

# Stroke Hyperglycemia Insulin Network Effort Trial Newsletter

## September 2017 – Volume 5, Issue 4

- IN THIS ISSUE
- Enrollment Updates
- Retention Metrics
- Bravo Zulu Award
- Treatment Protocol Reminders
- WebDCU News
- I-SPOT
- Daylight Savings Time

As fall begins we are excited to share with you some information and updates on the SHINE trial that we think may be useful.

In this issue of the newsletter, we highlight and congratulate all of you for your excellent work on achieving and maintaining such great data quality and outstanding subject retention.

Congratulations goes out to our *newest* Bravo Zulu Flag awardees, OSU Summa Akron, and to our top enrollers this quarter who are: Grady with 6, OSU with 5, Henry Ford with 5, Augusta with 4, and Stanford with 4, **congratulations!** 

Dear Colleagues,

We are also highlighting a new WebDCU<sup>™</sup>CRF summary table and some helpful reminders regarding WebDCU<sup>™</sup>, I-SPOT, and don't forget daylight savings time!

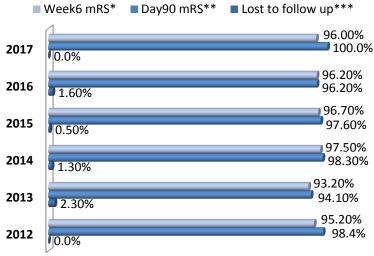
Currently, we have 44 sites actively enrolling in SHINE, including 31 NETT sites and 13 SHINE Ancillary Sites.

As always, we welcome your input on any issues or ideas related to SHINE. Thanks again for all your continuing efforts.

### Karen C. Johnston, MD, MSc, SHINE Administrative PI

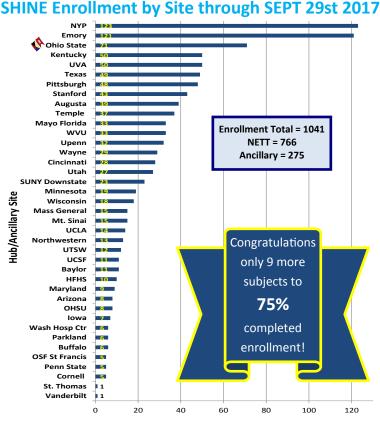
# **Retention Metrics by Enrollment Year**

We have continued to have very strong retention. Thanks to all our teams and keep up the great work.



### Percent of Subjects Data Collected in Window

\*Subjects with Week6 mRS or EOS, or > 56 days in Study \*\*Subjects with Day90 mRS or EOS, or >120 days in Study \*\*\*subjects with EOS form

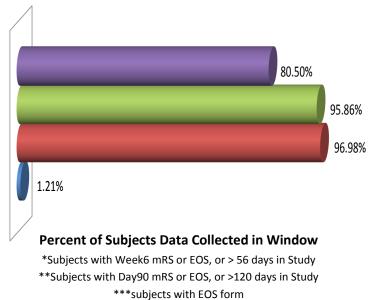


Subjects Enrolled

# Cumulative Data Metrics through Sept. 21st 2017

Outstanding data capture results shown below. Thanks to all our teams for your great work and dedication to SHINE.

CRFs first submit in window Week6 mRS\* Day90 mRS\*\* Lost to follow up\*\*\*





# **SHINE Bravo Zulu Award**

Our sincere congratulations to our SHINE study team at **OSU Summa Akron City Hospital**, this quarter's recipient of the SHINE Bravo Zulu flag. The Bravo Zulu flag is traditionally used by US naval forces to publically recognize a job especially well done.

The SHINE study team at **Summa Akron** is always responsive to queries and always has a positive attitude. The SHINE leadership team thanks them for their high 90 day mRS retention rate, timely data submission, and enrolling the **<u>1000th patient!</u>** It is this kind of commitment to the SHINE trial that will continue to make SHINE a successful study!

From left to right: Linette Mercer BSN, RN., Dr. Susana Bowling, Robin Roth BSN., RN. and Rachelle Scharsu BSN., RN.



