

HOBIT Trial Checklist

HOBIT TX #: _____

Date: _____

Monoplace: _____

Multiplace: _____

HBO Supervising MD: _____

Study ID: _____

Primary MD: _____

ED	INITIAL IDENTIFICATION AND NOTIFICATION OF HOBIT TRIAL PATIENTS		
	Verify that patient meets HOBIT eligibility criteria		
	If patient has pacemaker/AICD/insulin 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 EFIC		
	If it has been 4 hours or more, and it is after hours, consider notifying the HBO team to come in. (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 EFIC 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 EFIC. FYI: Most subjects enrolled under EFIC will continue in the trial even after the LAR is located.)		
	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 EFIC		
	Notify HBO team		
	Notify neurosurgery about placing ICP and PbtO2 monitor if your site does PbtO2 monitoring. If neurosurgery intends to place an intraparenchymal ICP monitor and not an EVD, check with the HBO team to make sure that the chamber has the right modifications to allow ICP monitoring with an intraparenchymal ICP monitor. It is important to confirm this prior to randomization.		
	Call PI hotline (1-833-HOBIT-PI) if neurosurgery thinks patient does not require ICP monitoring		
	Notify ICU team and remind ICU staff to record ICP, MAP, PbtO2 (if available) values on ICU flowcharts at least once at the start of each clock hour (for example 9 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	INITIAL PREP FOR HYPERBARIC TREATMENT		HBO RN
	Remove all clothing, jewelry, medication/other patches leaving patient gown (notify HBO team if exceptions are made)		
	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 at:		
	Correct any abnormalities in vital signs and ICP		

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	Check blood glucose within 1 hour of transport to chamber (Hold HBO treatment if glucose <100)		
	Cover / protect any sharp objects that cannot be removed, such as fixators.		
	Cover open wound with dry dressings. Make sure wound/chest tube dressings are not saturated with petroleum/glycerin. Remove dressings containing alcohol.		
	Bring all IV medications and solutions (scheduled and PRN) for next 4-6 hours.		
	Hep-lock non-essential IV ports. Note: monoplace chambers have limited I.V. access ports.		
ICU	EQUIPMENT PREPARATION	Time Done	HBO RN
	If monoplace or appropriate: Remove chest tube suction and apply Heimlich valve to chest tube.		
	If using Heimlich valves drain to Foley bag or other methods		
	Place NG tubes to sputum trap or other methods for drainage		
	If appropriate: Turn off feeding tube, flush and clamp for HBO treatment.		
	Empty Foley and ostomy bags.		
	ETT tube cuff has been changed from air to NS by RT. Note: Follow HYCEP maneuver for exchanging air with NS in the cuff.		
	HBO gurney is brought to the ICU unit.		
	Empty external ventricular buretrol drain system		
	Subdural drains are clamped off per department policy. Please see additional "Subdural" notes below under "At Hyperbaric Unit – Nursing Care"		
ICU	30 MINUTES PRIOR TO TRANSPORT TO HBO	Time Done	HBO RN
	Confirm that lung sounds are equal and bilateral. Suction as needed.		
	Notify HBO team of estimated time of transport to hyperbaric medicine department.		
	Sedate & paralyze patient for transport to HBO department. (Bring extra meds)		
	Confirm that Monitors, IV pumps, pressure lines, Resuscitation bag, and transport ventilator are all ready for transport.		
	Move patient onto HBO2 gurney when transport team arrives		
	Elevate head of the bed to 30 degrees for HBO2 treatment.		
ICU	DURING TRANSPORT TO HBO	Time Done	HBO RN

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Closely monitor ICP, blood pressure, and ventilator parameters			
ICU	AT HYPERBARIC UNIT - NURSING CARE	Time Done	HBO RN
	HBO2 nurse is briefed by ICU nurse on patient's condition, meds, labs (including glucose) and any concerns.		
	Ensure no equipment is hidden under patient or under patient bedding, pillow, etc..		
	Place wrist restraints on both arms.		
	If Monoplace chamber: Apply ground strap to patient		
	Move monitor leads (ECG, etc.) to the hyperbaric monitors and ensure they are reading properly.		
	Replace all wet or moist bedding with dry bedding before starting HBO2 treatment.		
	Ensure pressure lines are set up for hyperbaric treatment and calibrated properly.		
	Ensure pressure bags have been changed to hyperbaric compatible devices (e.g. Ethox) for pressure lines.		
	Ventriculostomy/intra-parenchymal device is setup for hyperbaric TX and calibrated properly. Pressures are reading correctly.		
	If monoplace, ventric controller device is set up and working properly		
	NIBP monitor (if used) is setup and correlating properly with art-line pressures.		
	For Monoplace or Multiplace chambers – Subdural Jackson-Pratt (JP) drains must be clamped as close as possible to the insertion site. All other JP and Hemovac drains should be handled per your Hyperbaric Department's policies and procedures.		
	Verify chest tubes set up properly. For monoplace use Heimlich valve and drain into a sterile bag/glove.		
	Verify that approved hyperbaric IV tubing has been changed to hyperbaric IV Pumps.		
	IV Pumps are set to proper flow rates and alarms are properly set.		
	Verify that the IV Pumps are working properly.		
	NG tube ready		
	Foley bag set properly for draining		
	Dressing approved and all necessary mitigations carried out		
	Mitigation orders completed for variances		
RT	AT HYPERBARIC UNIT - RESPIRATORY CARE		HBO RN
	HBO2 team is briefed by RT on patient's ventilator parameters and respiratory condition, with any concerns.		
	Verify hyperbaric ventilator is set for correct parameters.		
	Verify ETT is secure and at the proper location (tube markings to lips).		

