October 12, 2018

HOBIT NEWS

Hyperbaric Oxygen Brain Injury Treatment Trial Newsletter

Reminder:

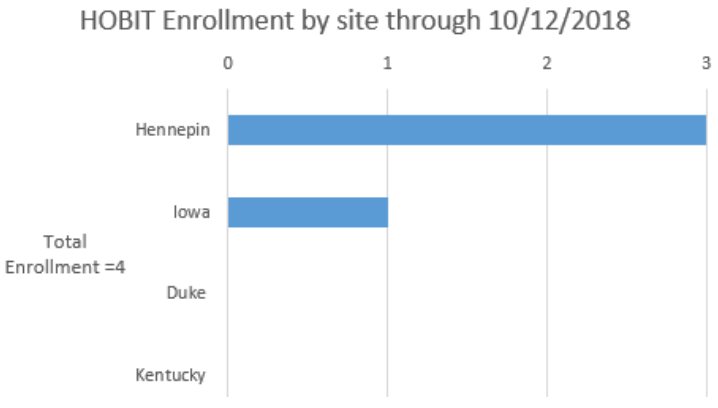
+The next NETT/ SIREN Steering Committee Meeting is Oct 24th at 12pm EST

Spectrum—cIRB Tables Complete

Thanks to Spectrum Health Hospitals Butterworth on completing the cIRB tables in webDCU!

Thank you to all of our sites for your hard work on HOBIT! We appreciate your time and effort!

We currently have 4 sites open to enrollment: Hennepin, Iowa, Duke, & Kentucky



HOBIT Updates

HYCEP

We have uploaded a new educational activity introducing the hyperbaric cuff exchange procedure (HYCEP). The goal of the HYCEP procedure is to prevent pooled and contaminated secretions in the oropharynx and upper airway from entering the lungs, a risk factor for ventilator associated pneumonia (VAP). This two-part educational activity consists of:

A video demonstrating how to remove air from the endotracheal tube cuff and replace it with sterile solution (e.g. saline) prior to initiating hyperbaric oxygen treatments. watch video here (available in the HOBIT toolbox)

A skills and competency validation that we strongly recommend be completed by all who will be involved with exchanging the ETT cuff from air to normal saline; complete competency validation here (available in the HOBIT toolbox)

We realize that each institution may have their own policy and procedure for deflating and re-inflating an EFF cuff. However, for staff involved with HOBIT Trial subjects and involved with exchanging the cuff from air to normal saline, we strongly recommend that they watch this video and complete the associated competency validation.

Key bullet points when conducting the HYCEP

DO	DON'T
1. Use 2 caregivers when conducting this procedure. 2. Suction lung fields with the inline catheter. 3. Suction oropharynx with a yankauer. 4. Suction superior to the ETT cuff with a properly sized catheter eg: 14 french suction catheter (suction from the different sides of the ETT). 5. Use an appropriately sized ETT and cuff that will prevent oropharyngeal secretions from draining into the airway. 6. Prior to suctioning out the air from the cuff, give three breaths using the Bag Valve Mask and hold the third breath. The positive pressure from holding the third breath will prevent secretions from falling down into the airway when the cuff is deflated. 7. Chart and label that the cuff has been changed to NS for the HOBIT Trial. 8. Use the minimal leak technique to verify proper cuff pressure. 9. Ensure ETT is firmly secured from movement as much as possible. This is especially important during transport.	1. Do not change the ETT cuff back and forth between air to normal saline between HBO treatments. 2. Do not force or overfill the cuff with normal saline. 3. Do not assume that the subglottic suction port will remove all of the subglottic secretion above the cuff. 4. Do not use air to adjust the cuff pressure after it has been filled with NS or sterile water.

Chamber and Patient Log Updates

The Chamber and Patient Log has been revamped and can be found in the Toolbox under the Chamber Resources and Simulation links.

MOP Updates

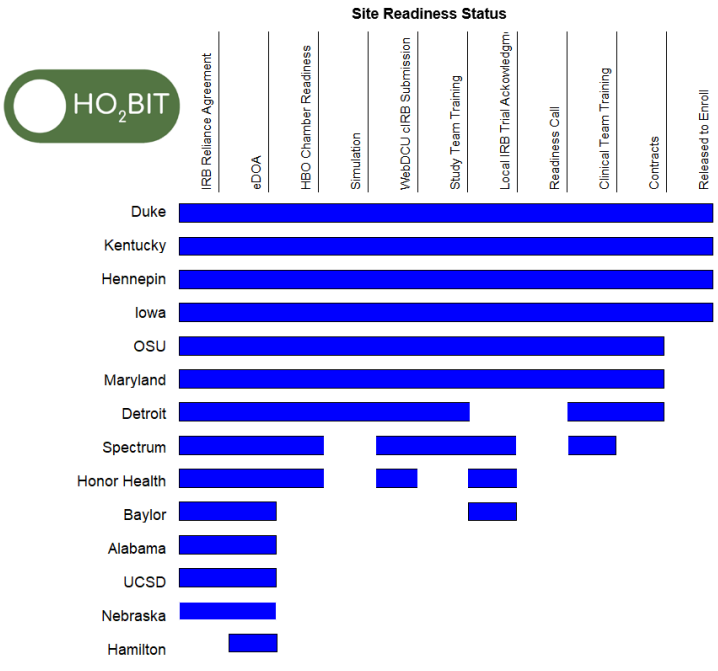
Updates have been made to the following sections in the MoP:

Therapy Intensity Level (TIL): Intermediate *(Section 3.7.2)* - More information about TILS is provided –it includes an equation to calculate the amount of hyperosmolar therapy administered over a 24-hr period.

Subject monitoring during HBO dives *(Section 3.7.4)* – Updates support the new Chamber and Patient Log, includes instructions and describes where sites should upload the Log in WebDCU.

GOSE

Reminder to direct questions related to the GOSE to Natalie Fisher, brownnat@med.umich.edu.

HOBIT Contact

Please use hobit-milestone@umich.edu for non emergent questions related to HOBIT. The emergency 24-hour hotline should be used for questions during enrollment, study therapy, and/ or in cases of emergency.