Stroke Hyperglycemia Insulin Network Effort (SHINE) Trial

Preparing Study Orders & Laptops

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Pharmacy Plan Overview

- Pharmacy Plan Summary
 - Study treatments on formulary & storage
 - Procedure for randomization
 - Process for ordering and dispensing
 - Naming and labels
- Study Orders
 - Medication
 - -Communication/Physician to nurse orders



Study Treatments

	Control Group	Intervention Group
IV	Normal saline	Human regular insulin
Infusion	0.9% sodium chloride	Humulin R, Novolin R
	[Rate per Control Treatment Screen]	[Rate per GlucoStabilizer®]
SQ	Human regular insulin	Rapid acting analog insulin
Injections	Humulin R, Novolin R	Lispro (Humalog), aspart
	[Rate per Control Treatment Screen]	(Novolog) or glulisine (Apidra)
		[Dose per GlucoStabilizer®]
	AND	
		OR
	Basal insulin (Level 3 only)	
	glargine (Lantus)	Normal saline
	[40% previous 24 hr total insulin	0.9% sodium chloride
	requirement]	[0.05mL at ~0900/2100]
D50	Dextrose 50% in water	Dextrose 50% in water
	[25mL (½ amp) slow IV push q 15min	[Dose per GlucoStabilizer®]
	BG<80mg/dL]	

Communication/Physician to Nurse Orders

- Protocol must be documented
 - POC glucose checks
 - Meals
 - 60 gram CHO diet
 - After check/SQ dose (control group)
 - Assess consumption (intervention group)
 - Hypoglycemia & severe hypergycemia protocol
- Consider including
 - Pausing, interruptions, discharge, HbA1c, daily NIHSS

			ealth Network General Hospital Center	NAME DOB MRN			
	PH	YSICIAN ORI	DERS	PCP	DATE	INT ID / ADDRESSOGRAPH	
				DRUG ALLEI	RGIES:	NT ID / ADDRESSOGRAPH	
INSTRUCTIONS:	Doctors writ Nurses writ Nurses time Provider is	te in black ink. le in red ink. e and date order who to sign all orders an	en franscribed. 3 include CHN ID #. indicate their year in training.		SEI	RVICE AT	TTENDING
DATE & TIME		P	HYSICIAN ORDERS	3	DIA	GNOSIS	
Please refer to a stopping study v Discontinue all p Check point of a Then every 3 ha GIVE INSULII BLOOD DRAW	insulin and will be writt previous or care glucose ours (3:00, 6 N IF INDIO ONLY	l placebo as "si en on Day 3. Ti ders for Insulin, e every hour at 6 5:00, 9:00, 12:00 CATED ONLY	at is blinded and does not kn udy medication". Patients he patient is currently Leve Oral or other parenteral ant he following times: 0, 15:00, 18:00, 21:00, 24:00 at 06:00, 12:00, 18:00, 24:) 0		This patient is enr ☑ Discontinue all other insulin or ☑ Goal Blood Glucose (BG) Targ ☑ POC Glucose checks: 1. Blood Glucose Monitorin.	UW HSD: PI: David Tirs rders and powerp get Range: <180r g POC testing
PATIENTS WILL NOT RECEIVE INSULIN COVERAGE AT 03:00, regardless of glucose result.				5	a. Frequency: Q1ho b. Duration: First 4 l	hours - then #2	
Administer IV st regular novolin s			S Placebo delivered by pharm	12	8	c. Special Instruction	_Y.
NS Placebo Infusion Start and adjust rate as indicated each time			NDERS - CONTROL GROUP	a. Frequency: Q3 h b. Duration: up to 6 c. Special Instructio	Blood Glucose Monitoring POC testing Frequency: Q3 hours. Duration: up to 68 hours. Special Instructions: Use capillary		
glucose is check			If at the end of the first 24 ho 80 or greater, advance to Level		ONTR	POC testing ONL IV saline – Regular Insulin/Pla Rate: Determined by con Special Instructions: If blo	cebo 100 units/ trol treatment so ood glucose is <
ml/hr		Glucose mg/dl	Level 1 Insulin Dose (units)	T	- (insulin. Initiate study hyp ⊠ Sliding Scale Insulin – Regula	r Insulin SubQ q
5		> 450	8		SS	 Dose: Level 1, 2 or 3 per Duration: Up to 72 hours 	
5		400-450	7			Special Instructions: Star	t at Level 1 the I
5		351-399	6			period on study protocol I	

