

Stroke Hyperglycemia Insulin Network Effort (SHINE) Trial Lead Nurse

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Objective

- To consider the role of the lead nurse and clinical nurses in the SHINE trial
- To suggest strategies to support these two key roles



Lead Nurses – We need your help!

- Goal is to help weave the SHINE protocol into daily clinical practice over the next 5 years
- Champion the cause in favor of the SHINE trial at your hospital
- Facilitate shift-to-shift communication by advising both the research and bedside nursing team on the trial



Lead Nurse

General Concepts

- Work closely to advise research team on best training
- CRC is responsible for all training.
- Assist the nursing staff in visualizing how to properly implement the study protocol
- “Super-user” of protocol and GlucoStabilizer
- Identification and recruitment of other “Super-Users”



Lead Nurse

General Concepts

- Nurse leader can give input and feedback to research team to anticipate issues during study treatment
- Lead nurse may be able to help with bed facilitation for study patients
- Work closely with study team to help study team obtain/develop resources and tools to facilitate the protocol at your site



Support for Lead Nurse

- What do lead nurses want and need to support them?
- Lead Nurse – the voice of the clinical nurses at that site.
- Lead Nurse will share thoughts with CRC, who will bring issues to monthly CRC conference call



Clinical Nurse Pivotal Role

Control Group

- Initiation of treatment – insulin and saline
- Replacement of bags throughout trial
- Glucose checks every 1-3 hours (q 15 min.)
- SubQ insulin dosing
- Determination of level change in control group
- Transition of care from shift to shift
- Daily consultation with Research Team
- D50 for hypoglycemia
- Lab glucose if hypoglycemic
- Hypoglycemia symptomatic questionnaire
- Maintain blind for patient and family
- Manage pauses in study treatment
- Transition off study protocol



Clinical Nurse Pivotal Role Intervention Group

- Initiation of treatment – insulin drip
- GlucoStabilizer – insulin drip
- Replacement of bags throughout trial
- Glucose checks every 1-3 hours
- Meal consumption calculation
- Meal insulin dosing
- Transition of care from shift to shift
- Daily consultation with Research Team
- D50 for hypoglycemia
- Lab glucose if hypoglycemic
- Hypoglycemia symptomatic questionnaire
- Maintain blind for patient and family
- Manage pauses in study treatment
- Transition off study protocol



Maintain the Blind to Patient

- Patient is to remain blinded throughout trial
- How do you answer questions without giving any information?
 - Explain the importance and parameters of blinding
- Conversations outside room
- Drawing up medications outside room
- Placement of study laptops

Support for Clinical RNs

- Training and local resources
- Available support persons, especially at patient enrollment
- Ongoing communication
- Recognition, reassurance and positive feedback
- Communication and problems solving with study team via monthly CRC conf calls



Nursing Documentation

- Routine nursing documentation will be reviewed by the study coordinator to complete some of the case report forms.
 - Document type of meal given and amount eaten in nursing documentation
 - Document the ACTUAL IV infusion and sub Q injections (as insulin or normal saline)
- Nurses will complete the Hypoglycemia Symptomatic Questionnaire, which will become a part of the research record
- Data in GlucoStabilizer or Control protocol is part of research record (not clinical record)



Nursing is Key to the Success of the SHINE Trial

Critical role is universal
Details will be site specific





Discussion