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	Verify breath sounds for proper ventilation, bilateral and equal.		
	RT to suction ETT and secretions above cuff as needed prior to starting HBO2.		
	Verify cuff has NS (not air) and cuff pressure is set properly. (may use minimal leak technique)		
	RT to communicate / report to HBO RN on patient's readiness for HBO2 treatment.		
	Ohmeda Vol. Monitor working properly and alarms set		
	Mechanical Spirometer is placed on exhaust side, visible and working properly. Note: Spirometer needle should not move during inspiration, only during exhalation.		
	Suctioned ETT prior to HBO2		
	RT to log a thorough respiratory and ventilator check after patient is transferred to hyperbaric ventilator.		
	RT to ensure oxygen equipment is ready for return transport to ICU after HBO2 treatment.		
	Arterial blood gas (ABG) completed after placed on hyperbaric ventilator and prior to the HBO treatment.		
HBO team	HYPERBARIC FINAL CHECKS	Time Done	HBO RN
	Pressure lines are calibrated and reading properly.		
	IV lines all working properly and alarms set.		
	Ventilator is working properly, alarms set, patient suctioned and tubing drained.		
	NIBP monitoring is working properly, (if used).		
	No extraneous equipment left on gurney, under bedding or around patient. Ex: finger oximeter.		
HBO Team	SAFETY PAUSE / TIMEOUT	Time Done	HBO Tech
	Chamber operator to conduct "SAFETY PAUSE" for Team		
	Chamber comm system working properly		
	Final clearance to treat by HBO Supervising MD		
HBO Team	DURING HYPERBARIC TREATMENT	Time Done	HBO RN
	HBO team to monitor patient continuously		
	RT to operate Hyperbaric ventilator and record on ventilator flow sheet. (Q15 minutes)		
	Complete HBO Subject and Chamber dive log		
	Coordinate with transport team when to transport patient back to the ICU.		
	Ensure ICU monitors and all transport equipment is plugged in and charging during HBO2 treatment.		
HOBIT Team	POST HYPERBARIC TREATMENT	Time Done	HBO RN

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	If Monoplace chamber: Disconnect Pt ground and slide patient litter onto gurney.		
	If Monoplace chamber: RN remove IV lines from chamber and replace lines into ICU IV pumps.		
	Transfer patient ECG leads to transport monitors.		
	Transfer pressure lines to transport monitor and re-calibrate for transport.		
	Replace pressure infuser devices with ICU pressure bags and inflate properly.		
	Reconnect JP drains, chest tubes, etc. for transport.		
RT	POST HYPERBARIC TREATMENT - RESPIRATORY CARE	Time Done	HBO RN
	Get oxygen equipment and respiratory equipment ready for transport back to ICU.		
	Place patient on transport ventilator and baseline FiO2. Note: If subject is receiving 100% NBH after the HBO treatment, have some means of ensuring that the subject will be changed back to their baseline FiO2 at the end of NBH.		
	RT to check ETT cuff pressure using minimal leak technique.		
	RT to assess breath sounds and suction as required.		
	RT to do final ventilator check and record on hyperbaric ventilator flow sheet prior to transporting patient.		
ICU	DURING TRANSPORT TO ICU	Time Done	HBO RN
	Closely monitor ICP, blood pressure, and ventilator parameters		
ICU	PATIENT ARRIVAL AT ICU	Time Done	HBO RN
	ICU Ventilator checked for proper parameters and function.		
	All IV and Pressure lines connected to ICU monitors.		
	Breath sounds assessed and patient suctioned as required.		
	ETT tube cuff checked for proper pressure using minimal leak technique.		
	RT to complete vent flow sheet and documentation.		
	If subject is receiving NBH oxygen after the HBO treatment, ensure that a timer is set to end the 100% NBH on time.		