<u>a</u>
HINE ORDERS - CONTROL GROUP
L G
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CO
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2
- S
SH

5

5

5

4

0

5772801, F728 (REV. 11/01)

300-350

251-299

200-250 180-199

80-179

<80

4

2

0

Medical Record Original

* See hypoglycemia

PATIENT GIES:	ID / ADDRESSOGRAPH NKDA		ALLERGIES: DRUG- OTHER WT: DATE TIM	kg. HT:	Y-Control Group Level 2 HS 7am-5pm). Call the pharmacist at	DO NOT SUBSTITUTE-SEDICAL HECESSIT TIONAL DRUG STUDY (page 1 of 2)(blood glucose range 80-179mg/dL) C-MS-11-0802 4-1557 hen fax utudy orders to 4-45944
						en fax order to 4-3744
SERV	ICE	ATTENDING		RESIDENT		
DIAGN			CONDITION			18:00, 21:00, & 24:00 starting at ck glucose before meal. Record glucose in
ALLEI		ılycemia İnsulin				insulin dose in table below:
S - CONTROL GROUP	This patient is ☑ Discontinue all other insul ☑ Goal Blood Glucose (BG) ☑ POC Glucose checks: 1. Blood Glucose Monit a. Frequency: C b. Duration: Firit c. Special Instru POC testing 2. Blood Glucose Monit a. Frequency: C b. Duration: up c. Special Instru ☐ V saline — Regular Insulin 1. Rate: Determined by 2. Special Instructions: insulin. Initiate study ☑ Slidding Scale Insulin — Reg 1. Dose: Level 1, 2 or 3	enrolled in an NIH- LW HSD: PI: David Tirs in orders and powerp Target Range: <180r oring POC testing 21hour per control tre st 4 hours — then #2 ONLY. to 68 hours. citions: Use capillary ONLY. ONLY. ONLY. ONLY. God bours. citions: Use capillary ONLY. of the hours. citions: Use capillary ONLY. for the hours. citions Suse capillary ONLY. for the hours.	NINDS sponsore #43289 chwell, MD lans and all diabe mg/dL latment screen on blood only unless 00mL IV infusion een on study lapt 10mg/dL, turn off IV of 6 hours	tes medication orders study laptop s otherwise directed b	ry study team. ry study team.	to four times a day—ONLY at 06:00, Level 2: 1 regular dose (units) 1 12 1 0 8 0 4 0 O lajections 3) lib given (alow IV push over 1-2 minutes) every b mg/off. Repeat finger side glucose checks and until glucose is 250 mg/off. amplese NIBSS neuro associates by study team from commercial pharmacy wapply) be transformed to Level 3 on the Bird day (48 a provided in separate order).
SHINE ORDERS	b. Dextrose 509	Start at Level 1 the lest cool based on the last bQ once at 48 hours ed by study team per For Level 3 only, on al insulin requiremen and management: col for BG <80 mg/dL ne infusion and hold a & 25 mL (1/2 amp) q1 qlucose checks and	two POC testing from start of study special instruction e-time SubQ base t (≥0.5 round up; *	BG results. / ns al injection at a dose of <0.5 round down).	of 40% of	(s. signature/Pepper 8 Cell: (T13):272-2419 ELABRETATION UNE WORKHOOD SULFATE STORY EXTRACTOR WORKHOOD SULFATE STORY TO SULFATE TO SULFATE SULFATE SULFATE SULFATE TO SULFATE SULF SULFATE SULF SULF SULF SULF SULF SULF SULF SULF

