Dear Nurse:

Your patient has been enrolled in the Hyperbaric Oxygen Brain Injury Treatment (HOBIT) Trial: A Clinical Trial Evaluating the Most Effective Hyperbaric Oxygen Treatment Paradigm for Severe Traumatic Brain Injury.

Study interventions will consist of 1 of the following treatment profiles listed below. The treatment paradigm will be continued twice a day for a total of 10 treatments or until the subject is following commands or determined to be brain dead (whichever comes sooner)

 Your patient is in the treatment group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Treatment  Arms**                                                             |
| 1.     1.5 ATA for 60 minutes twice a day                                 |
| 2.     2.0 ATA for 60 minutes twice a day                                 |
| 3.     NBH (100% O2 at 1.0 ATA) 4.5 hours twice a day  |
| 4.     2.5 ATA for 60 minutes twice a day         |
| 5.     1.5 ATA for 60 minutes followed by NBH for 3 hours. This will be performed twice a day |
| 6.     2.0 ATA for 60 minutes followed by NBH for 3 hours. This will be performed twice a day |
| 7.     2.5 ATA for 60 minutes followed by NBH for 3 hours. This will be performed twice a day |
| 8.     Control (no hyperoxia treatment) |

Each treatment will be for 60 minutes at the specified pressure.  NBH following HBO will consist of the subject breathing 100% O2 for 3 hours following HBO2 decompression. The NBH without HBO2 treatment arm will likewise be ventilated with 100% O2 for 4.5 hours at normobaric pressure twice a day in the ICU.

**Please help ensure complete data collection by setting the monitor to record hourly ICP, CPP, MAP, and PbtO2. Please record data every 15 min during HBO treatments AND if the following occurs:**

* **ICP>22 mmHg**
* **PbtO2 < 20 mmHg**
* **CPP <60 mmHg**

**\*Q15 until readings return above thresholds**

Subject transport to the HBO2 chamber and HBO2 treatment may not occur if the subject is judged to be unstable by the team of providers (neurointensivist, neurosurgeon, and hyperbaric staff physician). This may include situations where: ICP is labile or persisting over a level of 22 mmHg despite treatment, CPP is persistently < 60 mmHg, MAP is persistently <70 mmHg, the P/F ratio is < 200 after corrective interventions, or if PEEP requirements are > 10 cm of water.

Pre-HBO treatment prep tips: remove all jewelry and cosmetics, wrap all exposed metal, check a POC glucose, attach gastric tubes to a sputum trap or drainage bag; occlude subdural Jackson-Pratt drains. **Plan to arrive in HBO ~45 mins prior to door closure.**

**Coordinator name, contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** For immediate emergency assistance from a National PI for medical or protocol questions, you may call the Principal Investigator Hotline 833-HOBIT-PI (833-462-4874).