



December 3, 2021



Great job to Hennepin on their 30th enrollment!

## UPCOMING MEETINGS



**SIREN Study Coordinator Call**  
Tuesday, December 7, 2021 1:00pm ET  
**\*CRF Review**  
**F287 Therapy Intensity Level Scale**

**HOBIT GOSE Quarterly Meeting - Small Group**  
Wednesday, December 8, 2021 12:00pm ET

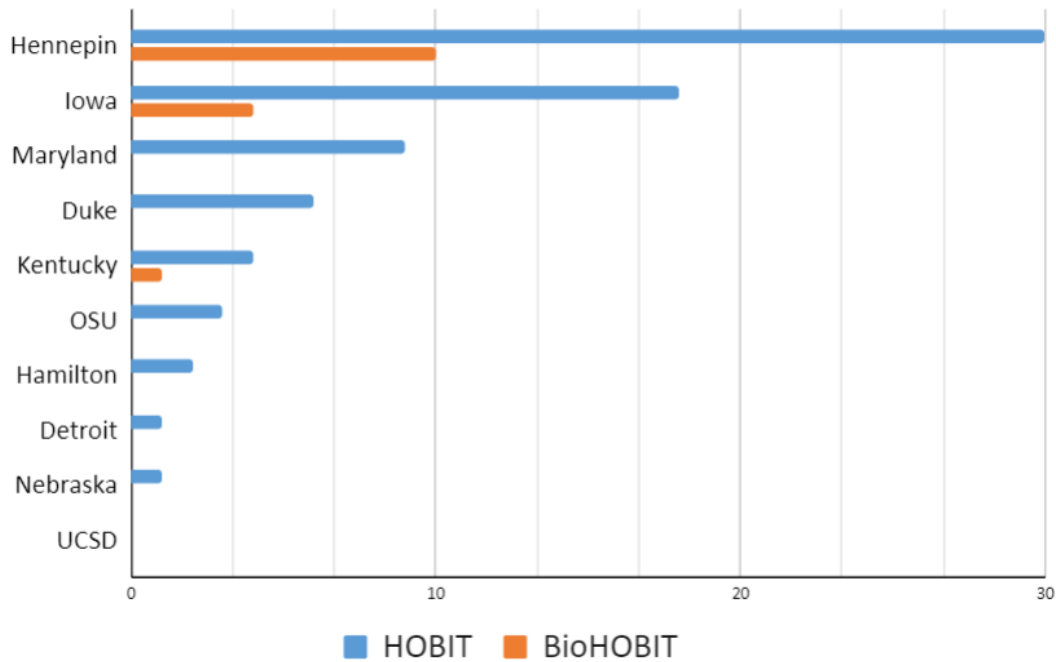
**SIREN Steering Committee**  
Wednesday, December 22, 2021 12:00pm ET

**SIREN Journal Club**  
Wednesday, January 19, 2022 1pm ET

## ENROLLMENT

HOBIT: 74 BioHOBIT: 15

**\*\* Aim to enroll every HOBIT subject in BioHOBIT \*\***



**Please continue to screen diligently and enter screen failures in WebDCU**

## HOBIT RESOURCES

### HBO Checklist

An updated version of the HBO Checklist has been added to the [hobitrial.org](http://hobitrial.org) **Toolbox**.

**HOBIT Trial Checklist**

HOBIT TX #: \_\_\_\_\_ Date: \_\_\_\_\_ Monoplace: \_\_\_\_\_ Multiplace: \_\_\_\_\_ HBO supervising MD: \_\_\_\_\_