STAT "PLACE X IN BOX IF STAT"



i. Repeat q15 minutes when glucose <70mg/dL

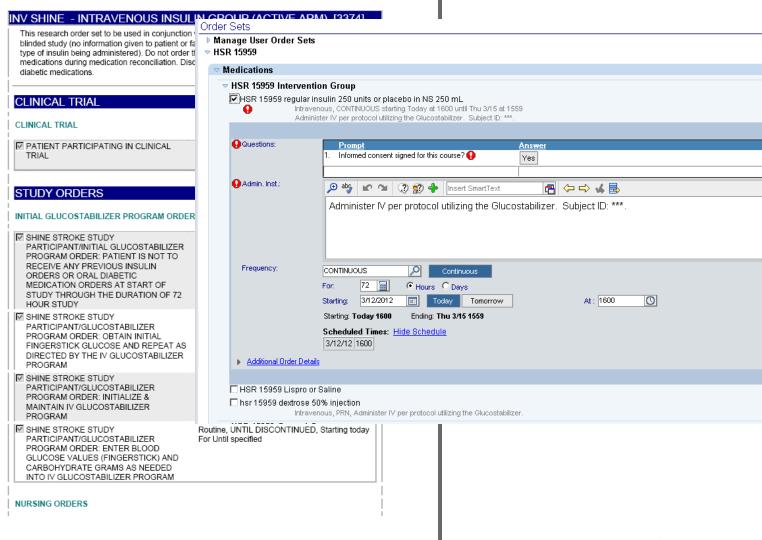
Questionnaire.

a. Draw STAT laboratory serum glucose measurement. Do not delay treatment with dextrose

b. Screen the patient for hypoglycemia symptoms using Hypoglycemia Symptomatic



"Authorization is hereby given to dispense the Generic equivalent or Medicial Staff approved therapeutic equivalent unless otherwise indicated by the words DO NOT SUBSTITUTE-MEDICAL NECESSITY"





Labels and Naming

Patient, Study A. XXXXXXXXXXX

8STD-84XX

DOB: mm/dd/yyyy

insulin regular human/placebo sodium chloride 0.9% 100units

Final Volume: 101mL

Intravenous, Continuous, Rate: 0 - 5 ml/hr

Investigational Study Medication
HIC #2012-041 SHINE Trial
Adjust infusion as necessary based on finger stick glucose results.

Due: 08/15/11 1500

Prepared At _____/

Stability: 24 Hours after prep time

Infusion label must not be unblinding



Labels

Allegheny General Hospital	Standard stickers can b applied (i.e.
Pt Rm	high risk or ir
RC5425 SHINE Trial	drug), but
Insulin Regular 100 units OR Placebo	must include matching
Infuse as per protocol	'PLACEBO' sticker
Expires	required if
Made by Chkd by	'INSULIN'
	sticker applie

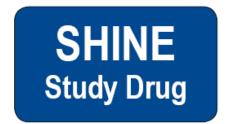


Medical Record & Source Documentation

Freq: CONTINUOUS Route: Intravenous Dispensed Volume: 250 mL Order Start Time: 10/26/12 1700 Order End Time: 10/28/12 0435 Disp Location: UVA Inpatient Pharmacy Last Admin Given: 10/28/12 0223 Admin Instruction: Subject ID: 5902. Administer IV per study protocol. When glucose > 500 mg/dL, notify house officer of glucose level.	Rate/Dose Change 2257 MR 0.9 Units/hr 0.9 mL/hr	Rate/Dose Change 0007 MR 1.1 Units/hr 1.1 mL/hr [C]	Rate/Dose Change Change 0359 MR 0.6 Units/hr 0.7 Units/hr 0.7 mL/hr
✓ Mixture Administration Information Medication Type Amount			

SHINE Study Drug Stickers

 Must only be applied by pharmacist preparing study infusion



Retain the sticker from one infusion bag for monitoring



 Study-supplied stickers for infusion (request resupply at least 2 wks in advance)



Anticipating Pharmacy Related Issues

Required labeling due to high risk med

 Site-specific standard care preference for insulin pens/training for syringes

 Standard care protocols for dextrosecontaining solutions



Study Laptops



Preparing Study Laptops

- Review by IT or clinical engineering if needed
- Confirm preferred connection with IT and set as default
- Test laptops
- Consider storage location