# **SHINE Treatment Protocol Reminders**



CONTROL GROUP - Treatment Protocol Reminders

BG target: 80-179 mg/dL Glucose checks: q1-q3 hours (+/- 15 min) Drip: IV saline drip – 0, 4 or 5 mL/hr SQ injections: SQ insulin (human regular per sliding scale) and basal insulin (only at 48 hrs if indicated)

#### Timing of checks

**Q1 hr** – Do one check when ready to start IV saline (Q0) and then check hourly for next four hours (Q0, Q1, Q2, Q3, Q4) **Q3 hr** – Then transition to q3 hour schedule (3, 6, 9, 12, 18, 21, 24)

#### Dosing

Adjust IV saline with EACH glucose check

Give SQ insulin ONLY at dosing times (6, 12, 18, 24)

- If hourly check is within 30 mins of next dosing time, give dose (i.e. if check is due at 11:41, you're within 30 min → give dose)
- If you cross a dosing time during the hourly checks, give dose (i.e.  $1^{st}$  check 05:20,  $2^{nd}$  check 06:20  $\rightarrow$  give SQ dose as crossed 6AM)

#### Level changes

All patients on Level 1 for first 24 hrs

Level changes assessed every 24 hrs from <u>time of randomization</u> If latest 2 glucose checks are ≥180, advance to next level Level 3

- Includes a one-time dose of SQ glargine/Lantus as close as possible to 48 hrs after randomization
- Dose =40% of total SQ insulin (count all 4 dosing times) given in prev 24 hrs

#### <u>Meals</u>

60 gm CHO/meal plus protocol approved snacks <u>HOLD meal</u> until after glucose check/SQ dose (6, 12, 18) Dysphagia diet/bolus tube feeds must also be 60 gm CHO Continuous tube feeds ~180 gm CHO daily

#### <u>Pauses</u>

Stop drip and document in study laptop & med record

Upon return, restart protocol based on if check/dose missed

INTERVENTION GROUP - Treatment Protocol Reminders BG target: 80-130 mg/dL

Glucose checks: Timing -q1-q2 hrs recommended by GlucoStabilizer® (+/- 15 min)

SHINE

**Drip:** IV insulin per GlucoStabilizer<sup>®</sup> **SQ injections:** SQ meal insulin (or saline if NPO)

Timing of checks – q1hr per GlucoStabilizer<sup>®</sup> until BG stabilized (may change to q2hrs then)

#### **Dosing**

Adjust IV insulin per recommendation of GlucoStabilizer® Subcutaneous injections

- If NPO or on continuous tube feeds, give 0.05mL normal saline SQ at glucose check closest to 0900 and 2100
- If PO or on bolus tube feeds, give meal insulin per GlucoStabilizer<sup>®</sup>

#### <u>Meals</u>

60 gm CHO/meal plus protocol approved snacks Dysphagia diet/bolus tube feeds must also be 60 gm CHO Continuous tube feeds ~180 gm CHO daily

Estimating meal consumption

- Assesses meal tray ~20 minutes after start of meal
- Estimating PO meal consumption, then use Cover Carbs function

   All or nearly all → Enter 60
  - − None or nearly none  $\rightarrow$  <u>No entry</u> in GlucoStabilizer<sup>®</sup>
  - Partial → Enter 30
- Do NOT enter any numbers other than 30 or 60
- Dose immediately based on GlucoStabilizer<sup>®</sup> recommendation

#### Pauses

Stop drip and document in study laptop & med record Upon return, restart protocol based on following

- If <3 hours since stop drip, Select 'Resume drip' (most recent drip run) and follow recommendation from GlucoStabilizer<sup>®</sup> for timing of next check/dose
- If ≥ 3 hours, Select Start a new drip; when ready to start insulin infusion, do a check and enter in GlucoStabilizer<sup>®</sup>

# https://nett.umich.edu/sites/default/files/docs/shine\_treatment\_protocol\_reminders.docx

### Please call Heather M Haughey with any questions!