Study ID: \_\_\_\_\_ Primary MD: \_\_\_\_\_

ID	INITIAL IDENTIFICATION AND NOTIFICATION OF HOBIT TRIAL PATIENTS		
	Verify that patient meets HOBIT eligibility criteria		
	If patient has pacemaker/AICD/neurin pump/other implantable device, verify that the device is cleared for HBO treatment at 2.5 ATA pressure PRIOR TO ENROLLMENT (if unsure, check with manufacturer)		
	Identify LAR		
	Obtain informed consent from LAR		
	If it has been more than 4 hours after patient arrival and LAR has not been identified yet, continue looking for LAR but start preparations to enroll subject under EPC		
	If it has been 4 hours or more, and it is after hours, consider notifying the HBO team to come in. <i>Note: Travel and preparation time for the HBO team to come in and prep the chamber can easily take up 2 hours. If you wait until EPC is activated (at 6 hours) your HBO team may not have enough time to arrive on site, have the chamber prepared, and the additional time needed to prep the subject, all within the two (2) hours remaining after EPC. FYI: Most subjects enrolled under EPC will continue in the ICU even after the LAR is located.</i>		
	If patient has been in the ED for 6 hours or more and LAR has not been identified, continue looking for LAR and enroll patient under EPC		
	Notify HBO team		
	Notify neurosurgery about placing ICP and PaO2 monitor if your site does PaO2 monitoring		
	Call PI hotline (1-800-HOBIT-PI) if neurosurgery thinks patient does not require ICP monitoring		
	Notify ICU team and request ICU staff to receive ICP, SBP, PaO2 (if available) status on ICU floorboards at least once at the start of each clock hour (for example 8 am to 10 am, or from 10a to 11a)		
	If the subject requires FiO2>40% consider ABG to make sure PF ratio is >200		
	Randomize patient in WebDCU		
ICU	<b>INITIAL PREP FOR HYPERBARIC TREATMENT</b>		HBO RN
	Remove all clothing, jewelry, medication/other patches leaving patient gown (notify HBO team if exceptions are noted)		
	Bilateral myringotomies		
	IV tubing is changed to HBO compatible tubing		
	Label all IV tubing/pump as "Hyperbaric Tubing"		
	Obtain CXR if significant changes occur in ventilatory/oxygenation status or invasive procedure performed		
	ETT tube is secure and marking at lips is noted as:		
	Correct any abnormalities in vital signs and ICP		

HOBIT ICU & HBO Checklist Updated 11/18/2021  
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### Pocket Cards

All sites have been mailed laminated Pocket Cards of the resuscitation and basic physiologic goals from the HOBIT Clinical Standardization Guidelines. Please distribute to your HOBIT research and clinical teams.

**Hyperbaric Oxygen Brain Injury Treatment (HOBIT) Trial**

Resuscitation and basic physiologic goals

Please refer to the HOBIT Clinical Standardization Guidelines

Pulse Ox ≥ 90%	PLTS ≥ 75 x 10 <sup>3</sup> /mm <sup>3</sup>	Physiologic Na+ 135-145*
PaO <sub>2</sub> ≥ 100 mmHg	PbtO <sub>2</sub> ≥ 20 mmHg	INR ≤ 1.4
PaCO <sub>2</sub> 40-45 mmHg	CPP ≥ 60 mmHg	Hgb ≥ 8 gm/dl
MAP ≥ 70 mmHg	Temp 36.0-37.9°C	pH 7.35-7.45
ICP < 22 mmHg	*Glucose 80-180 mg/dL	
SBP > 100 mmHg if 50 to 69 years old or >110 mmHg if 15 to 49 or over 70 years old		

\*Hypertonic saline therapy: Na+ range: 145 mmol/L (minimum) to 160 mmol/L (maximum)  
\*For diabetic subjects on hypoglycemic agents, glucose should be kept between 100 and 180 mg/dL

# BioHOBIT UPDATES

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## **Changes to the BioHOBIT Milestone Document**

Per Subject Payments\*:

Amount per blood draw: **\$400** ( total for all 9 timepoints, **\$3,600**)

Amount per CSF: **\$200** ( total for all 6 CSF timepoints, **\$1200**)

\*Per collection timepoints in the MOP, maximum amount per subject:

**\$4,800**

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HOBIT Trial Contacts: [hobit-milestone@umich.edu](mailto:hobit-milestone@umich.edu) | [hobittrial.org](http://hobittrial.org)  
**Emergency** 24-Hour Study Hotline: 1-833-HOBIT-PI (833-462-4874)