# Stroke Hyperglycemia Insulin Network Effort (SHINE) Trial Pharmacy and Blinding

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### Treatment assignment

- Randomization generated by study team in WebDCU
- Study team provides hard copy of treatment assignment to pharmacy



# Study treatment by group

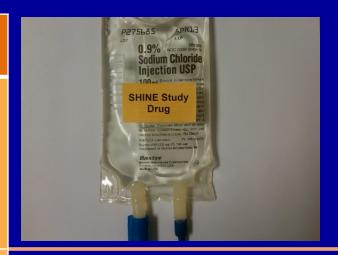
	Control Group	Intervention Group
IV Infusion	Normal saline 0.9% Sodium Chloride	<b>Human regular insulin</b> Humulin R, Novolin R
Subcutaneous	<b>Human regular insulin</b> Humulin R, Novolin R	Rapid acting analog insulin lispro (Humalog), aspart (Novolog) or glulisine (Apidra)
Injections	AND	OR
	Basal insulin (Level 3 only) glargine (Lantus)	<b>Normal saline</b> 0.9% Sodium Chloride



### Control group – Study treatment

#### **Control Group**

IV infusion
Normal saline
Per sliding scale (continuous)



Subcutaneous injections
Human regular insulin
Per sliding scale (@ 06:00, 12:00, 18:00 & 24:00)

**AND** 

Basal insulin (Level 3 only)
40% of insulin requirement during previous 24 hrs (@ ~48 hrs)









### Intervention group – Study treatment

#### **Intervention Group**

IV infusion
Human regular insulin (1:1)
Per GlucoStabilizer (continuous)



Subcutaneous injections
Rapid acting analog insulin
(meal insulin)
Per GlucoStabilizer @ ~06:00,
12:00 & 18:00
OR

Normal saline 0.05 mL @ ~09:00 & 21:00











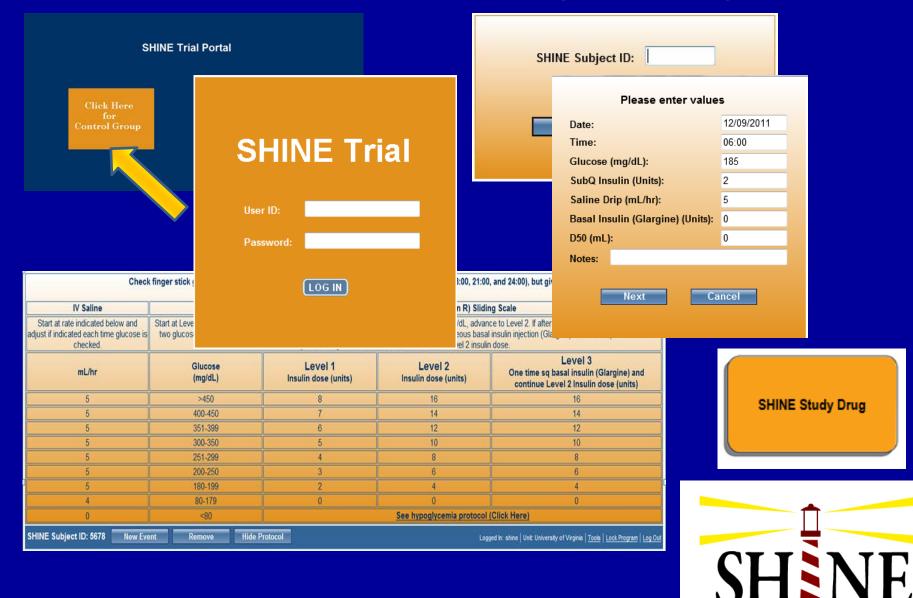
### Dextrose 50% in Water (D50)

- D50 stored to allow immediate availability
- Glucose  $< 80 \text{mg/dL} \rightarrow$ 
  - Control group 25 ml (1/2 amp)
  - Intervention group individualized dose per GlucoStabilizer

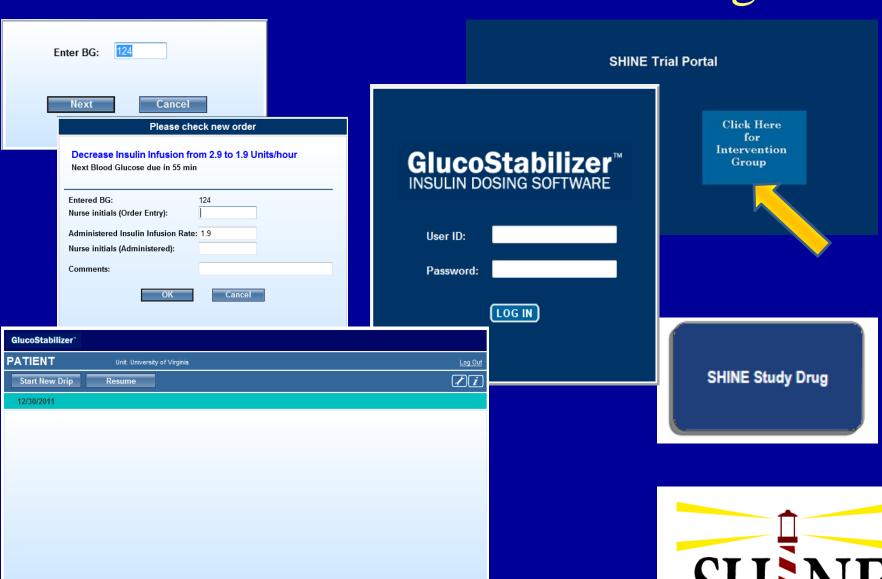




### Control screens – Orange background



### Intervention screens – Blue background



Insulin Dose = (Blood Glucose - 60) x Multiplier

# Maintaining the blind

- IV infusion pumps
- Subcutaneous injections
- Study drug label
- Study laptops



### Site pharmacy plan

- Establish site-specific pharmacy plan prior to initiation
- Retain one empty infusion bag for each study patient for monitoring



