October 26, 2018

HOBIT NEWS

Hyperbaric Oxygen Brain Injury Treatment Trial Newsletter

Reminder:

+The next NETT/SIREN Study Coordinator Meeting is November 6, 1pm ET.

University of Maryland Medical Center—Released to Enroll

Great job to Maryland for all their hard work!

UCSD—Local IRB Acknowledgment Letter/cIRB Tables

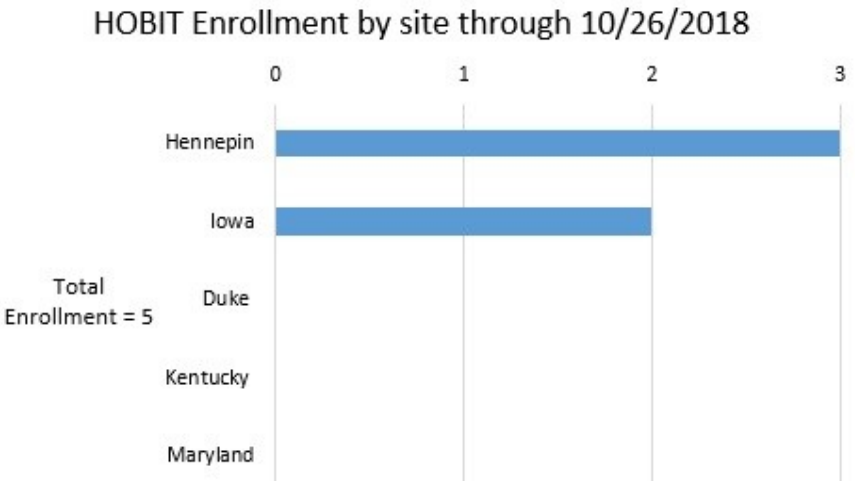
Thanks to UCSD for uploading their local IRB acknowledgment letter into webDCU and for completing their cIRB tables!

Iowa—Participant Enrolled

Congrats to Iowa on enrolling their 2nd participant!

Nebraska—cIRB Tables Complete

Thank you to Nebraska! cIRB tables are now complete!



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:

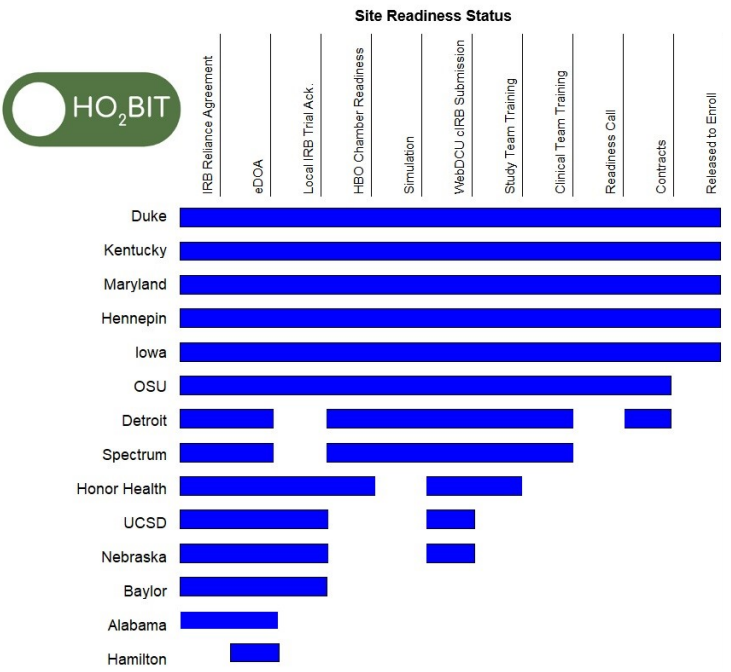
A video demonstrating how to remove air from the endotracheal tube cuff and replace it with sterile solution (e.g. saline) prior to initiating hyperbaric oxygen treatments.
Watch Video (available in the HOBIT toolbox)

A skills and competency validation that we recommend be completed by all who will be involved with exchanging the ETT cuff from air to normal saline.
Competency Validation (available in the HOBIT toolbox)
https://siren.network/sites/default/files/docs/attestation_of_hycep_video_002.pdf

We realize that each institution may have their own policy and procedure for deflating and re-inflating an EFF cuff. However, staff involved with HOBIT Trial subjects and involved with exchanging the cuff from air to normal saline must watch the HYCEP video. All sites are required to attest that anyone involved with this procedure have watched the video.
HYCEP Attestation (available in the HOBIT toolbox)
https://siren.network/sites/default/files/docs/attestation_of_hycep_video_002.pdf

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.

Eligibility Criteria

As per the protocol, patients unable to perform activities of daily living (ADL) without assistance prior to injury will be excluded. This to avoid enrolling subjects in whom the confounding effects of pre-injury disability will limit accurate assessment of functional disability post-TBI. For further clarification, our definition of "unable to perform ADL" includes patients with pre-existing neurologic disease (e.g. TBI, stroke, or neurodegenerative disorder) with confounding residual neurologic deficits. Please call the HOBIT PI line for any questions regarding the eligibility of a potential subject.