

| Study | Purpose of study | What do you need to do? |
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|  | <p>A2B</p> <p>To evaluate three different types of sedative medication that are commonly used for sedated and ventilated patients. Which is more effective at keeping patients calm and comfortable, reducing the amount of time on a ventilator and reducing incidence of complications like delirium.</p> <p>Standard care (Propofol and Alfentanil) Vs Dexmedetomidine Vs Clonidine</p> | <p>Document a RASS aim in the medical notes on the ward round. Aim for -2 to +1 unless clinically indicated. Follow the Intervention Flowchart- tells you which drugs you can and cannot give and how to wean sedatives and analgesics. Treat bradycardia as you would normally – Glycopyrrolate etc.</p> |
|  | <p>AID-ICU</p> <p>To assess the benefits and harms of Haloperidol in patients with ICU acquired delirium.</p> | <p>Follow the unit Sedation/Delirium Protocol. Contact the research team immediately if you plan to administer Haloperidol. We need to randomise them into the trial before they receive Haloperidol if possible.</p> |
|  | <p>A-STOP</p> <p>To compare and assess the performance of three rapid tests for fungal infection. The emphasis will be on their ability to rule out infection. The results will be used to develop a protocol to guide antifungal drug prescribing.</p> | <p>Let the research team know immediately if your patient is prescribed antifungal medication.</p> |
|  | <p>BLING III</p> <p>To evaluate if beta-lactam antibiotics (Tazocin and Meropenem) which are commonly used to treat sepsis, are more effective if they are given by 24 hour continuous infusion or by intermittent infusion 3-4 times a day.</p> | <p>Let the Research team know immediately if your patient is prescribed Tazocin or Meropenem. Patients randomised to the continuous arm will need the antibiotics prescribed on their IV fluid prescription chart as well as the standard prescription chart. Continue the continuous infusion if the patient goes to scan or theatre.</p> |
|  | <p>GenOMICC</p> <p>To identify genetic predisposition to specific syndromes of critical illness. To identify why some people are more susceptible to death following the onset of organ failure. To identify why some people diagnosed with Covid-19 required critical care and others did not.</p> | <p>Nothing 😊</p> |
|  | <p>HEMOTION</p> <p>To evaluate if keeping haemoglobin levels above 100g/L or 70g/L is associated with better neurological outcomes for patients who have had a traumatic brain injury.</p> | <p>Let the research team know immediately if you have a patient with a TBI and their Hb is ≤100g/L (on ABG or formal blood results). If randomised to the Hb ≤100g/L inform research team immediately if Hb drops to ≤100g/L If randomised to the Hb ≤70g/L inform research team immediately if Hb drops to ≤70g/L Prescribe RBC's as requested by the research team to meet the transfusion target.</p> |
|  | <p>ILTIS</p> <p>To examine WBC's and cytokines and see if they can be used to predict what type of infection is present in patients with sepsis or Covid-19. Medications will be added to the blood cells to see if the cells response to medication can be improved. This may lead to new targeted tests and treatments for sepsis.</p> | <p>Nothing 😊</p> |
|  | <p>PHIND</p> <p>To rapidly identify phenotypes in patients with ARDS using a POC device and assess the patient's clinical outcomes based on identification of the phenotype.</p> | <p>Nothing 😊</p> |
|  | <p>SCIL</p> <p>To evaluate the effectiveness of a drug called Kineret (recognised treatment for a number of anti-inflammatory conditions) in reducing the amount of inflammation and long term neurological symptoms experienced in patients who have had a SAH caused by an aneurysm.</p> | <p>Nothing 😊</p> |
|  | <p>SOS</p> <p>To compare the effectiveness of hypertonic saline versus mannitol in patients with raised ICP following a TBI.</p> | <p>Let the research team or medical team know immediately if your patients ICP is ≥20mmHg for 5 minutes or more despite Stage 1 measures (see staff guide for Stage 1 measures). Prescribe Mannitol or Hypertonic saline as requested. Let the research team know immediately if the patients Na⁺ ≥ 155mmol/L</p> |
|  | <p>TAME</p> <p>To compare and evaluate if targeted normocapnia or mild hypercapnia improves neurological outcome at 6 months in OOHCA patients.</p> | <p>Let the research team know if you admit a patient with OOHCA. Follow the unit OOHCA/TAME protocol. Neuroprognostication with CT head/EEG will be needed at 96h Maintain the targeted PaCO₂ target. Algorithm provided to guide this process.</p> |
| COVID-19 STUDIES | | |
|  | <p>ALMITRINE</p> <p>To determine if administration of the drug almitrine bismesylate can improve hypoxaemia in patients with Covid-19 and enhance the effectiveness of supplementary oxygen therapy and respiratory support.</p> | <p>Nothing 😊</p> |
|  | <p>ENLIST</p> <p>To assess if a panel of already routinely used core clinical biomarkers in conjunction with new biomarkers, can support clinical decision making and prognosis for patients with Covid-19.</p> | <p>Let the research team know if you are planning on doing a bronchoscopy. Patients will have one as part of the research study so we will try to coordinate sample taking.</p> |
|  | <p>REMAP-CAP</p> <p>To evaluate the effectiveness of and identify a range of interventions to improve the outcome of patients with Covid-19.</p> | <p>Prescribe study medication.</p> |