[ ]  Budesonide[ ]  Other, specify: |

1. Type of Liquid in IPV cup:

[ ]  Saline

[ ]  Bronchodilator + saline

[ ]  Other specify:

Section H: Other Airway Clearance Method, specify**:**

1. Frequency of Use:

[ ]  Daily

[ ]  Weekly

[ ]  As needed

[ ]  Other, specify:

1. If Daily, times per day (on average):

[ ]  < 1 time/day

[ ]  1-2 times/day

[ ]  3 or more times/day

1. Settings: Time per session (min):

## Aerosolized Medications for Airway Clearance and Secretion Management

Table Aerosolized Medications

| Medication Class | Medication Name | Concentration of each unit (eg. 44 mg/puff) | Dose(# of units / puffs) (eg. 2 puffs) | Frequency / Day(only if Daily) | Method of Delivery | Frequency |
| --- | --- | --- | --- | --- | --- | --- |
| Bronchodilator (e.g., albuterol, levoalbuterol, ipratropium) | Data to be filled out by site | Data to be filled out by site | Data to be filled out by site | [ ]  < 1 time/day[ ]  1-2 times/day[ ]  3 or more times/day | [ ]  Aerosol[ ]  MDI w/spacer[ ]  MDI w/o spacer[ ]  Trach collar | [ ]  Daily[ ]  Weekly[ ]  As needed |
| Inhaled anti-flammatory (e.g., budesonide) | Data to be filled out by site | Data to be filled out by site | Data to be filled out by site | [ ]  < 1 time/day[ ]  1-2 times/day[ ]  3 or more times/day | [ ]  Aerosol[ ]  MDI w/spacer[ ]  MDI w/o spacer[ ]  Trach collar | [ ]  Daily[ ]  Weekly[ ]  As needed |
| Other aerosols (e.g., saline, bicarbonate, dornase alpha) | Data to be filled out by site | Data to be filled out by site | Data to be filled out by site | [ ]  < 1 time/day[ ]  1-2 times/day[ ]  3 or more times/day | [ ]  Aerosol[ ]  MDI w/spacer[ ]  MDI w/o spacer[ ]  Trach collar | [ ]  Daily[ ]  Weekly[ ]  As needed |

## Respiratory Support/Assisted Ventilation Devices

1. Device brand, specify:
2. Device model, specify:

[ ]  Non-invasive, positive pressure (check all that apply)

[ ]  Nasal mask

[ ]  Nasal cannula/pillows

[ ]  Oral interface

[ ]  Oronasal interface

[ ]  Other, specify:

### Date of Initiation of non-invasive, positive pressure (y y y y / m m/d d):

### Age at initiation (Years [Derived variable, use Date of Birth from Demographics form]):

[ ]  Non-invasive, negative pressure (specify below)

[ ]  Cuirass

[ ]  Porta-Lung

[ ]  Pneumobelt

### [ ]  Rocking Bed

### [ ]  Other, specify:

### Date of Initiation of non-invasive, negative pressure (y y y y / m m/d d):

### Age at initiation (Years [Derived variable, use Date of Birth from Demographics form]):

[ ]  Invasive with Tracheostomy tube

### Date of Tracheostomy (y y y y / m m/d d):

### Brand/Style:

### Size mm ID:

### Length mm:

### Cuffed?

[ ] Yes

[ ] No

### If Yes, Inflation/Deflation Timing:

[ ]  Inflated 24 hour/ day

[ ]  Deflated 24 hour/ day

[ ]  Inflated during night, deflated during the day

[ ]  Other, specify:

[ ]  Other, specify:

1. Ventilation mode:

[ ]  Bilevel positive pressure

[ ] Spontaneous breathing with Timed backup (ST)

[ ]  Average Volume Assured Pressure support (AVAPS)

[ ]  Spontaneous (S)

[ ]  Timed (T)

[ ]  Automatic Servo Ventilation (Auto SV)

[ ]  Assist Control

[ ]  Pressure Control

[ ]  Volume Control

[ ]  SIMV with Pressure Support

[ ]  Pressure Control

[ ]  Volume Control

[ ]  Negative Pressure:

[ ]  Other, specify:

1. Ventilation Measurements

Table Ventilation Measurements

| Settings | Respiratory Rate | IPAP/PIP | PEEP/EPAP | Tidal Volume | Pressure Support (change above PEEP) | Supplemental Oxygen |
| --- | --- | --- | --- | --- | --- | --- |
| [ ]  Asleep[ ]  Awake(record only if different from asleep settings) | breaths/min | cm H20 | cm H20 | mL | cm H20 | L/min |
| [ ]  Asleep[ ]  Awake(record only if different from asleep settings) | breaths/min | cm H20 | cm H20 | mL | cm H20 | L/min |

1. Frequency of Use:

[ ]  Daily

[ ]  As needed

1. Schedule of Use:

### Hours per day:

[ ]  Night (during sleep)

[ ]  Intermittent Day time and continuous at night

[ ]  Continuous

[ ]  Intermittent with acute illnesses

## Oxygen

1. Method of Administration:

[ ]  Trach collar

[ ]  Nasal Cannula

[ ]  Trans tracheal O2

[ ]  Bipap or Ventilator

[ ]  Face mask

[ ]  Other, specify:

1. Flow Rate (L/minute):
2. Frequency of Use:

[ ]  Daily (continuously or intermittent)

[ ]  As needed

### Schedule of Use:

[ ]  Intermittent

[ ]  Continuous

### Hours per day:

1. Other relevant therapies for respiratory system (e.g. physical therapy related to respiration, aquatic therapy):

## General Instructions

This CRF contains data that would be collected when a pulmonary study is performed studying gas exchange.

Important note: None of the data elements included on this CRF Module are classified as Core (i.e., strongly recommended for pediatric neuromuscular disease clinical studies to collect if neuromuscular disease studies are performed). All data elements are classified as supplemental (i.e., non Core) and should only be collected if the research team considers them appropriate for their study. Please see the Data Dictionary for element classifications.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

The CRF includes all instructions available for the data elements at this time. More detailed instructions will be added in Version 4.0 of this CRF Module.