Stroke Hyperglycemia Insulin Network Effort (SHINE) Trial

Retraining Test Questions
(Recruitment)

SHINE

Question #1

A 62 y/o fully independent engineer presents to the ED with symptoms of L MCA stroke and an NIHSS 10, onset 2 hours PTA with history of type 2 DM. He has a FSBG of 122. In obtaining his history, you find out he self-administers peritoneal dialysis every night while sleeping due to renal failure of many years.

Is this person eligible?

a. Yes

b. No

Question #1

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Is this person eligible?

a. Yes

b. No

B. No-Current dialysis of any kind disqualifies patients in SHINE.

Question #2

A 54 y/o hypertensive woman with hx type 2 DM presents to the ED. Her fingerstick glucose is 135. NIHSS is 6 for left facial droop and left arm and leg paresis. She tells you she lives independently, works outside the home and drives her car to all activities. Her symptoms began 9 hours ago and the CT shows a wedge-shaped hypodense area involving the posterior frontal region on the right with multiple hyperdense petechial (pinpoint) spots which the radiologist reads as "hemorrhagic conversion" without mass effect.

Is this person eligible?

a. Yes
b. No

Question #2

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Is this person eligible?

a. Yes
b. No

a. Yes-hemorrhagic conversion of an ischemic stroke without mass effect that is likely to account for worsening of the neurologic presentation or elevation of the NIHSS is allowed in SHINE-these types of cases may require consulting with the local study investigator for CT interpretation.

Question #3

A 70 y/o female who lives independently presents to the ED with an NIHSS of 4. She has a mild right facial droop (which is the only thing that has never quite gone away from a prior "TIA" 2 years ago) and new drift in the right arm and leg which was definitely not present previously. She is having new difficulty writing and holding a pen to sign her name since the sudden onset 3 hours ago. She has a hx of T2DM for which she takes metformin, her fingerstick glucose is 142, and she would be very interested in participating in SHINE as she had a great experience contributing as a subject in POINT with her TIA 2 years ago.

Is this person eligible?

a. Yes
b. No

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Question #3

A 70 y/o female who lives independently presents to the ED with an NIHSS of 4. She has a mild right facial droop (which is the only thing that has never quite gone away from a prior "TIA" 2 years ago) and new drift in the right arm and leg which was definitely not present previously. She is having new difficulty writing and holding a pen to sign her name since the sudden onset 3 hours ago. She has a hx of T2DM for which she takes metformin, her fingerstick glucose is 142, and she would be very interested in participating in SHINE as she had a great experience contributing as a subject in POINT with her TIA 2 years ago.

Is this person eligible?

a. Yes
b. No

b. No-The residual facial droop from the old TIA – which must have been a stroke-makes her pre-stroke mRS >0. For potential SHINE patients with NIHSS 3-7, the pre-enrollment mRS must be 0. If NIHSS 8-22, then mRS 0 or 1 is allowed.

Question #4

A 68 y/o independent retired teacher who still volunteers regularly as an assistant teacher presents at 6 hours from symptom onset with NIHSS 8. The initial venous lab blood glucose in the ED was 225. She has no hx T2DM. You request a fingerstick glucose and it comes back at 139.

Is this person eligible?

a. Yes
b. No

Question #4

A 68 y/o independent retired teacher who still volunteers regularly as an assistant teacher presents at 6 hours from symptom onset with NIHSS 8. The initial venous lab blood glucose in the ED was 225. She has no hx T2DM. You request a fingerstick glucose and it comes back at 139.

Is this person eligible?

a. Yes
b. No

b. No-Only fingerstick glucose counts for eligibility and in cases with no hx of DM or treatment the qualifying fingerstick must be ≥ 150. However, you should continue to check her glucose throughout the 12 hour window. If her glucose does come up to ≥ 150, she will be eligible.

Question #5

You screen a 56 y/o patient with no hx T2DM who has fingerstick glucose of 111 and presented within 12 hours with ischemic stroke.

Should this patient be included on your screen fail log?

a. Yes
b. No

Question #5

You screen a 56 y/o patient with no hx T2DM who has fingerstick glucose of 111 and presented within 12 hours with ischemic stroke.

Should this patient be included on your screen fail log?

a. Yes
b. No

a. Yes-all ischemic strokes presenting to the hospital within 12 hours of symptom onset and a FSBG of >110 need to be reported on your monthly screen fail log.

Question #6

A 45 y/o patient with a fingerstick glucose of 146 presents with ischemic stroke 5 hours after onset who has no history of type 2 diabetes.

Should this patient be included on your screen fail log?

a. Yes

b. No

Question #6

A 45 y/o patient with a fingerstick glucose of 146 presents with ischemic stroke 5 hours after onset who has no history of type 2 diabetes.

Should this patient be included on your screen fail log?

a. Yes

b. No

a. Yes-additionally, you should continue to check the glucose throughout the 12 hour window to determine if this patient becomes eligible.

Question #7

A 72 y/o patient presents 75 minutes after the onset of right hemiparesis and slurred speech. A top priority code stroke is called and the stroke team arrives to determine eligibility for tPA and SHINE. The patient has a history of type 2 DM and the fingerstick glucose is 128. You are personally present screening the patient when the CT scan comes back showing a left basal ganglia intracerebral hemorrhage. The resident immediately cancels the tPA order.

Should this patient be included on your screen fail log?

a. Yes

b. No

Question #7

A 72 y/o patient presents 75 minutes after the onset of right hemiparesis and slurred speech. A top priority code stroke is called. The patient has a history of type 2 DM and the finger stick glucose is 128. You are personally present screening the patient when the CT scan comes back showing a left basal ganglia intracerebral hemorrhage. The resident immediately cancels the tPA order.

Should this patient be included on your screen fail log?

a. Yes

b. No

b. No-Only patients with a diagnosis of acute ischemic stroke are to be included on the screen fail log. In this case the patient turned out to have an ICH rather than an ischemic stroke. This is a difficult one since the patient was suspected to have AIS and the coordinator put in significant effort to actively screen this patient. However, in no cases are non-ischemic strokes or any normoglycemic patients (glucose </= 110) to be included on the SFL.

SHINE

Question #8

A 57 y/o independent man with a hx of type 2 DM, no hx prior stroke, fingerstick glucose of 143 and an NIHSS 8 is discovered by research coordinators in the acute stroke unit at 0800 when they arrive in the morning. The patient was last known well at 9pm the previous night, had awoken at 3am unable to walk, eventually called 911 and arrived at 0700 shift change as a direct transfer to your acute stroke unit from the ED of a rural hospital. The morning resident is just completing the H&P and apologizes profusely for not having activated the research team upon the patient's arrival.

Should this patient be included on your screen fail log?

a. Yes

b. No

Question #8

A 57 y/o independent man with a hx of type 2 DM, no hx prior stroke, fingerstick glucose of 143 and an NIHSS 8 is discovered by research coordinators in the acute stroke unit at 0800 when they arrive in the morning. The patient was last known well at 9pm the previous night, had awoken at 3am unable to walk, eventually called 911 and arrived at 0700 shift change as a direct transfer to your acute stroke unit from the ED of a rural hospital. The morning resident is just completing the H&P and apologizes profusely for not having activated the research team upon the patient's arrival.

Should this patient be included on your screen fail log?

a. Yes

b. No

a. Yes-The patient arrived to your hospital within the 12 hour window. You should immediately ascertain whether the patient meets all other criteria and, if so, approach for consent as soon as possible given that you have one hour left in the window. Remember, the NIHSS needs to be completed within 30 minutes prior to randomization.